

*Bridging The Gaps: Eliminating
Disparities in Teen Pregnancy and Sexual
Health*

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M-I not M-E: Motivational Interviewing
as an Approach to Promote
Contraceptive Use

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Objectives

By the end of the presentation, participants will be able to:

1. Contrast motivational interviewing (MI) with three other styles of communication in theory and techniques.
2. Respond to common concerns health care providers have regarding MI
3. Identify specific MI techniques through the observation of a role play lead by the presentation team

Approach 1: Domineering Style

- “Show ‘em who’s boss”
- Use dramatic attempts to elicit compliance
- Can overwhelm or anger the patient, even if that is not the intent
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- Psychological reactance

Approach 2: Provision of Information

- “Knowledge is power”
- Give a list of reasons behavior change should occur
- When there is a knowledge gap, some patients may benefit from this education.
- Sometimes patients overestimate health risks.

Approach 3: Say Nothing

- “When in doubt, do nothing”
- Why anger/irritate the patient when the health care provider feel she/he has
 - A. Limited time to communicate
 - B. Little chance to produce change
 - C. Concerns the patient will be so turned off he or she will not return for possibly beneficial services in the future

Participatory Activity

- Break into small groups of 3-5 people and discuss
- Which of the three previous approaches have you used to promote contraceptive use or other health behaviors for adolescents?
- What do you see as the strengths and weaknesses of the approach(es)?

Motivational interviewing—another potential approach

- “You can lead a horse to water, but you can’t make it drink.”
- Nonconfrontational style to help patients resolve ambivalence about a behavior
- Help patients identify their own personal reasons for change

What are the origins of Motivational Interviewing?

- Much of today's presentation is based upon the work of William Miller, Ph.D., and Stephen Rollnick, Ph.D.
- Comes from the substance abuse field
- Greatest empirical support is for reducing alcohol abuse (Burke, Arkowitz & Menchola, 2003)

What are some likely steps in a motivational interviewing session?

- Ascertain patient rated importance for change to occur
- Review benefits of status quo and benefits of behavior change
- Emphasize patient's self-control
- Ask for permission to provide your ideas

Special Considerations for Following These Steps

- Reasons for and against change can be surprising
- Certain goals may need to be broken down into multiple components through a menu of options

What are some of its overriding principles?

- Open ended questions
- The patient talks as much, if not more than, the provider
- Lots of reflective statements back to patient – demonstrate empathy for the patient's circumstances

Quote to Summarize Its Philosophy

- My [Health Care Provider's] job is not to push you [the patient] to make changes you aren't ready for. My job is to help you consider which ones you might be ready to think about." -- Miller and Rollnick (1998)

Motivational Interviewing for Teen Pregnancy Prevention

- Floyd et al. (2007) had positive results using MI for preventing alcohol-exposed pregnancies in young women
- Barnett et al. (2009) had positive results using computer-assisted MI for preventing rapid repeat pregnancy

Provider Concern #1: “I do this already. Tell me something new.”

- Many health care providers follow parts of this approach.
- Literature suggests that coaching and personalized feedback, on top of a 2 day workshop, are needed for proficiency in motivational interviewing techniques (Miller et al., 2004).

What are aspects of motivational interviewing that are atypical in routine care?

- Ascertain patient's self-importance for change to occur
- Review benefits of status quo
- Emphasize patient's self-control
- The patient talks as much, if not more than, the provider

Provider Concern #2. “Motivational Interviewing takes too much time.”

- Relatively brief motivational interventions (1-4 sessions) have been developed.
- Individual clinics may need to consider
- (1) selecting personnel who are the most feasible deliverers of motivational interviewing
- (2) non-clinic based services (e.g., follow-up telephone calls to patients at their homes)

Provider Concern #3: “Motivational Interviewing will not change my patients.”

- Motivational interviewing probably would not change behavior for young kids.
- Motivational interviewing might work for caregivers, adolescents, and adults.

Provider Concern #4: “Motivational Interviewing is not realistic for my patients.”

- Limited abstract thought processes
- Fatalistic thinking
- Looking forward: What will happen if you continue this way?
- Looking backward: Tell me about the last time you experienced [drawback of unhealthy behavior].

Possible Contraindications for Motivational Interviewing

- The patient is extremely motivated to follow your advice.
- Serving groups of patients at the exact same time.

Possible Indications for Motivational Interviewing

- The patient is angry or irritated.
- The patient is disengaged (e.g., disinterested, minimizes problems).
- The patient is asked to engage in challenging health promoting behaviors over time.

How might motivational interviewing be consistent within today's HC environment

- Customer friendly
- Reduce health care provider frustration/burnout
- Culturally competent care
- --Perhaps better results for minority patients in particular (Lundahl & Burke, 2009).

Participatory Activity

- Break into the same groups of 3-5 people and discuss the following:
- Think about which of the three approaches you endorsed towards the beginning of the presentation. What do you see as the advantages and disadvantages of motivational interviewing as compared to that approach(es)?

Further Resources About Motivational Interviewing

- Review book – Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing, Third Edition, Preparing People to Change*. New York: Guilford Press
- Lundahl B & Burke BL. The effectiveness and applicability of motivational interviewing: A practice friendly review of four meta-analyses. *Journal of Clinical Psychology In Session* 2009 65: 1232-1245
- Website <http://www.motivationalinterviewing.org>

References on Motivational Interviewing

- Barnett B, Liu J, DeVoe M, Duggan AK, Gold MA & Pecukonis E. Motivational intervention to reduce rapid subsequent births to adolescent mothers: a community-based randomized trial. *Annals of Family Medicine* 2009 7: 436-445.
- Burke BL, Arkowitz H & Menchola M. The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology* 2003 71: 843-861.

More References on Motivational Interviewing

- Floyd RL, Sobell M et al. Preventing alcohol-exposed pregnancies: A randomized controlled trial. *American Journal of Preventive Medicine* 2007 32: 1-10.
- Miller WR, Yahne CE, Moyers TB, Martinez J & Pirritano M. A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology* 2004 72: 1050-1062.

Role Play

- Featuring Robyn Lutz and Angela Taylor
- Directive Style
- Motivational Interviewing

Participatory Activity

- Discuss how the adolescent reacted and arrived at her decision regarding which birth control method to choose after the directive style demonstration.
- Discuss how the adolescent reacted and arrived at her decision regarding which birth control method to choose after Motivational Interviewing is demonstrated.

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