Motivational Interviewing with Adolescents in Primary Care: The Basics

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Objectives

- Describe the rationale for MI
- Relate MI to the Stages of Change Model
- Describe the spirit and principles of MI
- Illustrate key techniques in MI
What is MI?

• “Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”

Miller and Rollnick, 2013
The “Spirit” of Motivational Interviewing

- Partnership
  - Collaborative, rather than directive
- Autonomy
  - Informs and encourages choices without judgment
- Compassion
  - Seeks to understand the internal struggle involved in behavioral change
- Evocation
  - Seeks to find and strengthen the patient’s own motivation for change, IN THEIR OWN WORDS
Why Use Motivational Interviewing: the Rationale

- Change is really hard
- Adolescents cherish autonomy
- Adolescents are skeptical of experts
- Information usually isn’t enough to activate change
- People have to persuade THEMSELVES to change
Why Use Motivational Interviewing: the Evidence Base

- There is extensive evidence supporting motivational interviewing in adults across many health related behaviors.
- There is preliminary evidence supporting motivational interviewing in adolescents in the following areas:
  - Substance abuse
  - Childhood and adolescent obesity and diabetes
  - Asthma
  - Dental health
  - Accident prevention
Other Potential Areas of Use in Teens

- Going to counseling
- Using coping skills
- Medication adherence
- Risky sex
- Sleep hygiene
The Stages of Change

- Change is a process, not an event
- Best to match intervention to stage
- Unmatched intervention → RESISTANCE
What to Do at Each Stage of Change

• Pre-contemplation: express empathy and curiosity
• Contemplation: build motivation, build confidence
• Preparation: clarify goals and plan a course of action
• Action: provide advice on follow-through, set SMART goals
• Maintenance: reinforce the benefits of change, provide advice on relapse prevention
Which of the following is most appropriate to say to a pre-contemplative patient?

1. “Actually, marijuana isn’t harmless. That’s a myth. It can lower IQ.”
2. “Will you commit to going to counseling at least once?”
3. “Tell me more about how you and your friends drink.”
4. “You ended up in the ER. You almost died. What would get you to stop drinking?”
MI “Principles” (Approaches)

- Express empathy
- Normalize ambivalence
- Roll with resistance
- Assess readiness
- Evoke readiness
- Set SMART goals
Expressing Empathy

- Listening in a supportive, reflective manner.
- Demonstrating you understand their concerns and feelings.
- Encouraging a nonjudgmental, collaborative relationship.
- Complimenting, rather than criticizing or warning.
- Understanding the teen’s values.
Patient: “Well, I overdo it sometimes, but I don’t have a problem with drinking.”

Doctor: “Wait a sec! You got a DUI on prom night!”
Patient: “Well, I overdo it sometimes, but I don’t have a problem with drinking.”

**Coming Alongside**
- “You feel mostly in control of your drinking and don’t see it as an issue.”

**Amplified Reflection**
- “Drinking has never really caused any problems at all for you.”

**Double-sided Reflection**
- “You think you’ve gone too far sometimes, but you don’t think you have an alcohol problem.”
Normalize Ambivalence

- “Seems like you feel torn about this.”
- “On the one hand you want to drink less, but on the other hand you want to hang out with your friends and have fun.”
- “A lot of kids don’t feel like going to therapy, even if they think it might help.”
Rolling with Resistance
Rolling with Resistance: Example

Patient: “I don’t smoke that much. It totally helps with my anxiety. And helps me sleep. It works a lot better than those pills Dr. Nick gave me. They didn’t do $#@!”

Clinician: “Are there any downsides to smoking?”

Patient: “Not for me.”

Clinician: “Ok. Maybe your parents think it’s a problem?”

Patient: “Yeah. They think it’s affecting my grades.”

Clinician: “What do you think?”
Assessing Readiness: 
The Readiness Ruler

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Questions to Use with Readiness Rulers

• On a scale of 1-10, how ready are you to smoke less?
• Why are you a 7 and not an 8?
• Why are you a 7 and not a 6?
• What might move you from a 7 to an 8?
• Would anything move you in the other direction, down to a 6?
• How could I help you get from a 7 to an 8?
Why Use Readiness Rulers?

• Helps you to establish the stage of change
• Helps to prevent black and white thinking
• Facilitates a nonjudgmental atmosphere
• Supports visual learners
What is Readiness?

IMPORTANCE + CONFIDENCE
Importance Rulers
Strategies When “Importance” is Low

• Education
• Open-ended questions
• Developing discrepancy
• Decisional balance
Open-Ended Questions

• Tell me about your smoking?
• What are some of the things you like about it?
• What are some of the things you don’t like about it?
• What have you heard about the risks?
• What would change in your life if you cut back?
Develop Discrepancy

• Help clients consider the gap between their current behavior and their values or hopes.

• Example: African-American youths are much more likely than other youths to view cigarette smoking as conflicting with their ethnic pride.
  → Explore whether true for your patient
### Decisional Balance

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[Image of fireworks]
Motivation ≠ Confidence
Ways to Build Confidence

- **Review past successes & affirm strengths**
  “I remember when you pulled your grades up last year. That was really impressive.”

- **Break things down into small steps**
  “What about trying just one day without smoking?”

- **Brainstorm solutions**
  “Maybe you could use an app to help you stop smoking.”

- **Address barriers**
  “If your friends are pushing you to smoke, maybe you could just say that you’ve got a cold.”
SMART Goals

• Specific
• Measurable
• Attainable
• Reasonable
• Timely

• A simple, specific plan for starting to change
• Best used for youth in the Preparation or Action stages
• If it turns out that they’re not ready to make a plan, ask “can we leave the door open on this?”
SMART Goals: Examples

- “Starting on Tuesday I’ll practice square breathing at least once a day for at least a week.”
- “Beginning this Friday I’ll limit myself to just one drink (one cup of alcohol) in a night until our next meeting.”
- “Starting tomorrow I’ll take my fluoxetine every morning with breakfast for at least the next 2 weeks.”
- “Starting this week I won’t buy any weed for at least 2 weeks, though I might use some if my friends offer it.”
- “I’ll go to counseling next week and the week after even if I really don’t feel like going.”
Conclusions

• Motivational interviewing is a collaborative, non-confrontational approach to supporting behavior change with preliminary research support among teens.
• The spirit of MI: Partnership, Autonomy, Compassion, Evocation.
• Key techniques: rolling with resistance, readiness rulers, open-ended questions, and decisional balance.
• SMART goals increase the likelihood of follow-through.
• Don’t try SMART goals until the youth is ready.
Resources

• Short Online Guide to MI:

Decisional Balance Sheet Handout:

Live Training Opportunities:
www.motivationalinterviewing.org

Web-Based Training for Primary Care:
https://kphealtheducation.org/roadmap/roadmap.html
Evidence-Base for MI


• Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Center for Substance Abuse Treatment.

• Gayes L and Steele R. A meta-analysis of motivational interviewing interventions for pediatric health behavior change. Journal of Consult and Clinical Psychology, 82 521-535.


