Wisconsin Division of Public Health
Department of Health Services

Bright Futures Webcast
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Motivational Interviewing Strategies in Public Health: Connecting Adolescent Brain Development to Drugs, Sex, and Rock 'n Roll

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Objectives

- Review the basic principles, “spirit”, and methods of motivational interviewing and describe how they apply to discussing sexual behaviors with adolescents.
- Discuss the unique influences of the developing adolescent brain on risk-taking behaviors.
- Describe specific strategies you will use in your everyday public health and clinical work with adolescents to discuss sexuality effectively and to promote healthier relationships.

Motivational Interviewing is simple... ...but not easy [1]

- Complex set of skills, used flexibly and responsively
- Similar to learning to play a complex sport or musical instrument
- Conscious and disciplined use of specific communication principles and strategies
- Not a trick or technique easily mastered in one session or a workshop or two
- Proficiency requires practice with feedback and coaching over time

[1] Miller WR, Rollnick S. Ten Things Motivational Interviewing is Not. *Behavioural and Cognitive Psychotherapy*, 2009, 37, 129-140.

Clinicians' Usual Advice about Health Behavior Change

- It's not very effective
- We do it anyway (we've been trained to)
- It lowers our anxiety

If we go into "giving advice mode", or sound like we're lecturing, we can re-connect with the patient by saying something like:

"So, what do you make of that?"...

The "Spirit" of Motivational Interviewing

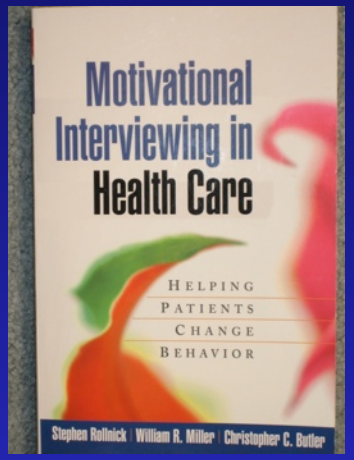
- Collaborative
  - active, cooperative conversation, partnership
  - joint decision-making process
- Evocative
  - evoke from patients that which they already have
  - elicit patient's own good reasons to change
- Honors Patient Autonomy
  - "there is something in human nature that resists being coerced and told what to do. Ironically, it is acknowledging the other's right and freedom not to change that sometimes makes change possible." (Rollnick, Miller, Butler, 2008)

Motivational Interviewing

Basic Principles

(Miller and Rollnick, 1991, 2002, 2008)

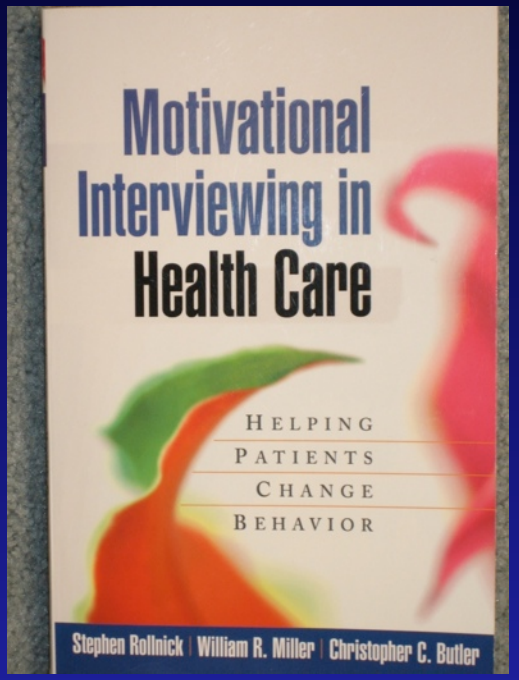
1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy



Clinical Prevention in Practice

- "If your time is limited, you are better off asking patients why *they* would want to make a change and how they might do it rather than telling them that they should.

  It is the *patient* rather than you who should be voicing the arguments for behavior change."
  - Rollnick S, Miller WR, Butler CC. Motivational Interviewing in Health Care: Helping Patients Change Behavior. Guilford Press 2008.



Motivational Interviewing

Methods: O A R S

Ask permission first
MI is more like "pulling" rather than "pushing"

Open Questions — not "yes/no"

Affirm — patient's positives/values/character

Reflective Listening — statements understand content and meaning

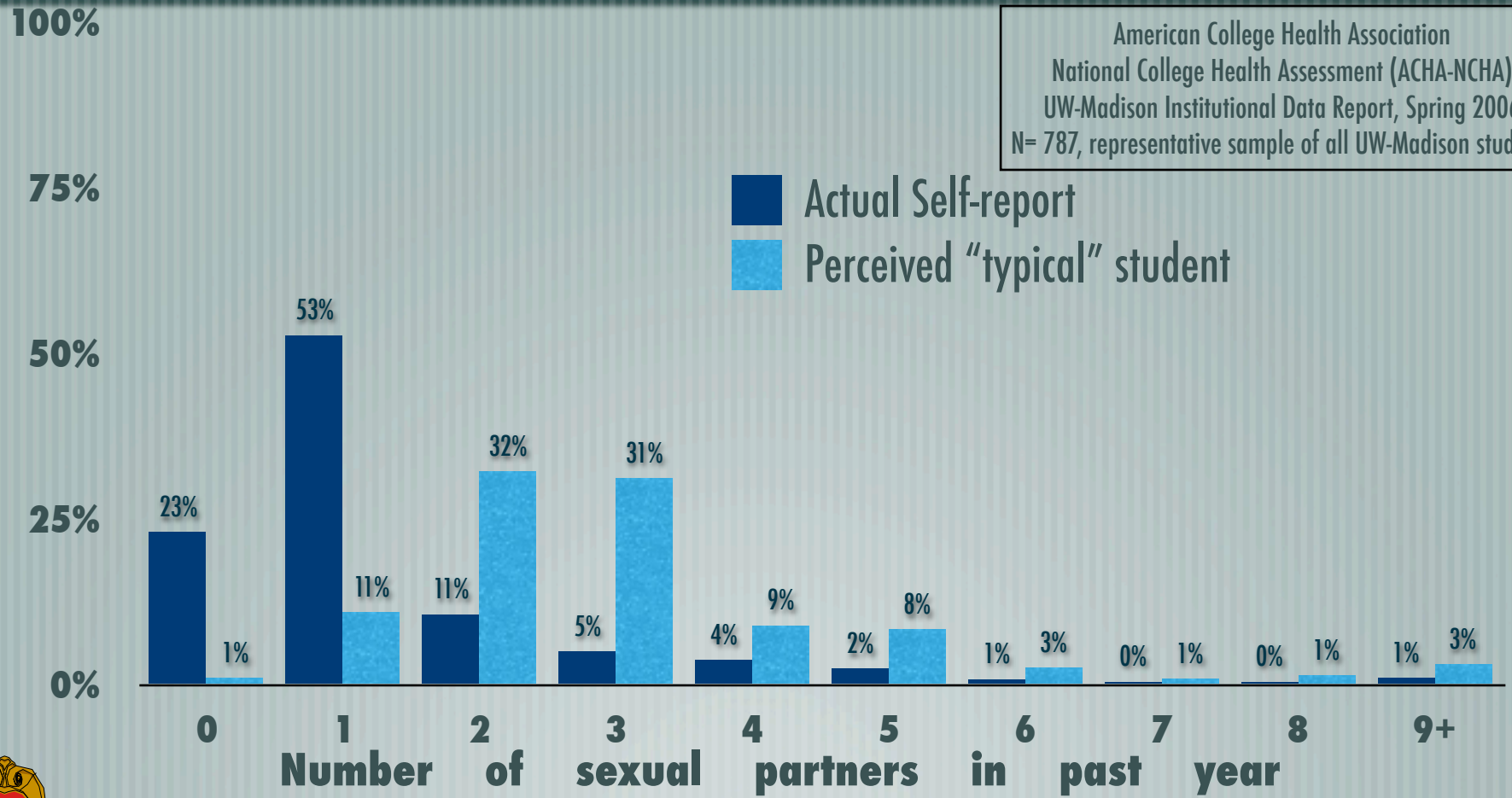
Summarize — main points, then shift

Summarize periodically, demonstrating you're listening

20% of men between 18 - 35 consume
70% of all the beer sold in the US

Sexual Activity Perceptions at UW-Madison

American College Health Association
National College Health Assessment (ACHA-NCHA)
UW-Madison Institutional Data Report, Spring 2006
N= 787, representative sample of all UW-Madison students



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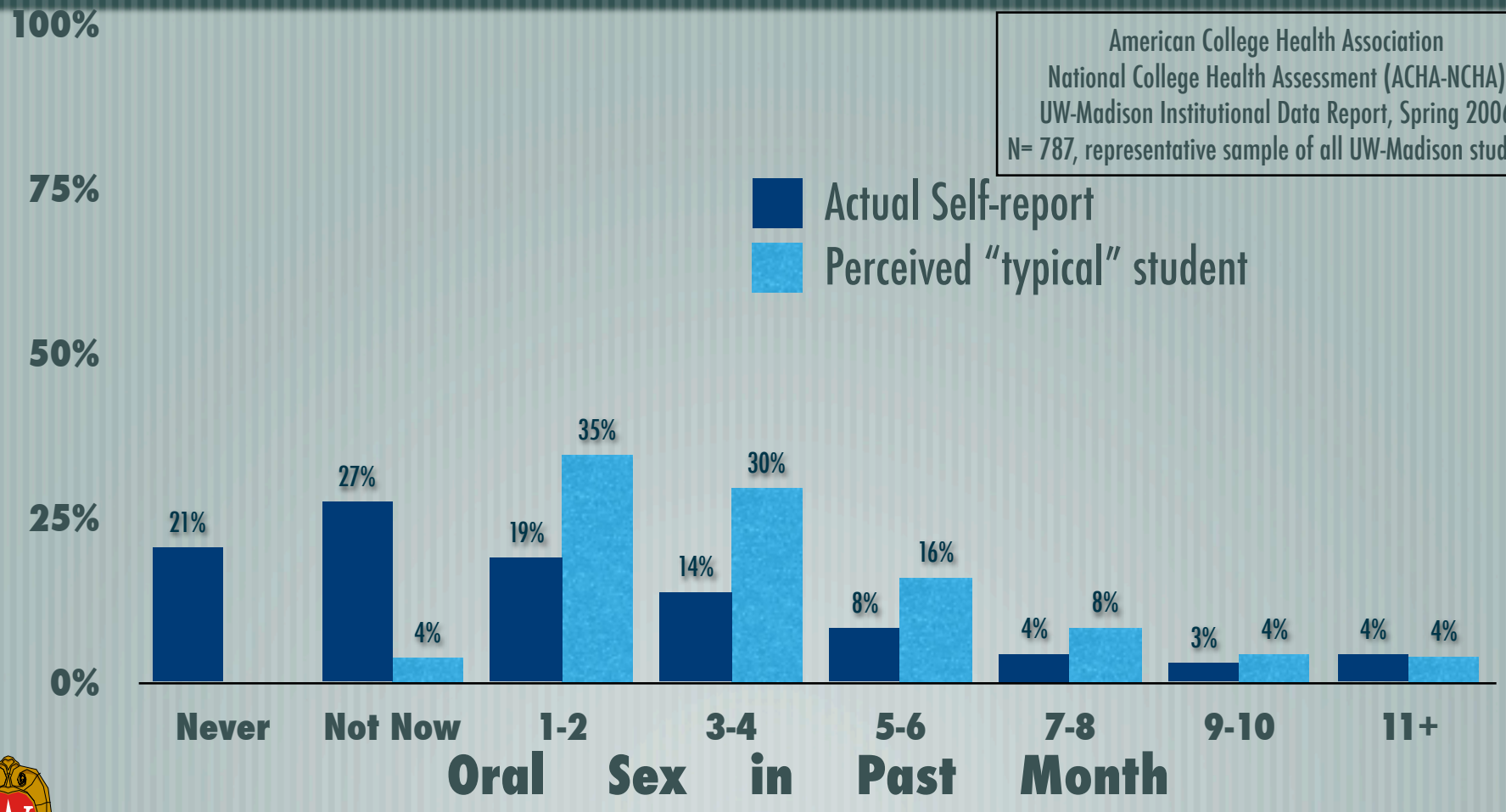

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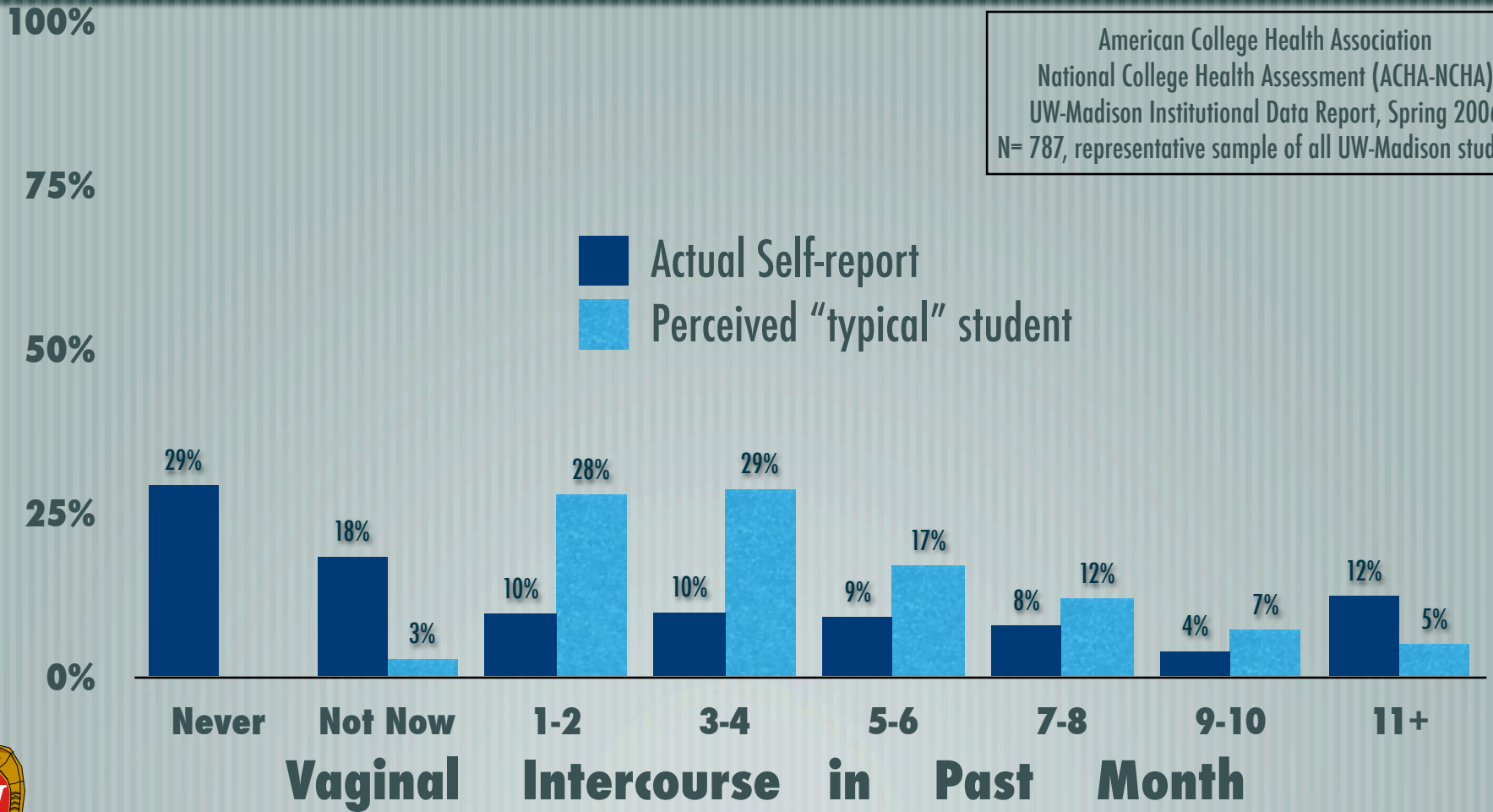

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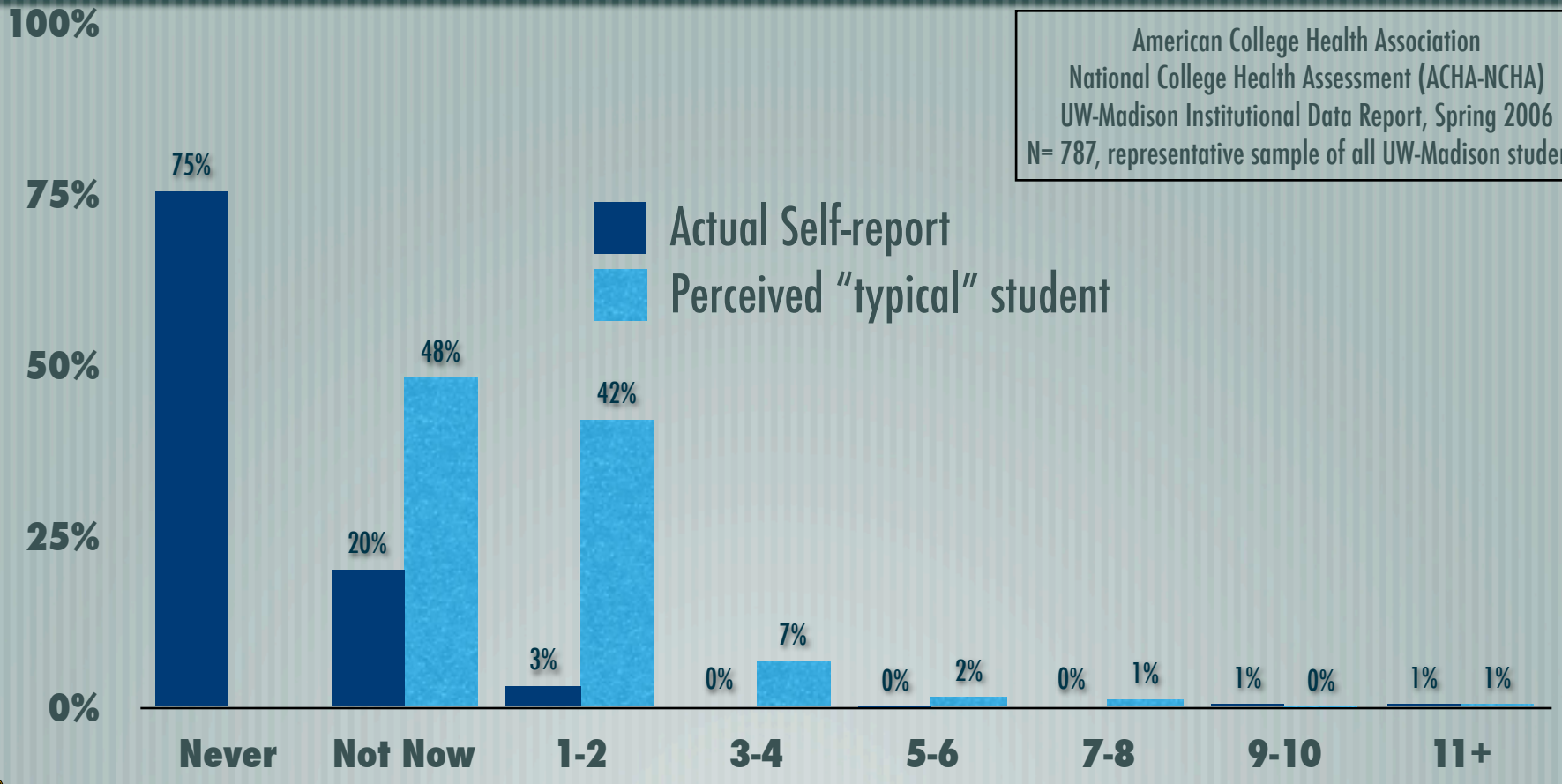
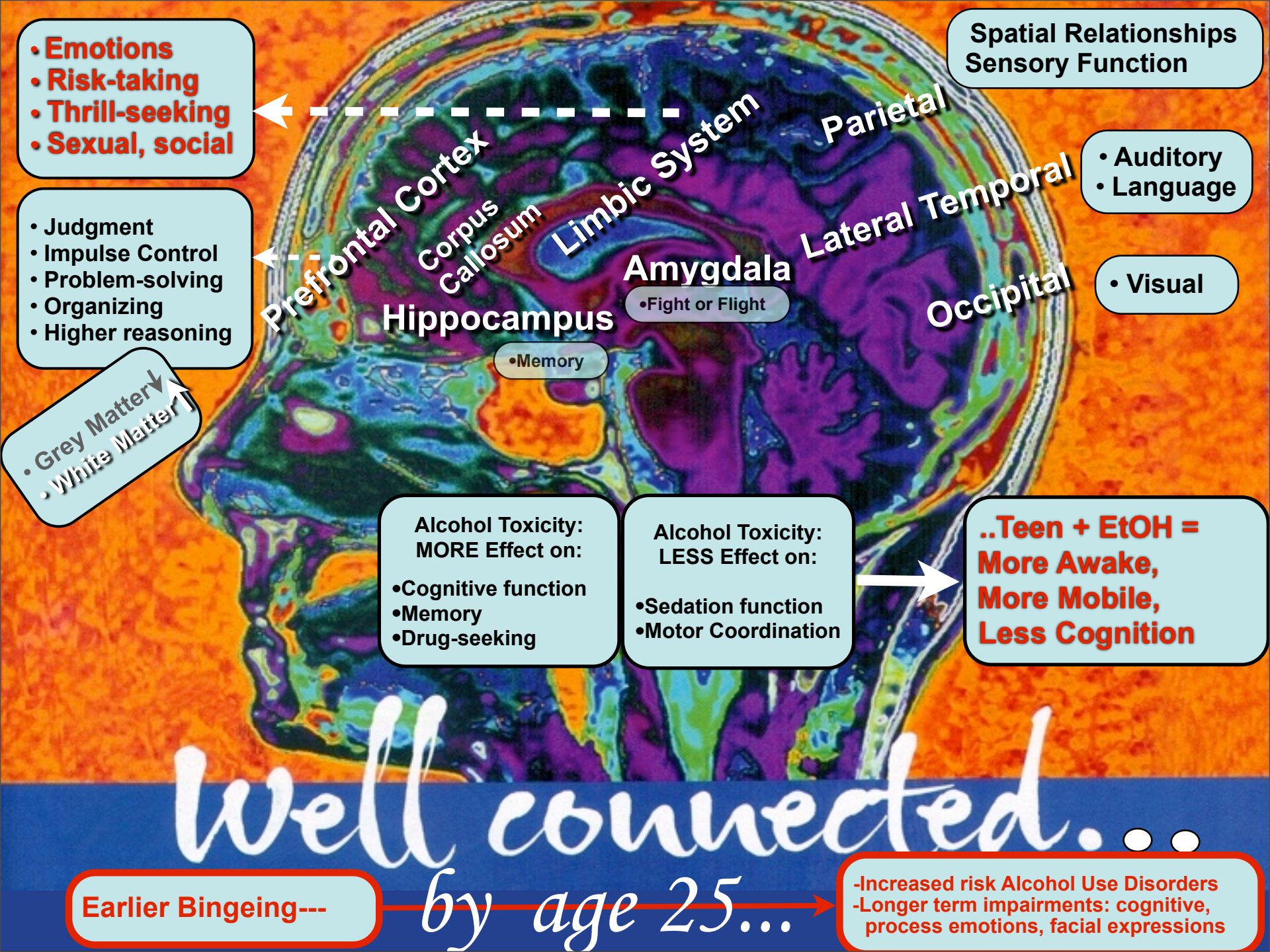



• Emotions
• Risk-taking
• Thrill-seeking
• Sexual, social
Spatial Relationships
Sensory Function
Prefrontal Cortex
Corpus Callosum
Limbic System
Parietal
Lateral Temporal
Occipital
• Auditory
• Language
• Visual
• Judgment
• Impulse Control
• Problem-solving
• Organizing
• Higher reasoning
Amygdala
•Fight or Flight
Hippocampus
•Memory
• Grey Matter
• White Matter
Alcohol Toxicity:
MORE Effect on:
•Cognitive function
•Memory
•Drug-seeking
Alcohol Toxicity:
LESS Effect on:
•Sedation function
•Motor Coordination
..Teen + EtOH =
More Awake,
More Mobile,
Less Cognition
Well connected...
by age 25...
Earlier Bingeing---
-Increased risk Alcohol Use Disorders
-Longer term impairments: cognitive,
process emotions, facial expressions

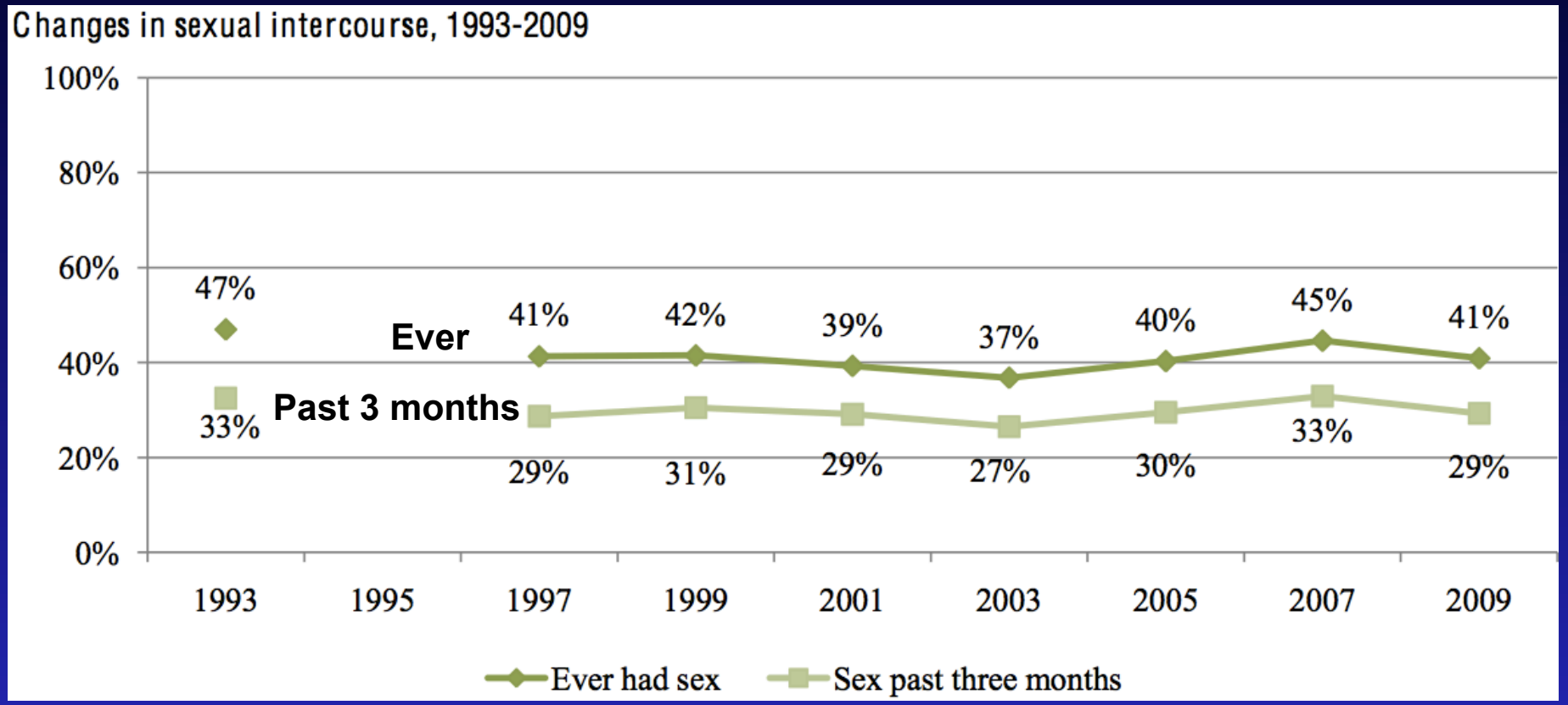
Adolescent Neurodevelopment:
Brains, Behavior, Booze, & Brakes

Prefrontal Cortex- the "brakes"- still "under construction"

Alcohol's neurotoxic effects:
ongoing research on short and long term (?)

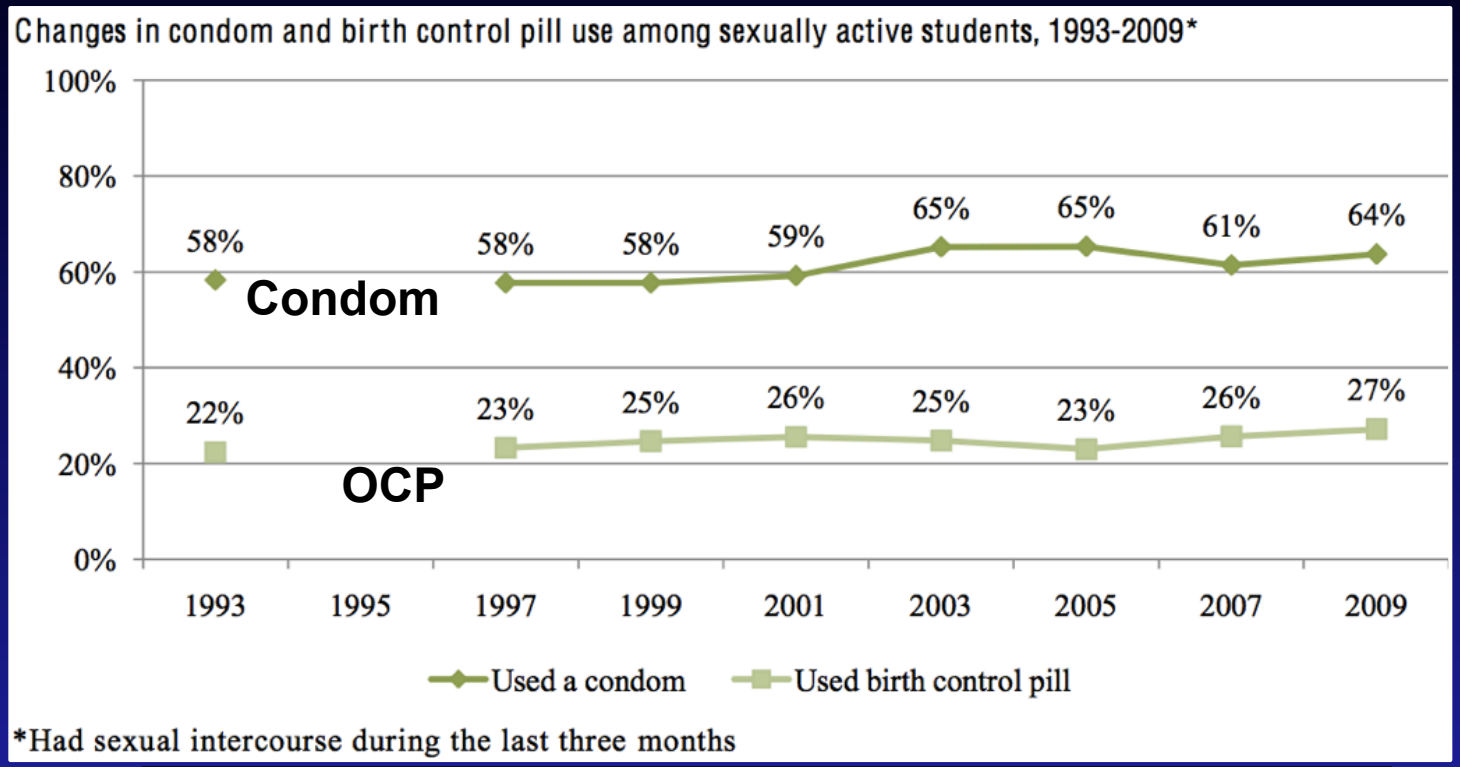
"Those who are most likely to drink heavily are those who may be already most "handicapped" neurologically to begin with."
-- Peter Monti, PhD

Sexual Intercourse, 1993-2009
Wisconsin Public High School Students [1]



[1] Wisconsin Youth Risk Behavior Surveys

Condom and OCP use, 1993-2009
Wisconsin Public High School Students



Of those sexually active, % with **same sex partners:**

Overall statewide: 10% (2:1 f:m)

Milwaukee: 19% (1:1 f:m)

Higher rates: depression, suicidality, being bullied, earlier sexual debut, less comfort talking with teachers

These questions only asked in 2007 and 2009

Teaching our kids about sex

We have a culture that is obsessed with sex, but phobic about sexuality...

Sexual Identity Formation Among Youth

Help teens explore their sexuality in ways that are respectful, healthy, safe, and attuned to their developmental stage and individual values

Talking with Youth about Sexuality

Goal: Building Healthy Relationships

Respecting values and telling the truth

- "Bad" News: You may need to leave your comfort zone
- Good News:
  - It's NOT about you; it's about your patients/clients. The more you leave your comfort zone, the more comfortable and skilled you become.
  - If you don't occasionally have a patient/parent get upset with you, you're probably not doing a thorough enough job of talking about sensitive issues.
  - More sensitive topics discussed ⟶ more positive impact on youth perceptions of care[1] and provider satisfaction[2].
  - Conversations can usually be BRIEF [3].
  - Impact is often life-altering, and may be life-saving
  - Reimbursement for your counseling time is getting better

[1] Brown JD Wissow LS. Discussion of sensitive health topics with youth during primary care visits: relationship to youth perceptions of care. J Adol Health 2009; 44(1):48-54

[2] Rollnick S Miller WR Butler CC. Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York: Guilford Press; 2008.

[3] **EXCEPT: ABUSE, ASSAULT, HARM (self or others), SIGNIFICANT MENTAL HEALTH ISSUES**

Reimbursement for Preventive Counseling

- Extended office visit CPT codes, >50% counseling:
  - 99214 (25 min)
  - 99215 (40 min); plus 99354 for additional 30-74 min.
- Adjustment reaction (309.9) for alcohol/drug issues
- SBIRT codes: 99408, G0396, 99409, G0397, 99212 (Medicaid)
- Dx Code: V82.9 (screening for unspecified condition)
- Others

Communicating with Teens about Sexuality
Building Healthy Relationships

- Do NOT Assume:
  - that all patients are heterosexual
  - that straight males do not also have same-sex partners
  - that self-identified lesbian does not require birth control
  - that patients with developmental delays are not sexually active
  - that female teens do not engage in anal sex
  - that teens have been given factual information about sex
  - that “abstinence,” “safer sex,” or “sexually active” are clear terms

Communicating about Sexuality
Avoid nonspecific or vague terms

- Clinician: Are you sexually active?

  Patient: You mean, do we bounce around?

- Clinician: Do you have multiple partners?

  Patient: Are you crazy, Doc? Just one at a time!

- Clinician: Abstinence is the only 100% safe way to go.

  Patient: No problem, we love abstinence...


We love abstinence
My life, my health, my future… are more important than what might happen in the next 10 minutes…”
That’s cool. We can wait...
Yeah, I’m not ready for that... not here... not now....not at this point in our relationship...
So, can we do this...?
sure...this is good
and this... how’s that...?
mmm...great...
kissing. . . touching. . . rubbing. . . cuddling . . . mutual masturbation. . . orgasm(s). . . no oral sex, no intercourse, no alcohol
Help teens figure out what they can say “yes” to

What is Abstinence ?
Would you say you "had sex" if...

- 599 Midwestern undergraduate students

	Not having had sex
• Masturbation with a partner:	85 %
• Oral genital contact	59 %
• Penile-anal intercourse	19%

Sanders SA, Reinisch JM, JAMA 281(3), 1999.

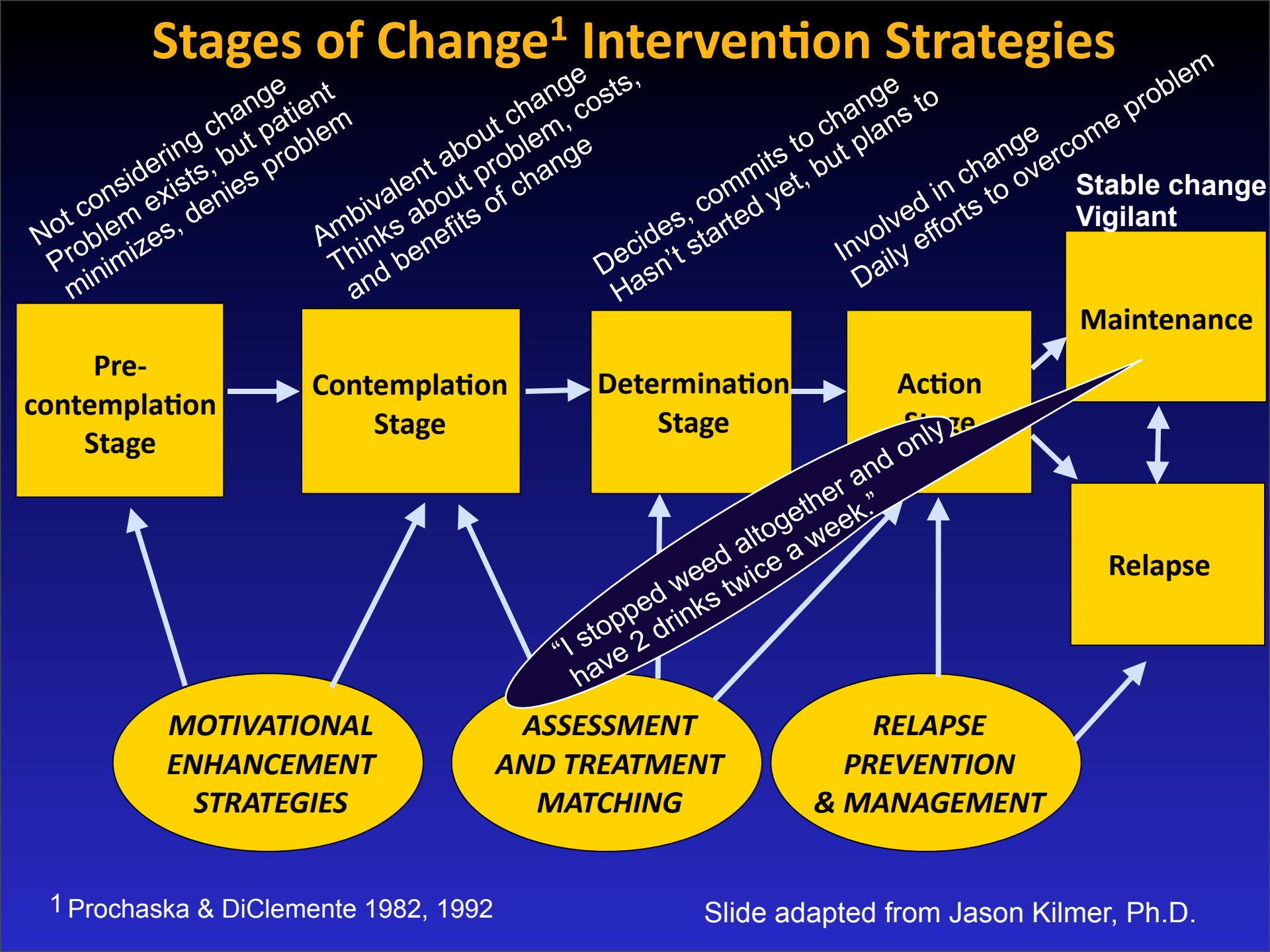
MI Clinician Conversation "Starters" Sexual behaviors

- Many teens grow up getting little or no information about body changes, menstrual periods, wet dreams, masturbation, or sexual feelings or experiences. So I ask all my teenage patients about this. Is it ok if we talk a little about that? *("ok")*...
- Are any of your friends at school in sexual relationships... Have you been dating, or ever been in a sexual relationship with anyone?
- Are your sexual feelings or attractions for guys, girls, both, or neither?
- Sometimes teenagers have been hurt physically or sexually, or have been forced to have sex that they didn't want. What about you? Has anything like that ever happened to you?
- What's it like talking with your parents about your friendships, or relationships? Do you talk with them about sex, or values, or staying healthy?
- You mentioned you weren't sure where things are headed with _____. The most important parts of maintaining a healthy relationship are mutual respect, communication, responsibility, and thinking through your values.
- Many teens wait as long as possible, since sex certainly makes things complicated, and I'm glad to see you're not rushing things. You're the one who will decide what happens. If you choose to have intercourse, there are many ways to protect yourself and your partner. What have you talked about? What would you like to do? We can help you stay healthy...

MI Clinician Conversation "Starters"
Affirming strategies for "non-conforming" teens

- I've talked with many teens who are unsure about who they are, or who they are attracted to. How do you see yourself? What about your friends?
- Who do you have crushes on, or fall in love with?
- We have many teens in our practice / clinic who are gay, lesbian, or transgender, or just unsure about all this. And that's OK. What are your thoughts?
- It's entirely acceptable to be whoever you turn out to be.
- At your age, everything changes daily. We can talk about this again sometime.

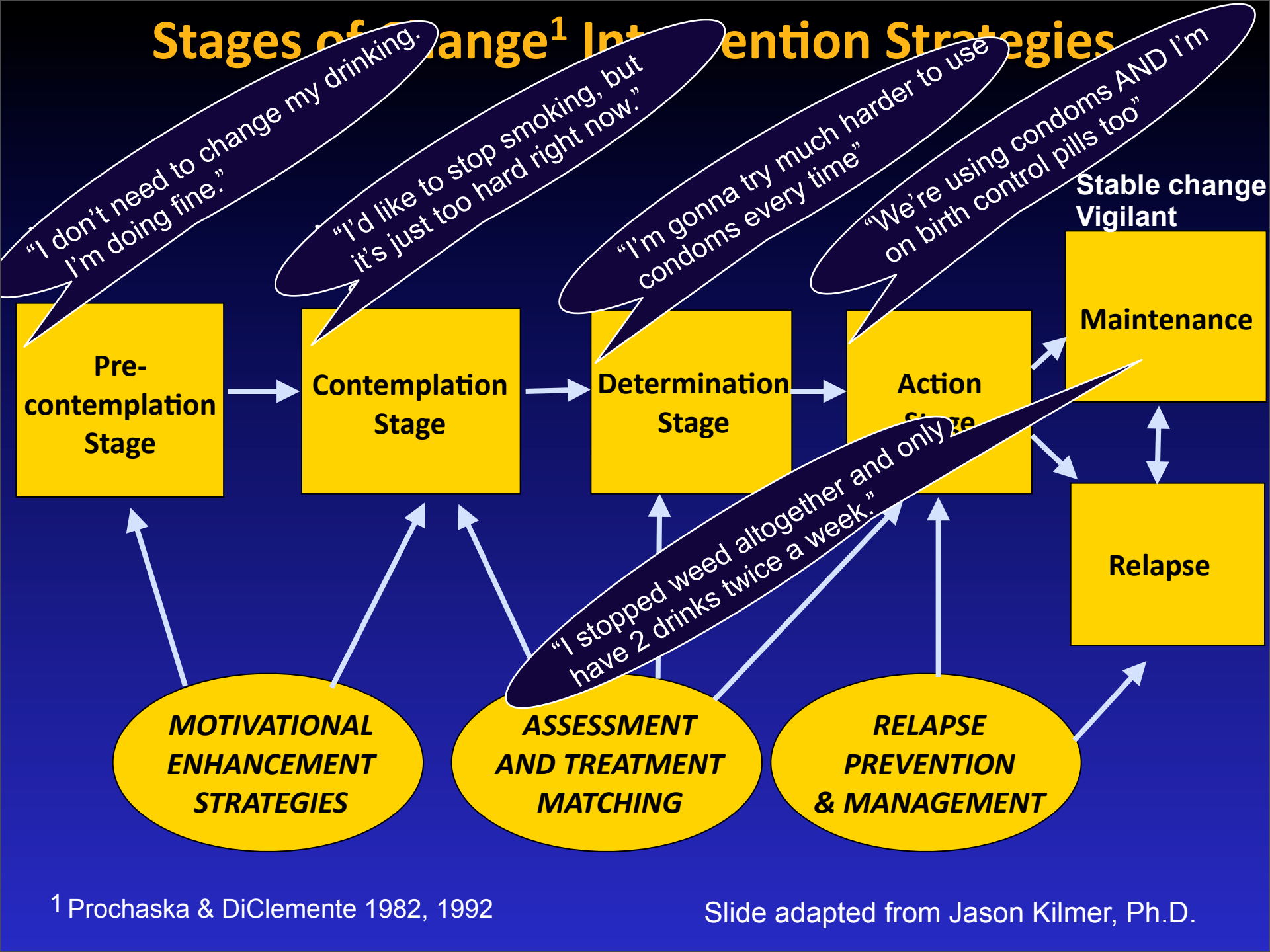
Stages of Change[1] Intervention Strategies



[1] Prochaska & DiClemente 1982, 1992

Slide adapted from Jason Kilmer, Ph.D.

Stages of Change[1] Intervention Strategies



[1] Prochaska & DiClemente 1982, 1992

Slide adapted from Jason Kilmer, Ph.D.

Motivational Interviewing Pre-contemplation

- **Clinician: What do you think about condoms?**
- **Patient: I don't like them.**
- **Clinician: Why not?**
- **Patient: I don't know. They don't feel good.**
- **Clinician: I have many patients who have gotten HIV or other STIs or had unintended pregnancy from unprotected sex. What are your thoughts about what's the worst thing that could happen...**
- **Patient: Well, I could get pregnant or get AIDS or something.**
- **Clinician: That's true. Sounds like you might be willing to think a bit more about protecting yourselves. Here's something to read, and we can talk more about condoms and protection at your next visit.**

Adapted from Schoeberlein et al, AIDS Reader, 1999

Motivational Interviewing Contemplation

- **Clinician:** What do you know about condoms?
- **Patient:** Well, they can prevent pregnancy, HIV, and other stuff.
- **Clinician:** What do you think about using condoms the next time you have sex?
- **Patient:** Yeah, well, maybe.
- **Clinician:** What would make it easier for you to use condoms?

Schoeberlein et al, AIDS Reader, 1999

Motivational Interviewing Determination

- **Clinician:** Now that you know how to use condoms the right way, what do you need to do so you're ready to use them the next time you have sex?
- **Patient:** I'm going to take some of those free condoms and lubricants from the waiting room, and I'll keep them with me. But how am I going to tell my boyfriend he's got to wear one?
- **Clinician:** What do you think would happen if you brought the condoms out or insisted he wear one? What would you say to him?

from Schoeberlein et al, AIDS Reader, 1999

Motivational Interviewing Action

- **Clinician:** So, how are you doing using condoms?
- **Clinician:** That's great! Do you need more condoms? How's your relationship going?
- **Patient:** We did it! I can't believe it wasn't so hard; I mean it was okay.

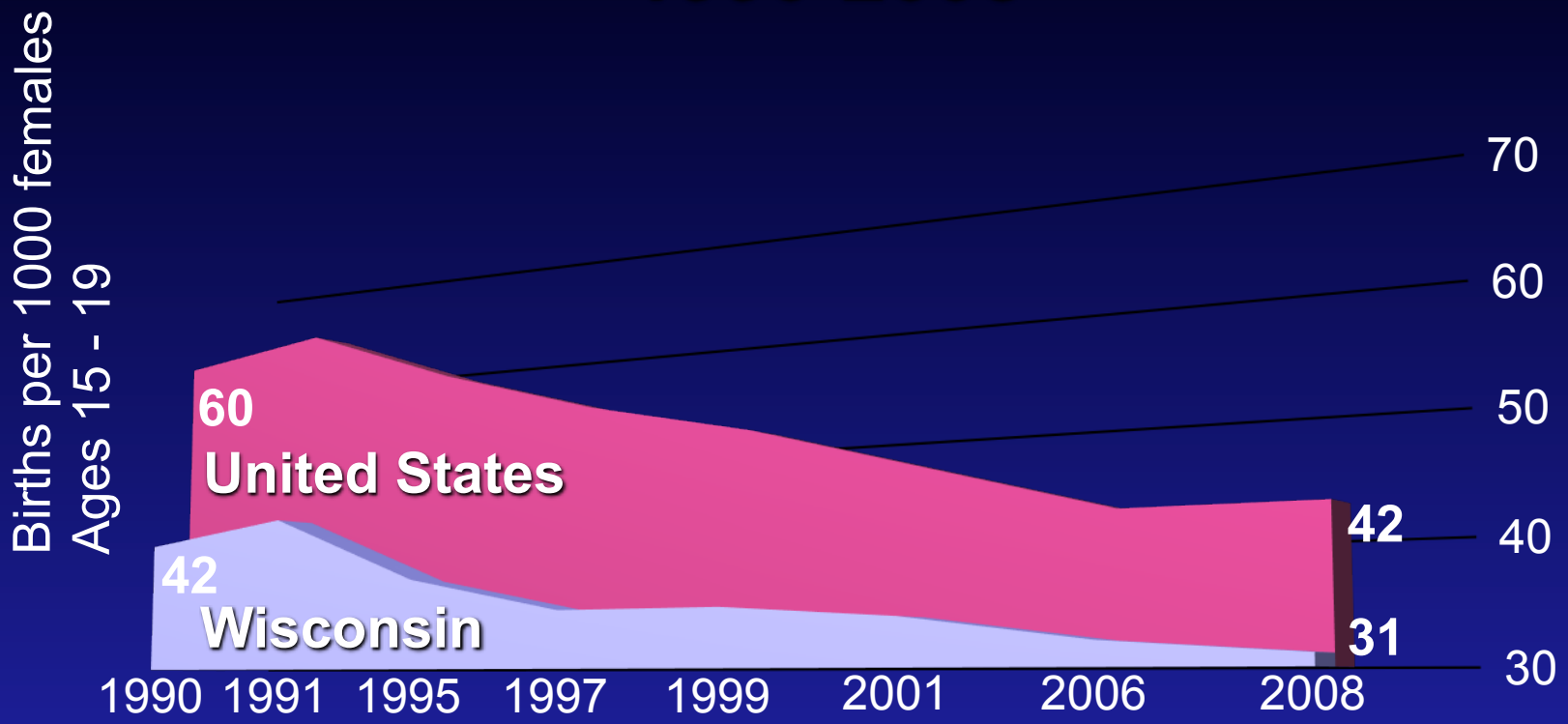
Adapted from Schoeberlein et al, AIDS Reader, 1999

Motivational Interviewing Maintenance

- **Clinician:** I'm really proud of you! It's great that you're using condoms when you're having sex. What are you going to do to make sure that you keep using them?
- **Patient:** Well, I haven't gotten high recently, so it's been pretty easy to remember to use the condoms, but when I'm partying it's going to be a lot harder to take a time-out from the moment, you know what I mean?
- **Clinician:** What's going on when you feel like you need to party? What other ways could you deal with those issues? What other choices do you have?

Adapted from Schoeberlein et al, AIDS Reader, 1999

Teen Birth Rates, WI & US
1990-2008



Comprehensive Sexuality Education

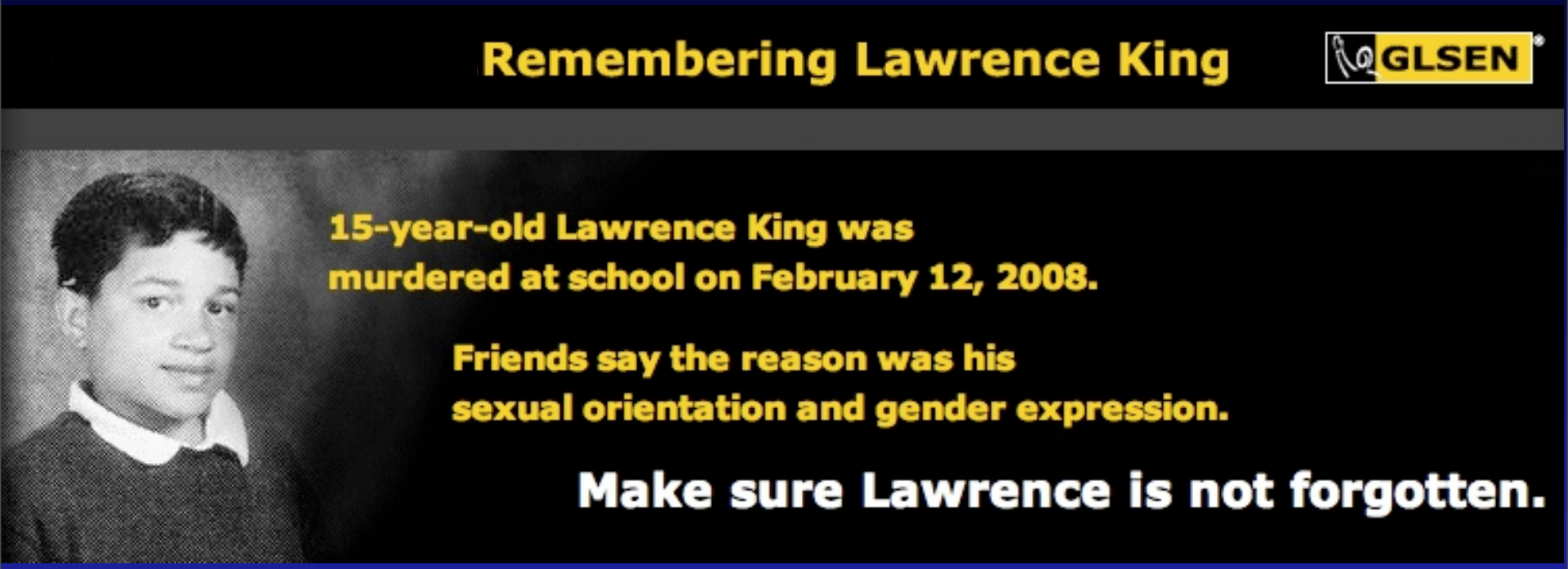
- Comprehensive Sexuality Education encourages abstinence as safest;
  - but for those who decide to be sexual: condoms, contraception
- 48 programs studied: Strong evidence of positive effects in 2 out of 3[1]
  - delayed sexual initiation
  - fewer numbers of partners
  - increased condom and contraceptive use
- Abstinence Only programs proven ineffective; over $500M spent
  - 25 States (including WI) refused funds or withdrew
- Federal $ for Comprehensive Sex Education so far: $0
- Personal Responsibility Education Program (PREP) funding pending
- California's comprehensive education--40% drop in teen pregnancy
- Wisconsin--25% drop in teen pregnancy. 2005: 10th lowest in US

[1]Kirby DB, Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior. *Sexuality Research and Social Policy: Journal of NSRC*, 2008 5(3); 18-27.

Non-sexual Motivations of Sexual Behavior

- Peer approval
- Rebellion
- Expression of hostility
- Escape
- Depression / cry for help
- Search for love or affection
- Confirm masculinity or femininity

Oxnard, California, February 12, 2008



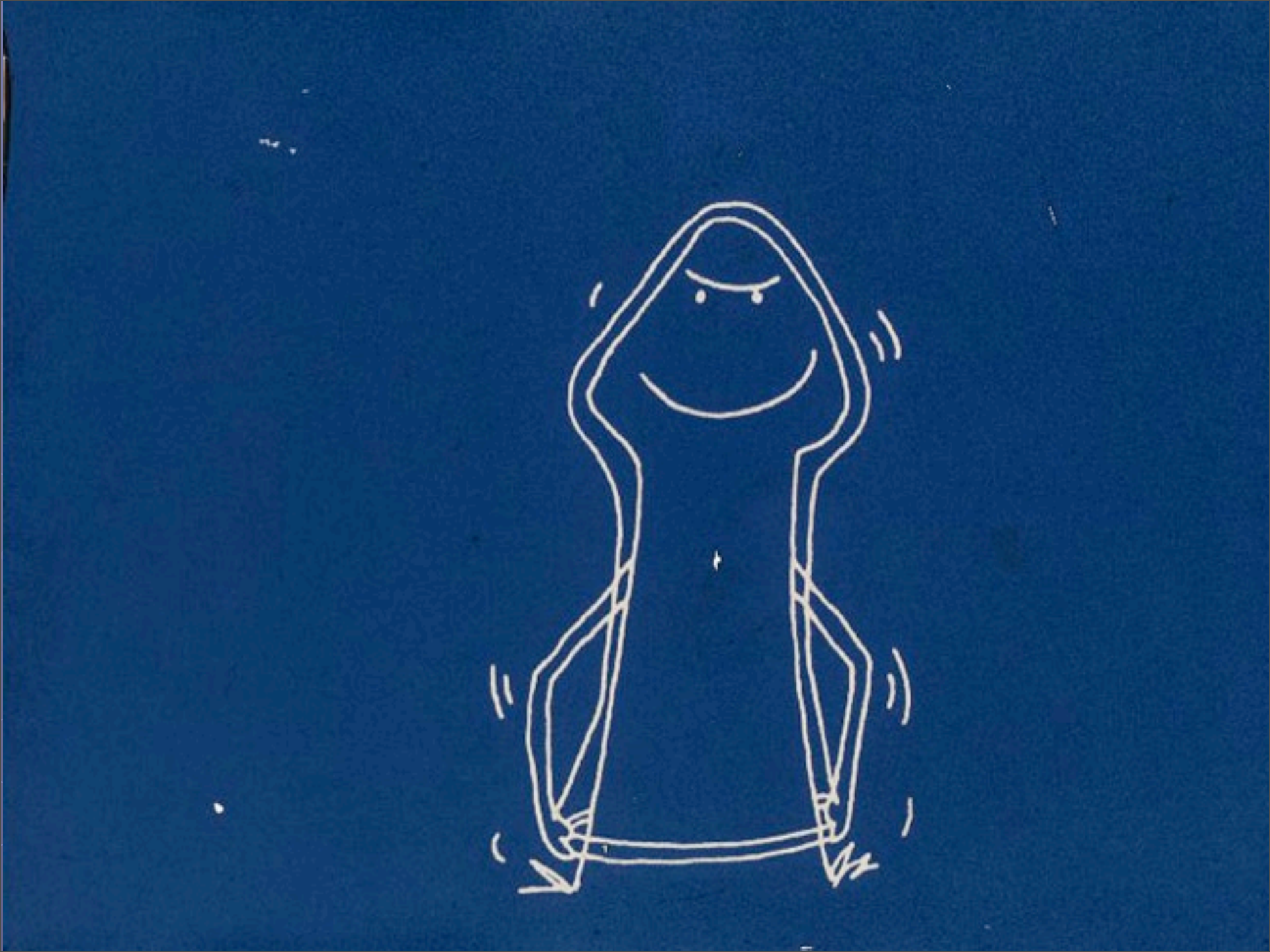
Risks Factors for Acquiring HIV Infection in Young Adults

- Sexual messages influence perception and behavior
- Young women: physiological and social vulnerabilities
  - cervical mucosal exposure to STIs
  - often older male partners with prior partners
  - power imbalance
- Alcohol and drug use accompanying sex
- Men having sex with men
- Multiple heterosexual partners
- Injection-drug users and their partners
- Persons who exchange sex for money or drugs
- Sex with persons who are HIV-infected

Listen for "Change Talk": Themes

- **D: Desire**
  - "I wish I could lose some weight"
  - "I like the idea of using condoms more often"
- **A: Ability**
  - "I might be able to talk with my partner about that"
  - "I could probably keep condoms with me more often"
- **R: Reasons**
  - "Cutting down on drinking would be good for my health"
  - "I'd sure have more money if I cut down"
- **N: Need**
  - "I must get better sleep"
  - "I really need to take better care of my body"

Examples from and/or adapted from: Rollnick, Miller, & Butler (2008)



Clinical Prevention in Adolescents

- Every adolescent clinical conversation is an opportunity to elicit a prevention “motivational moment”, however brief, but always teen-centered, relevant to the presenting concern, and designed to stimulate individual, specific efforts at behavioral risk reduction.
- Ideally, the teenager will verbalize the need and the plan to start changing behavior.

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- www.collegedrinkingprevention.gov/HSParentStudents (15-17 year-olds)
- www.collegedrinkingprevention.gov/CollegeStudents (18-20 year olds)
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