

Possibilities for Change, LLC

Adolescent-focused Motivational Interviewing (MI):

Making the case for more effective
communication with youth.

A review of data reveals that mental health risk is the largest determinant of a youth's participation in other unhealthy risk behaviors. Youth report significantly fewer mental health related concerns with a trusted adult in their lives.

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Why Adolescent-focused MI?

An overview of the need for an adolescent-focused MI

At no other time (except in infancy) do we go through so much change in such a short period of time. Adolescence encompasses social, physical and psychological development that involves stages of exploration and experimentation with accompanying risk behaviors. Mortality rates increase dramatically in adolescence, as a result of risk-taking behaviors. And these risk-taking behaviors continue to increase through the adolescent stages of development.

The majority of serious illnesses and premature deaths in youth populations are *preventable and avoidable*. In total, **3 out of 4 adolescent and young adult deaths are attributable to risk behaviors**. Additionally, 1 in 4 adolescents are at risk for substance abuse, sexually transmitted diseases, early unintentional pregnancy, and school failure—all of which contribute to the leading risk factors for mortality.

To impact morbidity and mortality, adolescent preventive services must include a focus on reducing or eliminating health risk behaviors. Yet, historically, traditional health care has had little impact on these risks and has produced much smaller decreases in morbidity and mortality for adolescents compared with other age groups. Many complicating factors affect the efficacy of adolescent risk identification and reduction, including:

- **Lack of routine and standardized risk screening.** Adolescents have the lowest health care service utilization rates of any age group, and they are the least likely to seek care through traditional office-based settings. Therefore, it is critical that all youth-serving organizations integrate risk screening in order to ensure that (wherever and whenever youth appear for services) risky behaviors are identified and tragedies are prevented. Leading health organizations such as the American Medical Association, the American Academy of Pediatrics and American Academy of Family Physicians all recommend routine screening of adolescent risk behaviors with a standardized tool. These [guidelines](#) recommend annual screening at minimum—more often depending on the risk and the individual needs of the youth.
- **Comfort, confidence and communication skills.** Lack of knowledge of effective communication skills, lack of skills, and low self-efficacy can contribute to reduced adolescent risk screening and coaching by health professionals. Risk behaviors can be very sensitive topics and difficult for both youth and adults to discuss. This requires the professional have a comfort level with the subject matter, be knowledgeable about the risks of the behavior and employ tailored communication strategies for the unique needs of youth. For example, helping youth think through ways to decrease or eliminate risks, without coming across as authoritarian or “telling them” what they should do. Yet, most professionals working with youth have never had formal training in effective communication strategies for risk reduction coaching and intervention.

Literature shows that when a standardized, adolescent-specific screening tool is used in combination with coaching (discussion of risk behaviors), it will increase the identification of risky behaviors, facilitate communication between youth and professionals, and improve outcomes

Adolescent-focused MI addresses each of these issues and has been studied extensively and proven to be one of the most effective techniques for communicating with youth—particularly for reducing risky behaviors or encouraging behavior change. Additionally, studies find MI is effective across a variety of settings and with a variety of risk behaviors, including:

- decreasing substance use;
- decreasing risky sexual behaviors;
- facilitating healthy eating behaviors;
- increasing exercise;
- reducing stress;
- and having fewer subsequent injuries and hospitalizations.

What is MI?

And how is adolescent-focused MI different?

MI is a combination of communication strategies designed to support *self-directed* positive behavior change. MI differs from traditional communication methods for motivating change in that it is not externally focused (e.g., not an “expert” prescribing a specific plan of action). Instead, MI focuses on exploring and resolving ambivalence to change. Using MI creates an atmosphere of empathy conducive to honest conversations. This allows the individual (e.g. youth) to feel more comfortable disclosing information about their risk behaviors, to identify and improve their motivation to change, plan for safer behaviors, and to ascertain their willingness to seek advice on how to do so.

So how does MI differ from a more standard or “traditional” approach?

- A standard approach applies a fix-it mentality, while **MI focuses on the youth’s perspective** and addresses their issues of interest and primary concerns.
- The traditional approach employs the paternalistic teacher/student dynamic, where **MI is a partnership of equals**.
- While a standard approach begins with the assumption that an individual is motivated to change, **an MI philosophy meets the individual where they are** (even if they aren’t yet ready to change).
- A standard approach seeks to warn, advise and persuade individuals into change, while **MI emphasizes the individual’s control and right to personal choice**.
- The traditional approach assumes ambivalence equals denial, whereas **MI assumes that everyone is ambivalent to some degree** and embraces ambivalence as a normal part of the change process.
- With a standard approach, goals are “prescribed.” **In MI, goals are set collaboratively**, within the framework of the partnership and from a variety of options or potential paths.
- In a standard approach, resistance is labeled as “wrong” and met with correction. **With MI resistance is perceived as “normal”** and addressed within the change process with help from the MI professional.

In short, MI is self-directed, avoids a paternalistic approach with lectures or demands, enables individuals to make their own decisions, allows the individual to solve their own problems and facilitates change through collaborative planning.

While motivational interviewing is effective for all ages, it is especially effective for youth and their special health and wellness needs. It is extremely important for adolescents to learn that their risk behaviors are legitimate health concerns and that the professionals in their lives are open and willing to talk with them about these risks.

What makes adolescent-focused MI different?

Adolescent-focused MI incorporates the MI communication techniques and strategies that would be employed with an adult population while addressing the unique needs of youth. Adolescent-focused MI includes a focus on:

- **Adolescent development:** understanding key milestones and tasks and how risk coaching strategies can be tailored to stages of cognitive, physical, social, and emotional development
- **Risk prevention for adolescents:** knowledge of increasing risk trends, the current incidence of adolescent risk, screening recommendations and the use of standardized tools
- **Adolescent strengths:** while the MI methodology is strengths-based overall, employing a strength-based approach to risk coaching is emphasized because it is particularly effective for youth
- **Resistance:** an especially common reaction and barrier in risk reduction for youth populations, techniques for diminishing, managing and *rolling* with resistance are emphasized with an adolescent-focused approach
- **Communication errors:** avoiding roadblocks and overcoming the most common barriers to effectively communicating with youth
- **Confidentiality:** understanding the unique youth, setting and program concerns for providing confidential care

Here are a few examples of how adolescent-focused MI strategies might be employed to start a risk coaching discussion when encountering resistance:

Rolling with resistance*: not arguing for change but encouraging self-exploration of the behavior in order to identify barriers to change and possible solutions. ***"You are in control of your life and have made a decision to not use condoms. Tell me, what do you know about using them?"***

Expressing empathy*: a non-judgmental attitude in which the professional attempts to view the world from the teen's perspective (in this case, a twelve-year-old who is cutting in a peer group of cutters) ***"It must be hard to try to stop cutting when all of your friends are still doing it."***

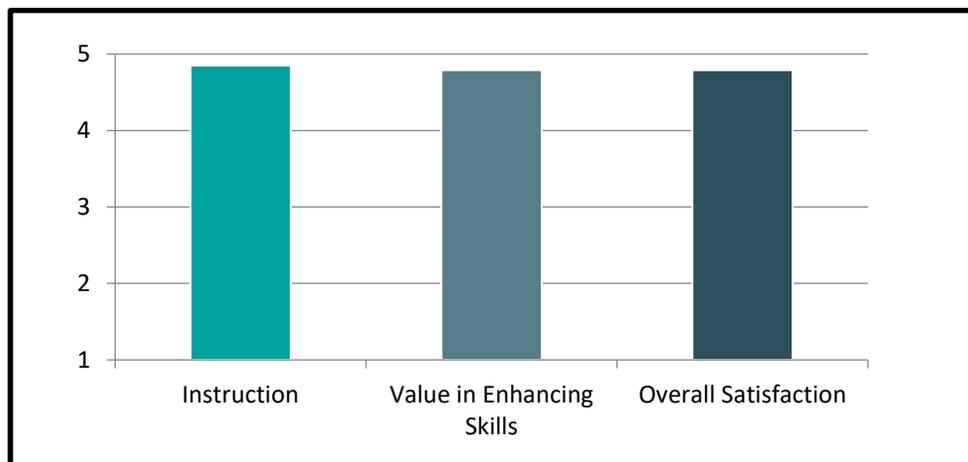
*These strategies are meant to create an environment that encourages youth to explore their ambivalence and open the door for continued discussion.

Adolescent-focused MI: Outcomes in Practice

Findings from a curriculum uniquely designed for professionals working with youth.

The [Adolescent-focused MI Training Program](#) from Possibilities for Change was developed by Dr. Jennifer Salerno to help professionals improve communication and coaching skills for adolescent risk reduction. Initially launched in 2011, the program has evolved to include a suite of interactive, online and in-person training solutions designed to enable any youth-serving organization to successfully implement (or improve) risk reduction strategies with their youth populations.

Effectiveness outcomes of this first-of-its-kind curriculum were initially published in the [Journal for Nurse Practitioners](#) in 2015. These findings revealed a statistically significant improvement in the knowledge, skills and confidence in coaching adolescents on risky behaviors among the participating professionals. In addition, post training satisfaction results indicated high ratings of satisfaction among the participants (1-5 scale):



Subsequent analysis of recently released program data confirms these initial outcomes and provides further insight into the curriculum's effectiveness over time.

Additionally, data from 282 participants of trainings held in twenty cities across the United States over a two-year period ranging from 2016-2018 show **a statistically significant increase among participants in the confidence and skills necessary to apply MI strategies in real-world practice with youth.**

Post-training results from a paired samples t-test ($p < 0.001$) reveal that adolescent-focused MI training participants:

- **Rated "confidence talking with youth about changing risk behaviors" at an average of 7.4 on a scale of 1-10; a statistically significant increase* from the average score of 5.4 prior to the training.**
- **Also showed a statistically significant increase for "Skills in coaching youth on changing risk behavior as more effective", rating an average of 7.2 vs. 5.0 prior to the training.**
- **In addition, 92% of the participants reported they would use MI strategies when coaching youth.**

These outcomes are especially meaningful given the potential of participating professionals to guide youth towards safer behaviors ultimately reducing morbidity and mortality in adolescent populations.

Communicating with adolescents requires a specialized approach. With adolescent-focused MI strategies, professionals can more effectively engage and motivate adolescents toward positive behavior changes—and make a meaningful (potentially life-saving) difference for our youth.

For more information on these outcomes and to learn more about scheduling an Adolescent-focused MI training, contact info@pos4chg.org or visit PossibilitiesForChange.com/interviewing-training.

About Dr. Jennifer Salerno

A nationally-renowned expert in adolescent-focused MI strategies, Jennifer Salerno, DNP, CPNP, FAANP, is a nurse practitioner, author, speaker and founder of Possibilities for Change. With more than 25 years' experience working with diverse adolescent populations, she has served as a board member and advisor on many state and national organizations and initiatives to improve adolescent health. Dr. Salerno founded Possibilities for Change to ensure all organizations serving adolescents and young adults have access to the tools they need to provide quality care and affect positive change.