


Northern Light
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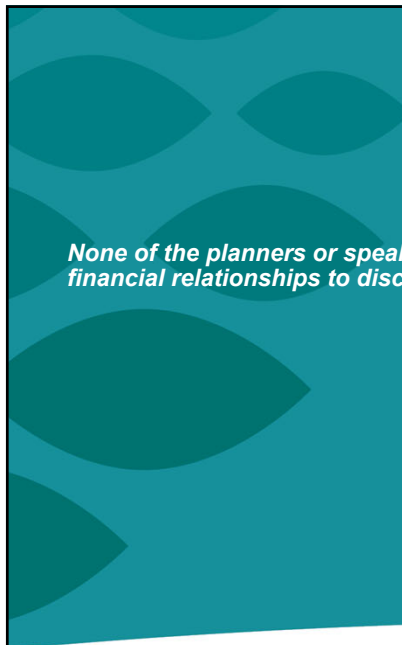
Tough Talks with Teens: Decreasing Risk and Increasing Motivation to Change in Adolescent Patients

09.18.2024



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None of the planners or speakers for this activity have relevant financial relationships to disclose.



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
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Objectives




1. Attendees will understand the importance of the stages of change and how to recognize a patient's current stage of change.
2. Attendees will increase knowledge of different motivational interviewing techniques.
3. Attendees will gain an understanding of how to co-develop a plan of action with a patient.

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CDC's Youth Risk Behavior Survey (2011-2021)







The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Ever had sex	47	47	41	40	38	30	
Had four or more lifetime sexual partners	15	15	11	10	9	6	
Were currently sexually active	34	34	30	29	27	21	
Used a condom during last sexual intercourse [†]	60	59	57	54	54	52	
Used effective hormonal birth control ^{†,‡}	–	–	–	–	–	33	–
Used a condom and effective hormonal birth control (dual use) ^{†,‡}	–	–	–	–	–	10	–
Were ever tested for HIV	13	13	10	9	9	6	
Were tested for STDs during the past year [§]	–	–	–	–	9	5	

*For the complete wording of YRBS questions, refer to the appendix.
[†]Among sexually active students.
[‡]Survey question changed in the 2021 national YRBS; therefore, trends are not available.
[§]Variable introduced in 2019.




 In wrong direction
 No change
 In right direction

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CDC's Youth Risk Behavior Survey (2011-2021)

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Currently drank alcohol	39	35	33	30	29	23	
Currently used marijuana	23	23	22	20	22	16	
Currently used an electronic vapor product†	–	–	24	13	33	18	
Ever used select illicit drugs	19	16	13	13	13	13	
Ever misused prescription opioids‡	–	–	–	14	14	12	
Currently misused prescription opioids§	–	–	–	–	7	6	

*For the complete wording of YRBS questions, refer to the appendix.
†Variable introduced in 2015.
‡Variable introduced in 2017.
§Variable introduced in 2019.







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
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CDC's Youth Risk Behavior Survey (2011-2021)

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Were threatened or injured with a weapon at school	7	7	6	6	7	7	
Did not go to school because of safety concerns	6	7	6	7	9	9	
Were electronically bullied	16	15	16	15	16	16	
Were bullied at school	20	20	20	19	20	15	
Were ever forced to have sex	8	7	7	7	7	8	
Experienced sexual violence by anyone†	–	–	–	10	11	11	

*For the complete wording of YRBS questions, refer to the appendix.
†Variable introduced in 2017.






 In wrong direction
 No change
 In right direction

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CDC's Youth Risk Behavior Survey (2011-2021)

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

*For the complete wording of YRBS questions, refer to the appendix.
†Variable introduced in 2021.

 In wrong direction
 No change
 In right direction

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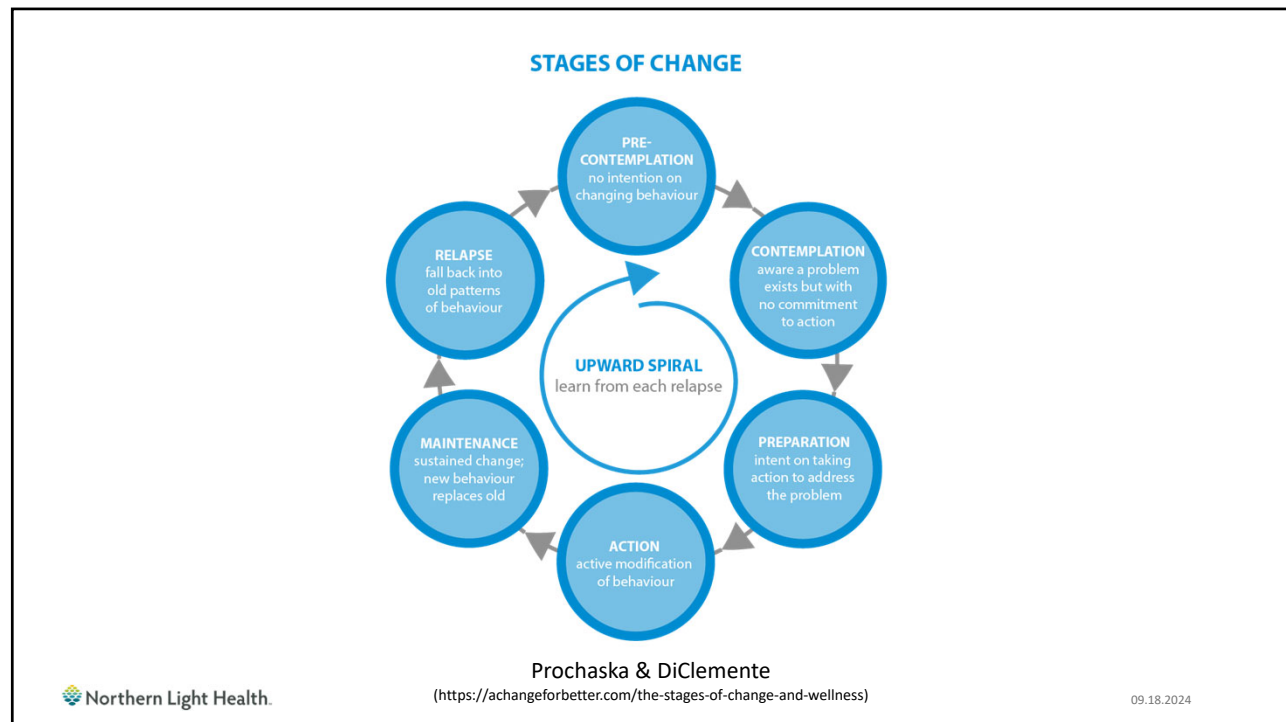
To reduce risk, your patient's behavior needs to change.

This is not simple.

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Knowing your patient's stage of change

Stages of Change	Signs
Precontemplation	Not thinking about change May be resigned Feeling of no control Denial: does not believe this applies to self Believes consequences are not serious
Contemplation	Weighing the benefits and costs of behavior Proposing change
Preparation	Experimenting with small changes
Action	Taking a definitive action to change
Maintenance	Maintaining new behavior over time
Relapse	Experiencing a normal part of the change process May feel demoralized

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Facilitating Change

The righting reflex: the human desire to set things right

Healthcare providers are particularly inclined!

What does the righting reflex look like in healthcare?

Advocating for change

Being the expert

“I know what’s best for you”

How will patients respond?

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Facilitating Change

Your goal is to recognize their stage of change and help move them to the next stage(s) of change.

Motivational interviewing is the evidence-based approach to helping people overcome ambivalence about change

It outperforms “advice giving” in 80% of studies (Miller & Rollnick, 2013)

It is “highly effective in increasing self-efficacy to change in adolescents” (Erickson, Gerstle, & Feldstein, 2005)

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Informing

Your role is to inform your patients

- Explaining what is going on and what may happen
- Sharing evidence
- Giving advice

Keep in mind in the patient as a person

- Work within the relationship
- Consider their goals/priorities
- When in doubt, **slow down**
- Positive messages matter! (Avoid guilt & shame)
- For teens, avoid talking about “problems” or “concerns.” Discuss their “choices” and “behaviors”
- Recognize how parental concern can affect ambivalence

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Gathering Information & Motivational Interviewing

Start with an open-ended comment to gather information.

You've tried vaping with friends. Tell me more about that.

To show that you're listening and check your understanding, use reflective statements (i.e., short summaries)

You're saying that it's only been a few times.

Focus on reflecting **resistance** and **change talk**

Roll with resistance: *It hasn't caused any problems for you.*

Change talk: What else what you noticed or wondered about?

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Informing & Motivational Interviewing: Setting the Stage

Ask permission

"Would it be all right if I share my concerns with you?"

Give them option of discussing the topic now or later

"Can we talk about this now or is there something else you want to discuss first?"

Preface the information while acknowledging autonomy

"Let me know what you think of this idea..."

Talk about what others do

"Some patients in your situation do XYZ. I wonder what would work for you?"

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Informing & Motivational Interviewing

Chunk-check-chunk

Common approach for sharing information

Spend more time checking for patient understanding

It should be a conversation, not a lecture

"Does that make sense to you?" or "Is there anything you want to explain further?"

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Informing & Motivational Interviewing

Elicit-provide-elic

Start with open-ended question to guide informing

“What would you most like to know about XYZ?”

“What do you already know about XYZ?”

Provide relevant information

Elicit their reaction to the information

“What do you make of that?”

“What more would you like to know?”

“What does this mean for you?”

Patients may be well-informed but less sure of the implications for themselves

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Working with a patient in precontemplation (Example)

Your patient screened at high risk for depressive symptoms but does not think they need any mental health treatment.

You gather information by asking about the elevated symptoms:

I see here that you've had little interest in doing things and have been feeling down nearly every day these past two weeks. Tell me more about what you're noticing.

You realize that they are in the precontemplation stage.

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Types of precontemplators (Miller & Rollnick, 2013)

Reluctant: Lack knowledge or inertia, do not want to change

Your approach: Careful listening and providing empathetic feedback

I hear you saying that everyone has bad days. And I agree! It's tough when we have several of them in a row. When the bad days start happening frequently, it can be a sign of depression. What do you know about depression?

Rebellious: Have a good deal of knowledge, heavily invested in the behavior and making their OWN decisions.

Your approach: Acknowledge their autonomy (no one can force you to change!), provide a menu of options and focus on small, incremental changes

*You're right. It's up to you if you start treatment for depression, and I hear you saying that it's not a problem. How will you know if it does become an issue? [...]
Ok, in that situation, you would consider treatment. Some patients like to start with therapy while others want to try medication first. What would your preference be?*

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Types of precontemplators (Miller & Rollnick, 2013)

Resigned: Have given up on change and are overwhelmed by the problem

Your approach: Instilling hope, exploring barriers to change, emphasizing that relapse is common and not a sign of failure

You've tried finding a therapist, but it's been impossible to find someone with openings. It can take time to find someone but it's possible! Let's see what resources I have for you.

Rationalizing: Not considering change, developed rationale that minimizes harm of the behavior

Your approach: Avoid discussing their rationale! Ask them about the "good things" of the behavior, then the "not so good things"

You tried therapy before and it didn't help. What parts of therapy didn't work for you? ...What aspects did you like?

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Create an Action Plan

1. Offer a menu of choices for a goal
2. Expand on the goal by making it SMART
Specific, Measurable, Attainable, Relevant, Time-Bound
3. Explore possible barriers and problem-solve around them
4. Elicit commitment to the plan

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Create an Action Plan (Example)

Risky behavior: Adolescent patient with T1DM is not covering carbs appropriately in the middle of the day.

Step 1: Offer choices for a goal.

I hear that there are some parts of this you wish were different but it's hard when your parents aren't around to remind you. Let's think about what you could change.

Do you want to first focus on carb coverage at lunch? Or after school?

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Create an Action Plan (Example)

Step 2: Create a SMART goal.

You may need to gather more information. *Walk me through what happens at lunch.* You learn:

They prefer to buy school lunch, but they never know what is on the menu.

They choose their meal when they arrive in the cafeteria, eat with friends during the 20-minute lunch period, then administer insulin when they get to their next class.

Vague Goal: Choose meal ahead of time.

SMART Goal: Look at school menu at the beginning of morning study hall. Choose meal and count carbs ahead of time. Administer insulin before walking to lunch. Starting tomorrow; will re-assess after 2 weeks.

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Create an Action Plan (Example)

Step 3: Explore possible barriers

What might get in the way?

Forgetfulness

→ set a reminder for 10 minutes after start of study hall

Dislikes administering insulin in front of peers

→ Explore different options. Patient decides they can do it while everyone is packing up their things and leaving the class.

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Create an Action Plan (Example)

Step 4: Elicit commitment

Does this sound doable?

Let's schedule another appointment in 6 weeks to see how it's going.

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Despite your best efforts...

...they are not ready to move to the next stage of change.

Resistance is a sign that you are not matching their stage of change.
Focus on empathy and thought-provoking questions.

Open the door for further discussion

"I hear you. It sounds like you're not in a place to make any changes right now. Please reach out or schedule a sooner visit if it does become something you want to work on."

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Helping patients move towards change

Your mindset!

“The good life is a process, not a state of being. It is a direction not a destination.”

“The more I can keep a relationship free of judgment and evaluation, the more this will permit the other person to reach the point where he recognizes that the locus of evaluation, the center of responsibility, lies within himself.”

Carl Rogers, PhD

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ADOLESCENT SBIRT

Toolkit for Providers



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Example from Adolescent SBIRT Toolkit

Irena is a 17-year-old girl who presents for a school physical. She has been followed in the practice since birth and was last seen one year ago. She has mild asthma that is well controlled with prn albuterol and is otherwise healthy. She has always been a solid B student whose hobbies include tennis, snowboarding, and lacrosse. She is currently in 11th grade and plans to apply to college next year.

Prior to coming into the exam room, Irena completed the office screening protocol, including the S2BI, and reported alcohol use "once or twice" and monthly marijuana use. The Medical Assistant hands Dr. Wilson the screen results for review. Note that Dr. Wilson utilizes the CRAFFT questions to explore potential problems associated with use.

After a few minutes of general interval medical history, Dr. Wilson addresses marijuana use with Irena.

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DR. WILSON:

Let's review your results from this screen. I see that you reported using marijuana about once a month. Is that right?



IRENA:

Yeah, sometimes a little more, sometimes a little less, but that's about right, on average.



DR. WILSON:

Can you tell me a little more about your use? When did you start smoking?



IRENA:

I first smoked during April break last year. The first time I didn't get high and I didn't do it again for a while. Over the summer I tried it a couple more times. Actually I probably used a bit more over the summer – maybe once a week; I cut down when school started and now I use about once a month.

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Example from Adolescent SBIRT Toolkit



DR. WILSON:

What made you decide to cut down for the school year?



IRENA:

Well, I don't have as much free time to hang out with friends so it doesn't come up as much. I also don't want marijuana to interfere with school.



DR. WILSON:

Ok, so you have noticed that marijuana can get in the way of school work.



IRENA:

Well it never happened to me, but I heard it could happen.



DR. WILSON:

I agree with you. Marijuana can definitely make it harder to achieve the things that mean a lot to you.

Have you ever driven or ridden in a CAR with someone who had been drinking or using marijuana or other drugs?



IRENA:

No. I am not stupid and I would never do that.



DR. WILSON:

I am really glad to hear that you made a decision never to drive or accept a ride from an impaired driver. It is so important to protect yourself — cars can be deadly when they are in the wrong hands. Do you ever use marijuana to RELAX?

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Example from Adolescent SBIRT Toolkit



IRENA:

Yeah, I guess so. It makes us laugh at stupid stuff when I am with my friends.



DR. WILSON:

Have you ever smoked when you were ALONE, by yourself?



IRENA:

Just once. I had left over marijuana and I just couldn't resist, so I smoked up in my room.



DR. WILSON:

So it sounds as if sometimes it can be hard for you to resist marijuana. Do you get cravings?



IRENA:

No, not really. I mean, sometimes I see kids smoking and I think I would really like to join them, but I wouldn't call that a craving.



DR. WILSON:

Are your FAMILY or FRIENDS concerned about your marijuana use?



IRENA:

My parents caught me high once or twice. I denied it, but I think they knew I had used.



DR. WILSON:

What did they say to you?

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Example from Adolescent SBIRT Toolkit



IRENA:

They told me not to use and that they would drug test me if they saw me looking high again.



DR. WILSON:

Why are your parents against you using marijuana?



IRENA:

Obviously, parents never want their kids to use drugs. My parents are constantly telling me that marijuana could be addictive and I think they are worried that I might try other things.



DR. WILSON:

What do you think? Are your parents right that marijuana could be addictive?



IRENA:

Probably, but I only smoke once in a while so I think they are overreacting.



DR. WILSON:

Did you ever FORGET anything that happened when you were smoking?



IRENA:

No.



DR. WILSON:

Did you ever get into TROUBLE because of marijuana?

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Example from Adolescent SBIRT Toolkit



IRENA:

Not really. One time, the police came to the woods and they knew all of us were smoking.



DR. WILSON:

Ok, so let me see if I got the picture right here. You smoke marijuana about once a month. You enjoy smoking with your friends and once you smoked by yourself in your room because you couldn't resist. Your parents have made it really clear that they don't want you to smoke at all. You've never gotten in trouble, but you've come close a couple of times — once when the police caught you and your friends in the woods and a couple of times when your parents caught you. You know that marijuana can be addictive, and that some kids who use marijuana do worse in school. Did I get all of that right?

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Example from Adolescent SBIRT Toolkit



IRENA:

I know all of this stuff but I think everyone is overreacting. I only use once in a while, I can definitely control it.



DR. WILSON:

Here's my recommendation — how about a "test." You are smoking about once a month. Why don't we see if you can go three months without smoking at all? Would you be willing to try that? That would be a good way for us both to see how well you can control your marijuana use.



IRENA:

I can go three months — it's definitely no big deal.

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Example from Adolescent SBIRT Toolkit



IRENA:

I don't think so. I have school, and my mom would need to drive me here.



IRENA:

OK, I guess. But you won't tell my mom, right?



DR. WILSON:

I usually see you in the spring to refill your asthma medications. That's about four months from now, but let's see if we can have you come in early so that we can check in then.



DR. WILSON:

Right. I told both you and her that I would keep our conversation private, just between us, and that is what I will do. I do think, though, that you might want to tell her at some point. It sounds as if she already knows that you have tried marijuana, and now you just agreed to quit for a few months. I bet she would be pleased. But I will leave when, whether, and how to have that discussion up to you.

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References

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The motivational interviewing process requires complex skills that are not mastered in one short webinar.

There are a plethora of books and courses if you want more training, such as MITEY Change Online Course.

Available at possibilitiesforchange.org



MITEY Change

Motivational Interviewing Training for Empowering Youth towards Change provides education and resources to enhance a professional's knowledge, skills, and confidence in using Motivational Interviewing (MI) strategies to provide effective and efficient youth risk coaching.

Skill Building with the MITEY Change Online Course

- Interactive, self-guided skill building modules on youth development, risk and effective use of MI strategies.
- Accessible 24/7, these modules support adult learning by providing a dynamic and engaging experience for participants including:
 - Real life examples, video demonstrations, activities, knowledge and skill checks

*includes 8 continuing education credits: nursing, physician, social work, health educator, teacher



CME Statement:
The Minnesota Medical Association designates this enduring activity for a maximum of 8 AMA PRA Category 1 Credits*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.