

# Motivational Interviewing in Adolescent Health

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# Objectives

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- Identify the essential benefits of motivational interviewing
- Describe at least one health outcome resulting from motivational interviewing
- Outline key features of clinical settings that are conducive to motivational interviewing

# Getting Down to the Basics

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- Motivational interviewing is a patient-centered, collaborative conversation, building upon the patient's strengths and motivations for positive behavior change.

# Benefits for Adolescents

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- Consistent with transitions in health care, to encourage independence for adolescents in the context of the health system
- Acknowledges choices available to an adolescent patient
- Promotes continuity of care, especially for chronic care, NCDs

# Fundamentals of Motivational Interviewing

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- Promotes empowerment of adolescents as decision-makers (patient-centered)
- Can provide education as well as psychosocial support
- May benefit adolescents living with noncommunicable diseases (NCDs), or chronic diseases

# Motivational Interviewing

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- Identifies adolescent's preferences, goals
- Encourages autonomy of adolescent patients
- Takes into consideration parent and community norms and attitudes
- Benefit is maximized by "whole team" approach

# Establishes Open Lines of Communication

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- Consider the age of the adolescent
- Describe goals of the office visit to patient and the parent, guardian
- Allow time for questions, clarification



# Getting Basic Information

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- Verify the reason for today's visit
- Establish a positive relationship
- Consider cultural factors
- Take history from the patient, confer with parent
- Agree on the goals for visit





# Adolescents Vary by Age, Culture

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# Communication Tips

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- **Encourage patients to talk**
  - “Say it in your own words”
- **Use active listening cues**
  - Eye contact, nodding, “Yes, go ahead”
- **Use open-ended questions**
  - “Tell me about...”



# Adolescent Risk Factors

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- Physiologic evidence of co-morbidities
- Behavioral evidence of co-morbidities
- Weak family, social support
- Educational limitations
- Non-adherent to recommended medical regimens

# Adolescent Protective Factors

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- *Parent engagement – communication about sex*
- *School connectedness – future success*
- **PROVIDERS – SAFE ACCESS TO SERVICES**

# Confidentiality Matters!

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- Adolescents appreciate time to talk alone with the provider
- Explain confidentiality carefully, including the limits of adolescent confidentiality

# Confidentiality Explained

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- Emphasize confidentiality
  - ***"I talk to all of my patients in a confidential setting because your privacy is important. I want you to know that everything we talk about is confidential, unless you tell me that you might hurt yourself, might hurt someone else, or that someone has been hurting you."***
- Explain how the information will guide patient care
  - ***"This information will help me understand if there are any other issues with your health that I can help with. "***
- Acknowledge personal nature of the subject matter

# Provider's Roles

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- Help adolescent to establish goals
- Acknowledge the challenges faced by the adolescent
- Identify support network, protective factors
- Develop an age-appropriate health plan
- May require multiple clinic visits

# Whole Team Approach

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- Enhances capacity for positive change and positive support for adolescents
- Multi-disciplinary teams include nurses, medical officers, counselors and social workers, as well as physicians
- Utilize variety of psychosocial, educational materials- oral messages, electronic, written



# Successful Care #1

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- Multi-component intervention to promote HPV vaccine acceptance by adolescents, parents
- 16 clinical sites, 188 providers, over 43,000 adolescents, in Denver, CO area
- Those receiving Motivational Interviewing were significantly more likely to initiate, complete vaccine series

# Successful Care #2

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- 151 adolescent in-patients with co-morbid conditions of substance use disorder and psychiatric diagnoses enrolled in randomized trial using motivational interviewing (MI) for behavior change
- MI vs. usual care
- Ages 13-17yo, US population

# Successful Care #2

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- Follow-up at 1, 6, 12 months clinic visits
- Telephone follow-up at 3, 9 months
- MI group had longer abstinence from drug use, vs usual care group
- MI group used fewer drugs within 6 months following hospital discharge

# Challenging Clinical Care #1

- Preconception counseling for adolescents living with HIV
- 34 youth, 16-29yo, 21 perinatally infected
- Motivational Interviewing, vs. usual care
- Miami, FL (US population)
- No differences in contraceptive knowledge, contraceptive use at 6 months f/up

# Challenging Clinical Care #2

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- Talking Diabetes Program, part of the DEPICTED study
- Type 1 DM, 4-15 yo (693 patients)
- Randomized clinics (26 sites)- UK based
- Providers (79) trained using online and workshop training tools
- Outcome measure- HbA1c

# Challenging Clinical Care #2

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- Patients assessed at 12 months following MI (vs. usual care)
- HbA1c increased in both groups (99.2% MI,, 99.7% uc assessed at 12 months)
- Providers trained in MI maintained counseling skills
- No impact on patients' perceived care

# Limitations of Studies

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- May need longer term follow-up to measure impact
- Younger adolescents may be challenged to operationalize behavior change
- Providers may need more training, support
- Cultural factors, co-morbidities

# Clinical Challenge- Palliative Care

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- Over million children die each year due to NCDs (noncommunicable diseases)
- Palliative care is an essential component of care, in the context of NCDs
- Motivational interviewing can support decision-making related to palliative care for adolescents



# NCDs Affect Children



43% of the world's population is under age 25

1.2 million deaths from NCDs a year in people under age 20



This makes up 13% of all NCD mortality

Modifiable **risk factors** starting in childhood result in over half of all NCD-related deaths



Children die of **treatable** NCDs: rheumatic heart disease, leukemia, asthma, and type-1 diabetes



- Age of opportunity for NCD prevention
- Focus on child rights
- **Sustainable development** cannot happen without attention to the impact of NCDs on children, adolescents

# HEADS (HE<sup>2</sup>ADS<sup>3</sup>)

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**H**OME  
**E**DUICATION /  
**E**MPLOYMENT  
**E**ATING  
**A**CTIVITIES  
**D**RUGS  
**S**EXUALITY      **S**AFETY  
**S**UICIDE



# Other Assessment Tools

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- OVC Well-Being Tool (CRS)
- HELPERS tool- focuses on low and middle income countries, including humanitarian settings

# HEADSSS- an essential assessment for adolescents

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- Home
- Education/employment
- Activities
- Drugs (and alcohol, tobacco)
- Sexuality
- Suicide
- Safety

# HOME

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- Who lives at home with you?
- What are relationships like at home?
- Tell me about any recent changes in your home (where you live, who is living with your family)

# Education

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- School/grade
- Tell me about any recent changes at school
- Tell me about any challenges you have at school
- What would you like to do when you finish school?

# Employment

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- Tell me about any jobs you have had during the past year
- How do you spend the money you earn on this job?

# Activities

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- With family?
- With peers, friends? Ages of your friends?
- Locations of activities
  - Community, home
  - School
  - Sports teams, clubs
  - Consider music, art, physical activity



# Drugs

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- Tell me about your cigarette use in the past year.
- Ask about smokeless tobacco, e-cigarettes, hookah
- Review use of alcohol
  - Some adolescents may not consider certain drinks as alcoholic (banana beer)

# Drugs

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- Also ask about drug or alcohol use in the home, among peers

# Summary

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- Motivational interviewing can be beneficial when provided health care services to adolescents and youth
- Short term compliance is possible in some clinical settings
- Long term success requires more studies
- Whole team approach enhances success

# Thank You!

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# Adolescent Friendly Health Services

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- EQUITABLE
- ACCESSIBLE
- ACCEPTABLE
- APPROPRIATE
- EFFECTIVE
- PRESERVES RIGHTS

