

Health in the Balance: How to Listen So Teens Will Talk, and to Talk So Teens Will Listen

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**ACT for Youth Provider Day
Adolescent Health & Well-being
Albany, New York; 09/23/ 2013; 10:30-11:45a m**



Learning Objectives

- **Frame overweight & eating disorders in terms of “energy imbalance” often with associated psychosocial issues.**
- **Recognize the importance of family involvement for change to occur in energy imbalance**
- **Apply motivational interviewing techniques and skills in working with youth who have energy imbalance.**

Communication

- ***Communicare***: to share or to have in common
- **Language**
 - Verbal (gives an impression)
 - Receptive and Expressive
 - Non-verbal (creates an impression)
 - Receptive and Expressive
- **Conversation vs Interview**

Kreipe RE. The Art of Communicating With Adolescents. *Adolescent Med* 2008;19:1–17

Communication & Developmental Tasks

- Puberty and physical examination
 - Self-conscious, embarrassment, anxiety
- Autonomy
 - Control
 - Confidentiality
 - Adherence
- Identity
 - Clothing, body art, hair
- Cognitive Status
 - Egocentrism
 - Personal fable
 - Imaginary audience

Kreipe RE. Art of Communicating with Adolescents *Adolescent Med* 2008;19:1–17

Communication Skills

- **Self-awareness**
- **Non-judgmental approach**
- **Flexibility with consistency**
- **Active listening and observing**

Kreipe RE. The Art of Communicating With Adolescents. *Adolescent Med* 2008;19:1–17

Communication Techniques

- Engage youth as a **therapeutic ally**
- Initiate conversation with **non-threatening topics**
- Assume **nothing**
- Clarify **inferences**
- Provide **confidentiality**, but include youth in the collection of data from other sources
- Confront **passive-aggressive** behavior; substitute **assertiveness**

Kreipe RE. The Art of Communicating With Adolescents. *Adolescent Med* 2008;19:1–17

Communication Techniques

- Youth keeps a daily **journal**
- Provide youth with **options** to choose from when discussing abstract concepts
- Associate potentially embarrassing questions with **health**
- Use **reflective** responses & **summary** statements
- Make use of **body language**
- Always use **Strength-Based** messaging

Kreipe RE. The Art of Communicating With Adolescents. *Adolescent Med* 2008;19:1–17

Strength-Based Communication

- **Belonging (connection)**
 - How do you **get along** with people in your household?
 - What do you like to **do together as a family**?
 - Do you eat **meals together**?
 - Do you feel you have **at least 1 friend** or a group of friends **with whom you are comfortable**?
 - What do you and your friends like to **do together** after school? ...on weekends?
 - How do you feel you **fit in** at school?...neighborhood?
 - Do you **feel like you matter** in your community?
 - Do you have at least **1 adult in your life** who cares about you and to whom you can go if you need help?

Frankowski, Leader and Duncan. *Adolesc Med* 2009;20:22–40

Strength-Based Communication

- **Mastery (competence)**
 - What do you do to **stay healthy**?
 - What are you **good at**?
 - How are you **doing in school**?
 - What do you like to do after school with your **free time**?
 - Do you feel you are **particularly good at** doing a certain thing like math, soccer, theater, cooking, hunting, or anything else?
 - What are your **responsibilities** at home? At school?

Frankowski, Leader and Duncan. *Adolesc Med* 2009;20:22–40

Strength-Based Communication

- **Autonomy (confidence)**
 - Do you feel that you have been allowed to make more of your **own decisions** as you have become older?
 - Do you feel you have **a say in family** rules and decisions?
 - Are you able to **take responsibility for your actions** even **when things don't work out** perfectly or as you planned?
 - Have you **figured out a way to control your actions** when you're angry or upset? How do you **handle stress**?
 - How **confident** are you that you can make a **needed change in your life**?

Frankowski, Leader and Duncan. *Adolesc Med* 2009;20:22–40

Strength-Based Communication

- Generosity (contribution, character)
 - What makes your **parents proud** of you?
 - What do your **friends like about you** the most?
 - What do you **like about yourself**?
 - What do you do to **help others** (at home, or by working with a group at school, church, or community)?
 - What do you do to **show** your parents or siblings that **you care** about them?
 - How do you **support your friends** when they are trying **to do the right thing**, like quitting smoking or avoiding alcohol and other substances?

Frankowski, Leader and Duncan. *Adolesc Med* 2009;20:22–40

Motivational Interviewing (MI)

Intervention intended to increase the likelihood of **considering**, **initiating** and **maintaining** specific behavior changes, based on client-centered therapy, stages of change and motivational psychology

Supporting Change in Clinical Practice

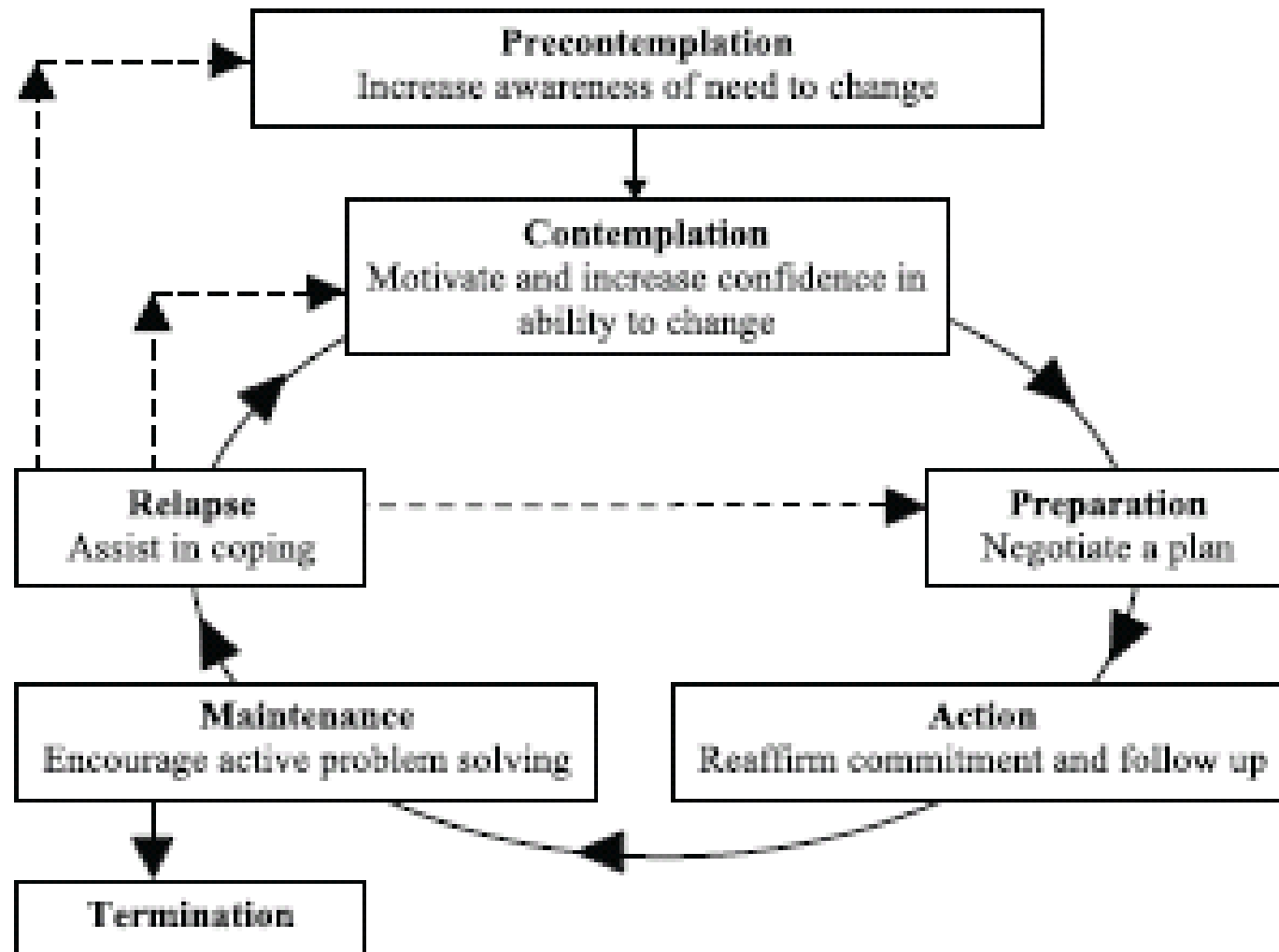
- **Rogers, 1959:** Authentic, non-possessive and empathic client-centered interpersonal relationship is conducive to change
- **Prochaska & DiClemente, 1984:** Transtheoretical model of readiness (stages) to change; most patients in pre-contemplation or contemplation
- **Miller & Rollnick, 1991/2002:** Motivational interview as a brief intervention
- **Deci, 1995:** Enhancing self-motivation through supporting autonomy, competence and responsibility

Stages of Change to Guide Interventions

<u>Stage</u>	<u>Intervention</u>
● Pre-contemplation	Increase awareness of need for (and possibility to) change, create doubt
● Contemplation	Weigh cons and pros of change; increase confidence in ability to change; strengthen self-efficacy
● Preparation (Ready for Action)	Develop a plan <ul style="list-style-type: none">- Self-monitoring- Goal specification (“SMART”)- Stimulus control- Self-reinforcement- Behavior reinforcement

Stages of Change Model

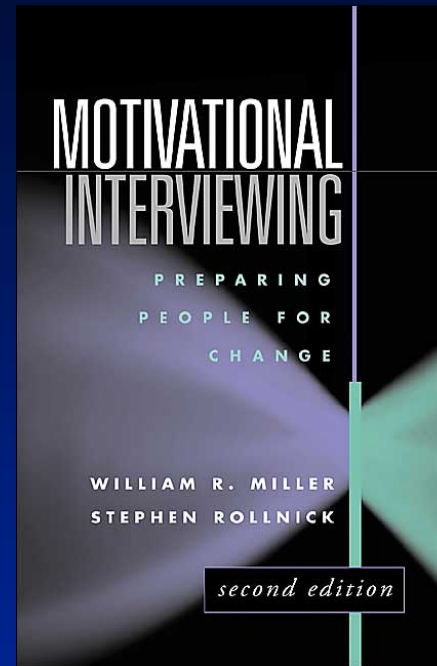
Adolescent Health Update 2007;20:1



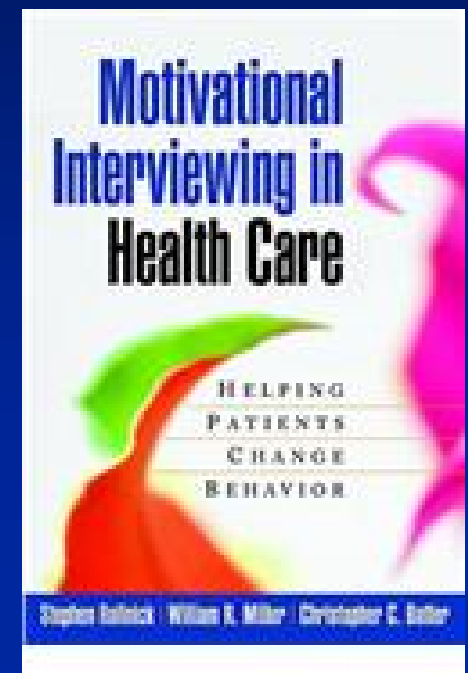
Based upon the transtheoretical model developed by James O. Prochaska, PhD, and Carlo C. DiClemente, PhD, which describes stages of change in terms of a continuum of readiness to change behavior.

Motivational Interviewing (Miller & Rollnick)

- **MI Spirit**
 - Collaboration
 - Evocation
 - Autonomy support
- **MI Strategies**
 - Express empathy
 - Develop discrepancy
 - “Roll with resistance” to avoid argumentation or defensiveness
 - Support self-efficacy



2002



2007

Motivational Interviewing: Empathy

- **Acceptance facilitates change**
- **Skillful reflective listening**
- **Understanding more important than “facts”**
- **Ambivalence ≠ resistance**

Motivational Interviewing: Discrepancy

- **Internal, rather than external, motivators**
- **Choices and consequences**
- **Youth develops reasons for change**
- **Shift balance in ambivalence toward change**

Motivational Interviewing: Argumentation

- Arguments and confrontation elicits defense of *status quo* and opposition to change
- Labeling is unnecessary
- Conflict or resistance are signals to change strategies

Motivational Interviewing: Resistance

- Disagreeing \neq denial;
Agreeing \neq insight
- Ambivalence and reluctance to change are natural and understandable responses
- Different perceptions and perspectives can be considered, but not imposed
- Youth, not the youth worker, is the resource for problem solving and solutions

MI Strategies to *Decrease Resistance*

- **Shift focus:** temporarily shift attention away from source of tension to common ground.
- **Personal choice and control emphasis:** Any choice about change is the adolescent's; only s/he can take action toward change.
- **Reframing:** Restates what was said from a new perspective, inviting consideration of viewpoint.
- **Agreement with a twist:** Reflection +Reframe with a light touch to avoid sarcasm or criticism
- **Siding with the negative:** Last resort, extreme exaggeration to bring back to a more open posture

Gold & Kokotailo. *Adolescent Health Update 2007*; 20:1

Motivational Interviewing: Self-efficacy

- **Belief in the possibility of change**
- **Youth is responsible for choosing and carrying out personal change**
- **Hope in the range of alternative approaches**

Making Reflective Statements

Patient makes a statement



Repeat or rephrase content

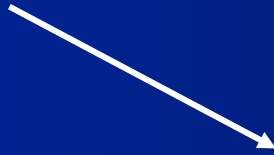


YOU

feel



Guess at underlying feeling



think



Guess at underlying meaning

MI: Reflection *Increases Receptivity to Change*

- **Simple reflection:** Repeat what the patient says without “parroting” (listening)
- **Reflection of *meaning*:** Reflect implied/inferred *cognitive* content of what is said (understanding)
- **Reflection of *feeling*:** Reflect implied/inferred *affective* content of what is said (empathy)
- **2-sided reflection:** Reflect *both* sides of ambivalence, starting with status quo (discrepancy)
- **Amplified reflection:** Exaggerate reflection of negative side of ambivalence (light touch)

Gold & Kokotailo. *Adolescent Health Update 2007*; 20:1

Decision Balance: Over-weight

	Pro	Con
Stay the Same	I'd like to hear about some good things about being your weight as far as <u>you</u> are concerned.	You know that smoking is bad for your health, so I don't want to nag you about that .
Change	And you've also heard all the good things that happen when people stop smoking.	And what bad things might happen if you lost weight?

What else?

Anything else?

Anything else?...

Importance and Confidence Scales

Importance Ruler



Confidence Ruler



Adapted from Gold MA. Using MI to Facilitate Health Behavior Change

Using Importance and Confidence Scales

- On what behavior change does the adolescent want to focus (frequency, duration, intensity)
- On a scale from 0 to 10 (10=most and 0=least)
 - What number would you give for how **important** it is to you to ... (behavior change) right now?
 - What number would you give for how **confident** you are that you could ... (behavior change) right now, if it were important to you?

Adapted from Gold MA. Using MI to Facilitate Health Behavior Change

Determining Focus on Importance and Confidence Scale

- One number distinctly **lower** than the other (≤ 5): focus on the **lower** number first
- Both are the **same**: focus on **importance** first
- Both are **very low** (≤ 2): explore feelings about talking about the issue
- Both are **high** (≥ 9): ask “what is holding you back from making this change?”
- **Visual** scale often works better than asking about numbers

Adapted from Gold MA. Using MI to Facilitate Health Behavior Change

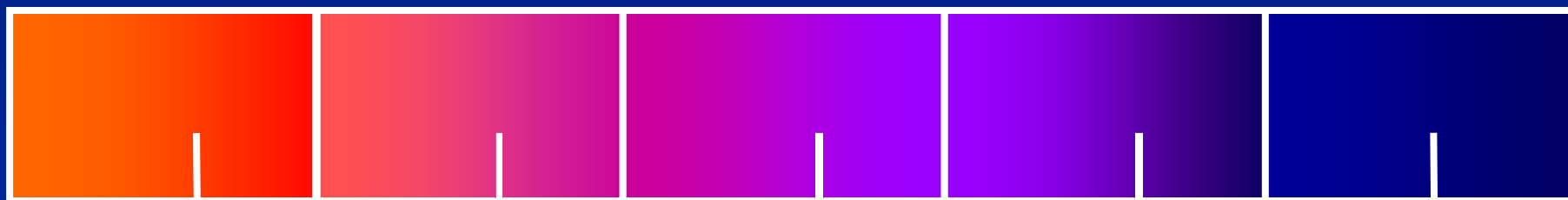
Readiness and Commitment Scales

Readiness Ruler



0 Least 2 4 6 8 10 Most

Commitment Ruler



0 Least 2 4 6 8 10 Most

Adapted from Gold MA. Using MI to Facilitate Health Behavior Change

Assessing the Importance of Change in Behavior

*“How **important** is it to **YOU** to lose some weight?”*

**Not at all
convinced**

0 1 2 3 4 5 6 7 8 9 10

**Totally
convinced**

“What makes you say 1?”

“Why 1 and not zero?”

“What would it take to move it to a 3?”

(Adapted from Keller and White, 1997; Rollnick, Mason and Butler, 1999)

Assessing Confidence in the Ability to Change Behavior

*“How **confident** are YOU that eventually you will be able to get to a healthier weight?”*

**Not at all
confident**

0 1 2 3 4 5 6 7 8 9 10

**Totally
confident**

“What makes you say 4?”

“What might help you to get to a 6 or 7?”

“What could I do to help you to feel more confident?”

(Adapted from Keller and White, 1997; Rollnick, Mason and Butler, 1999)

References and Resources

Gold MA, Kokotailo PK. Motivational Interviewing Strategies to Facilitate Adolescent Behavior Change. *Adolescent Health Update* 2007;20:1.

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Kreipe RE. Introduction to Interviewing: The Art of Communicating With Adolescents. *Adolesc Med* 2008;19:1.

Suarez M, Mullins S. MI and Pediatric Health Behavior Interventions. *J Dev Behav Pediatr* 2008;29:417.

Motivational Interviewing (www.motivationalinterview.org/)

Kaiser Permanente Health Education Motivating Change (www.kphealtheducation.org)