



TEENWISE

MINNESOTA

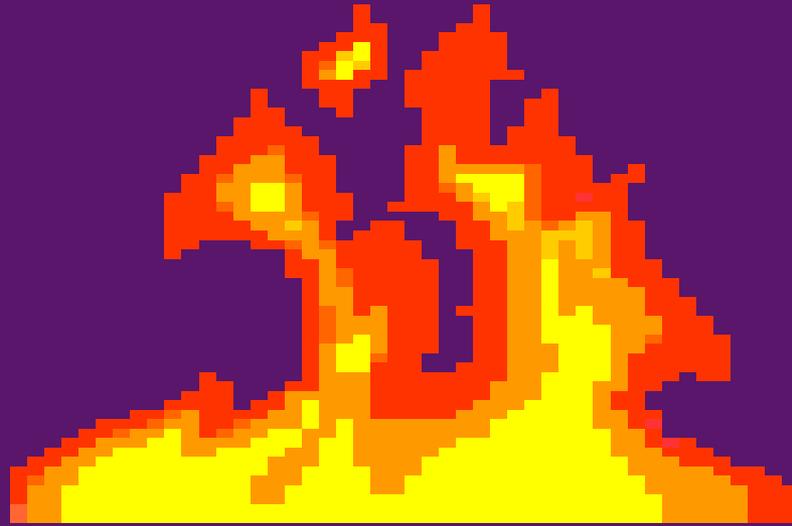
The source on adolescent sexual health and parenting

Third Annual Teen Pregnancy Prevention
Grantee Conference: Ready,
Set, Sustain: Continuing Our Success
May 20-22, 2013, National Harbor, MD.

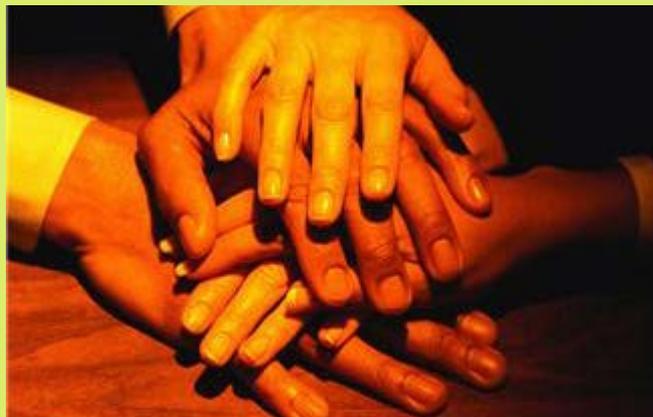


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Fire from Within: Motivational Interviewing and Its Application to Adolescent Sexual Health Interventions



What is Motivational Interviewing (MI)?

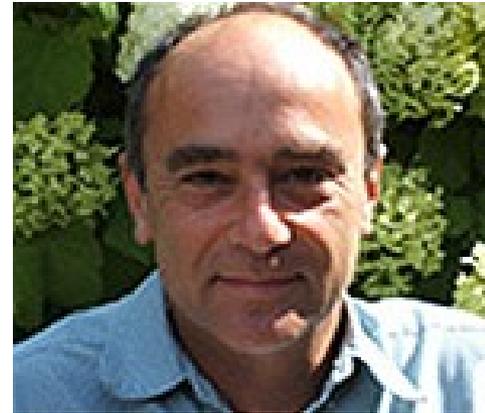


Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.

Miller & Rollnick. Ten things that motivational interviewing is not. *Behavioral and Cognitive Psychotherapy*, 2009.



William Miller, PhD



Stephen Rollnick, PhD

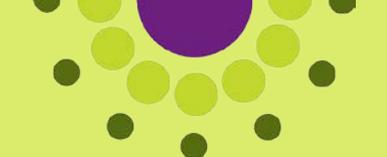
Rollnick, Miller, Butler. (2008) *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press.

Arkowitz, Westra, Miller, Rollnick. (2008) *Motivational Interviewing in the Treatment of Psychological Problems*. New York: Guilford Press. Rosengren, D. (2009) *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford Press.

Matulich. (2010) *How To Do Motivational Interviewing: A Guidebook for Beginners*. e-book @ <http://web.mac.com/billmatulich/MIT/Welcome.html>

Naar-King & Suarez. (2011) *Motivational Interviewing with Adolescents and Young Adults*. New York: Guilford Press.

MI Website <http://www.motivationalinterview.net>



A Few Key Points

- MI highlights and enhances the gap between goals for the future and present behavior
- It is an approach which meets the client or clients where they are in the process of change
- MI was originally developed for use with individuals battling substance abuse (Miller & Rollnick, 1991). It has since been utilized successfully in a number of settings, HIV risk reduction among them (CDC, 2012)



Where's the Intersection Between MI and Adolescent Sexual Health Interventions?

- MI is a *technique* and an *approach* which can be used to deliver a sexual health intervention
- Two evidence-based curricula, SSI and SHARP, employ motivational interviewing as the vehicle for implementing their programmatic content
- Sexual health education and MI share at least one important goal: behavior change
- Motivational interviewing is a tool that professionals can apply, in conjunction with other methods, in the arena of sexual health



Role Play



- Form groups of two
- One person will play the patient, and the other will play the provider
- The provider should be in-charge: Give advice, be an expert, tell them what to do.

Role Play Directions

Patient:

Identify something about yourself that you:

- want to change
- need to change
- should change
- have been thinking about changing

Make it real but nothing too personal

Provider

Ask about the change the patient is considering. Convince them *why* they should make this change

- tell them three possible *benefits* from making the change
- advise them *how* they could go about making this change
- tell them how *important* it is to change



Debrief



Spirit of Motivational Interviewing

Collaboration (vs. Confrontation): In MI, the interviewer and the person being interviewed are partners working towards a common goal; there is no “expert”

Evocation (Drawing Out, Rather Than Imposing Ideas): The MI approach is to elicit an individual's own thoughts and conclusions, not impose opinions from the outside

Autonomy (vs. Authority): Motivational Interviewing affirms that the power to change belongs to the client, as does ultimate responsibility for their actions





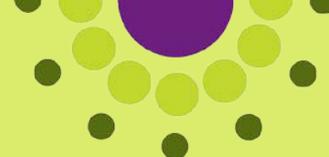
The Righting Reflex: Obstacle and Pitfall

- Usually expressed in the form of a strong persuasive effort
 - Practitioner takes center stage in making the case for the person to change behavior.
- Human beings seem to have a built-in desire to set things right
- Born of concern and caring
 - *There's a problem, let's fix it!*
- Fails to consider ambivalence in change process

Change Talk...

An Indicator of Progress





Responding to Change Talk

- Elaborating: asking for elaboration
- Affirming: making an affirming statement
- Reflecting: employ one of the different types of reflections (e.g.- simple, complex)
- Summarizing: bringing together a series of statements of change

Recognizing Change Talk

DARN CAT

D = Desire for change

I want to...

A = Ability to change

I can...

R = Reasons for change

I would... if...

N = Need for change

I have to...

C = Commitment to Change

I'm going to... I will...

A = Activation

Willing, ready, preparing

T = Taking Steps

I've started...



Role Play Directions

Patient:

Identify something about yourself that you:

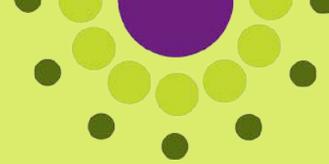
- want to change
- need to change
- should change
- have been thinking about changing

Make it real but nothing too personal

Provider:

- *Elicit* patient's ideas and needs
- Ask patient's permission to *provide* relevant advice or information
- Give the patient a brief summary of what you've heard and then ask "*What do you plan to do next?*"

Debrief



Fundamental MI Skills= O.A.R.S

O= Open ended questions

A= Affirmations

R= Reflective Listening

S= Summaries



Open-ended questions...

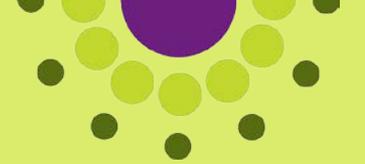
elicit more of the person's thoughts and feelings about a behavior, which is likely to help evoke change talk.

Closed-Ended Questions 	Open-Ended Questions 
How old were you when you first had sex?	
Do you use condoms?	
Do you talk with your partner about the risks of sex?	



Affirmations

- Emphasize a strength, but focus on specific behaviors instead of attitudes, decisions, and goals
- Attend to non-problem areas rather than problem areas
- Nurture a competent - instead of a deficit - worldview
- Focus on descriptions and not evaluations. Compliments typically have an evaluative judgment implicit within them
- Express positive regard and caring
- Must be genuine



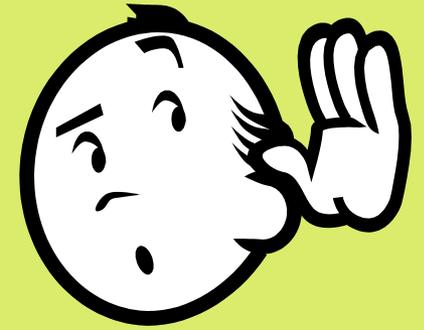
Brief Exercise

- Think of some recent professional interactions that you have had with patients or colleagues at work
- You can focus on yourself as the giver (i.e., what you said to the other person) *or* the receiver (i.e., what the other person said to you)
- Come up with examples of
 - compliments or praise
 - affirmations

Would anyone like to share how these felt different?

Reflective Listening

- Reflections are statements, not questions.
- The provider is choosing what to reflect:
Discord, Ambivalence or Change Talk
- Provider makes a guess about what the person means or feels. There's no penalty for missing. Reflections don't have to be perfect!
- Reflections provide more information and better understanding than questions. They encourage person to elaborate, amplify, confirm or correct.
- Feeling truly understood and accepted by a provider, can make a patient more open to considering behavior change.



Forming Reflections

- Your voice should go down at end so it does not sound like a question

- Some ways to open:

So you feel... *It sounds like you...*

You're wondering if... *It seems to you that...*

You're feeling... *You...*

- Some people do, but it is not necessary to preface reflections with such stems as:

So what I hear you saying is...

Let me see if I understand you correctly....





Types of Reflections

- *Simple* Reflection: (simple, stabilizing)
 - Repeating an element of what the client said
 - Rephrasing what the client said but in different words.
- *Complex* Reflection: (deep, forward moving)
 - *Double-Sided* Reflection: acknowledges both sides of a person's ambivalence. Use *and* not *but* to connect two sides
 - Paraphrasing
 - Using *Metaphor*
 - *Amplified* Reflection: exaggerates the point so that the patient disavows or disagrees. A variation is an understatement, which minimizes the point.
Caveat: patients who feel mocked or patronized, may respond with anger



Summaries

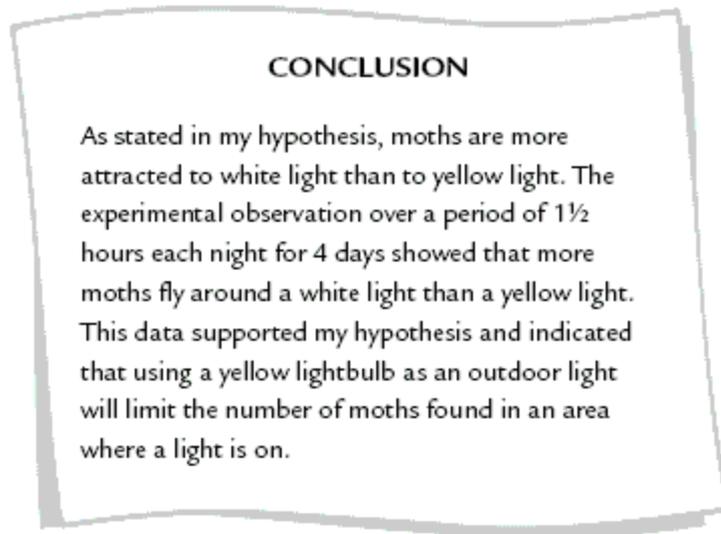


Figure 9.5. Example of a project report conclusion.

- Collect material that has been offered
or
- Link something just said with something discussed earlier
or
- Draw together what has happened and transition to a new task or topic

Behavioral Characteristics of Motivational Interviewing



- Seek to understand the patient's frame of reference
- Express acceptance and affirmation
- Elicit and selectively reinforce the patient's:
 - Self motivational statements, problem recognition and concerns
 - Change talk: desire, ability, reasons and need to change
 - The opposite of change talk is sustain talk

Behavioral Characteristics of Motivational Interviewing (Continued)



- Elicit/increase the strength of the patient's commitment to change and specific implementation intentions.
- Elicit-Provide-Elicit
 - *Elicit* patient's ideas, needs
 - *Provide* relevant advice, information *
 - *Elicit* patient's reactions and commitment to change

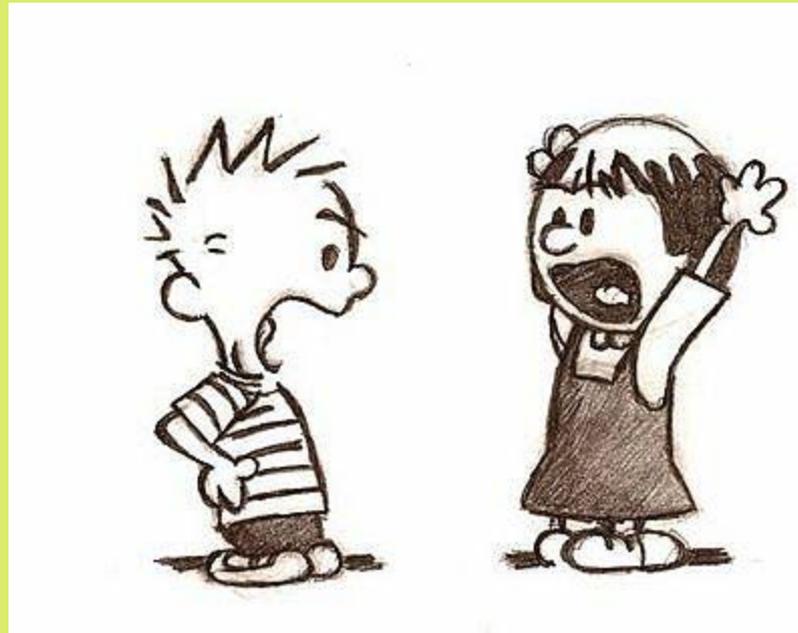
*Ask for permission unless the patient asked for your advice



Discord

- Resistance can sometimes be experienced during a session
- Discord accounts for much of resistance
- DISCORD: "disagreement, not being on the same wavelength, talking at cross-purposes, or a disturbance in the relationship." (Miller and Rollnick, 2013)
- Important to recognize when discord is occurring, then step back and assess the situation. Be alert for instances of using the righting reflex and unsolicited advice

Strategies for Dealing with *Discord*





SHIFTING FOCUS

It is often not motivational to address resistant or counter-motivational statements.

Counseling goals are better achieved by simply not responding to the resistant statement or shifting topics.

Example:

Patient: *How many times do I have to tell you, I can't use condoms, they irritate me.*

Health Educator: *It's been frustrating trying to find a brand of condom that you are comfortable using. I'm wondering if we could put that topic aside for now, and talk about how you and your partner usually decide whether you are going to have sex.*

REFRAMING

- Invite patients to examine their perceptions in a new light or a reorganized form. In this way, new meaning is given to what has been said.
- For example, if a patient reports an older sister has been telling her, *"You really need to use protection"* the patient may view this as *"she's such a nag"* or *"she is always telling me what to do"*
- Reframe this as *"She must care a lot about you to tell you something she feels is important for you, knowing that you will likely get angry with her"*



AGREEMENT WITH A *TWIST*

- This retains a sense of consonance with the patient, while allowing you to continue to influence the direction of change.
- Offer initial agreement, but with a slight twist or change of direction. This is basically a reflection followed by a reframe.





EMPHASIZE AUTONOMY

- When people perceive that their freedom of choice is being threatened, they tend to react by asserting their liberty. (*I'll show you; nobody tells me what to do!*)
- Assure the person that truly, in the end, it is she who determines what happens. Early assurance of this kind can diminish resistance.

“You know where to get condoms, how to use them correctly, and feel pretty comfortable talking about this with your partner. It will be your decision whether or not to use protection the next time you have sex.”

SIDING WITH THE NEGATIVE



Health Educator: *“We’ve talked about birth control and you’ve made it clear that you really don’t want to use it and you intend to keep having unprotected sex, but you don’t want to have a baby. Maybe you just don’t really care that much about getting pregnant.”*

It is imperative not to come across as sarcastic or upset.

If you can’t be genuine, don’t use this tactic!

Employing MI Techniques in Group Interventions

- While originally developed as a one-to-one counseling technique, MI can be employed in a group/class setting as well
- MI is the fundamental technique/approach in the facilitation of SHARP, a small group intervention
- Eliciting change talk from one student can positively influence other members of the group
- Affirmations, reflections and summaries can be aimed at the larger audience
- If discord is encountered while interacting with one individual, change focus to another





Let's Practice!

- Break into groups of three
- Each group will receive a scenario
- Take turns playing the role of “facilitator”, with the other two group members as the “class”
- Remember your O.A.R.S.!
- Be sure to provide each other with constructive feedback



Debrief and Discuss



Questions?



Thank you!



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