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

Richard E. Kreipe MD, FAAP, FSAHM. FAED
Dr. Elizabeth R. McAnarney Professor of Pediatrics
University of Rochester Medical Center

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

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

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

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

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?

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?

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?

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
<table>
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<tr>
<th>Stage</th>
<th>Intervention</th>
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<tr>
<td>Pre-contemplation</td>
<td>Increase awareness of need for (and possibility to) change, create doubt</td>
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<tr>
<td>Contemplation</td>
<td>Weigh cons and pros of change; increase confidence in ability to change; strengthen self-efficacy</td>
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<td>Preparation (Ready for Action)</td>
<td>Develop a plan</td>
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<td></td>
<td>- Self-monitoring</td>
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<td>- Goal specification (“SMART”)</td>
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<td>- Stimulus control</td>
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<td>- Self-reinforcement</td>
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<td>- Behavior reinforcement</td>
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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 ≠ denial; Agreeing ≠ 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

feel

Guess at underlying feeling

think

Guess at underlying meaning

YOU
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

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<th></th>
<th>Pro</th>
<th>Con</th>
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<td><strong>Stay the Same</strong></td>
<td>I’d like to hear about some good things about being your weight as far as <em>you</em> are concerned.</td>
<td>You know that smoking is bad for your health, so I don’t want to nag you about that.</td>
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<tr>
<td><strong>Change</strong></td>
<td>And you’ve also heard all the good things that happen when people stop smoking.</td>
<td>And what bad things might happen if you lost weight?</td>
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What else?  Anything else?  Anything else?...
Importance and Confidence Scales

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

Commitment Ruler

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


Motivational Interviewing ([www.motivationalinterview.org/](http://www.motivationalinterview.org/))

Kaiser Permanente Health Education Motivating Change ([www.kphealtheducation.org](http://www.kphealtheducation.org))