

**What More Can Be Done To Prevent Teen Pregnancy?
How Motivational Interviewing Can Enhance Your Practice
Webinar, August 6 2014**

MS. JAE'MIE HUGHES: -- What More Can Be Done to Prevent Teen Pregnancy? How Motivational Interviewing Can Enhance Your Practice Webinar. Before we begin the presentation, I would like to review a few administrative items and let you know how you can participate in today's web event.

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will be polls and question and answer phases during this presentation. You may also utilize the raise your hand feature during the presentation. If you do need to have a question raised, please click on the hand and raise your hand and it will appear next to the name icon by your registration information.

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If the access is still unable to be regained, please check your email inbox for updates regarding rescheduling of the webinar event. We will now begin the presentation.

Thank you everyone for attending.

DEBORAH CHILCOAT: Thanks, Jae'Mie. I appreciate it. Well, welcome everybody. This is Deb Chilcoat with Healthy Teen Network. As Jae'Mie said, today's webinar is "What More Can Be Done to Prevent Teen Pregnancy? Ways That You can Integrate Motivational Interviewing to Enhance Your Practice."

So we know there's many ways to address teen pregnancy prevention. You can implement an evidence-based intervention, improve the social determinants of health in your community and link youth to health care.

However, have you ever wondered what more you could do? Well, motivational interviewing just might be what you're looking for to enhance your current practice. So it

was first developed in the substance abuse field and it's definitely been experiencing a surge in acceptance and practice in other social science fields, especially ours, in teen pregnancy prevention.

So we'd like to thank you for joining FYSB LBT Network as well as OhioHealth to learn more about motivational interviewing, what it is and what it is not. What it's meant by the spirit of motivational interviewing and ways to integrate it into your practice.

If you've already begun integrating motivational interviewing into your practice or your programs, we'd love to hear from you too. There's going to be an open forum during the last portion of the webinar and this will be your chance to share your experiences, ask some questions and discuss the value of motivational interviewing and what value it adds to your work in teen pregnancy prevention.

So as I said, I'm Deborah Chilcoat with the Healthy Teen Network and I am here with Alexandra Eisler.

ALEXANDRA EISLER: Hello.

DEBORAH CHILCOAT: And we also have some guests from OhioHealth. I just want to tell you a little bit about Alex and my experience with motivational interviewing. We have been doing a lot with this, certainly within the past few years. And it's kind of been sparked by, again, this need to do additional work around teen pregnancy prevention. We do training on evidenced-based interventions that are developed based on motivational interviewing and motivational enhancement therapy. And I was trained in school a long

time ago on motivational interviewing by a colleague who at the time was exploring ways to use it in a family planning clinic.

So we're excited to be able to share this information with you and we want to allow our folks from OhioHealth to introduce themselves.

MOLLY SPANGLER: Hi, everyone. My name is Molly Spangler. I'm a nurse educator with OhioHealth. And my experience with motivational interviewing and adolescent pregnancy prevention is I use motivational interviewing with teen mothers in an attempt to increase birth thinking and increase contraceptive use.

ROBYN LUTZ: Okay. My name is Robyn Lutz. And I'm the Director of our program. Just to tell you a little bit about our program and how we use motivational interviewing. OhioHealth is a large hospital system with five hospitals in Central Ohio and eight ob/gyn and family practice clinics from which we recruited our participants. The recruitment criteria was females ten to nineteen, all Medicaid recipients. And they were 28 weeks gestation to eight weeks post-partum. And we have 600 in our program.

We are a PREIS grantee, awarded by the Family and Youth Service Bureau. And our program is called TOPP. Not the TOP that the evidence based intervention called TOP. But we named it before we knew about that TOP. It's called Teen Options to Prevent Pregnancy. It's a randomized control trial in which we are comparing repeat pregnancy rates across two experimental conditions. Usual care for a young teen is to control conditions.

And then our intervention condition consists of two novel components which include home-based and telephone-based care roughly once per month for eighteen months. And we use within those interventions, in the home or on the phone, we use motivational interviewing to help the participants space their babies at least eighteen months apart and to choose their birth control method.

The nurse educator uses MI which, as you will see, is a non-judgmental, non-confrontational approach involving reflective listening, fostering internal motivation for change and central provision of health information.

We use most often the elicit provider with it which we will be describing later. So we elicit from the young women, their views regarding the benefits and downsides of delaying of future pregnancy and each of the forms of birth control methods. And then the nurse asks for permission to provide education and constantly elicit the adolescent's reaction to the information.

For fidelity, all of our conversations are taped with a hand held recorder and we have a coach who listens to the tape and provides grading, if you will. There is actually a standardized tool called the mighty tool which you can download and we'll explain that later as well.

Another novel part of our intervention is the provision of transportation at a TOPP clinic where participants can receive birth control if they do not have their provider when they come into the program.

We've leased a van and we take them to their appointments. And we also give Depo-Provera in the homes after they see their doctor in the TOPP clinic if that is what they choose.

We are very excited to be using motivational interviewing, especially because, as you will see, it addresses the goals of the Affordable Care Act and current health care trends in empowering the patient and realizing what works for them in taking ownership of their own health care decisions.

DEBORAH CHILCOAT: Thank you Robin and Molly. No small feat there in Ohio I assume. So have you gotten a sense of how well it's working so far?

ROBYN LUTZ: You know, our evaluator, of course, is keeping statistics. But it's very exciting to see the young women, like I said in the introduction, taking ownership of their health care and their decisions and enabling them to see that. And they are choosing birth control, you know, the long-acting birth control definitely more frequently than the national average at this point. But like I said, we don't have hard facts. So I'm not allowed to talk about final conclusions yet.

DEBORAH CHILCOAT: No problem. I think it's a good sense that it was going to be really effective. So I'll be waiting to see how well it works and what the outcomes are. Thanks so much for sharing a little bit about your project.

Just want to go over a few things for our housekeeping. You'll notice with the Go to Webinar functionality, there is a chat box. And that should be in your dashboard on the

right hand side of your screen. And we want to make sure that you can locate it and you can use it so that we can communicate back and forth and try to be as interactive as possible.

So in the chat box, would you please just type your first name and organization that you're representing today. And we're all very curious what motivated you to attend today's webinar? Let me give you a few moments to go ahead and type that in.

All right. We see some familiar names out there. Fantastic. It looks like some folks nationally have been trained in motivational interviewing before. Well, the good news is there are a couple of updates we're very excited to share with you. Some folks are really excited to get as much information as possible and learn more in the clinic as well as in the community. Fantastic.

All right. Keep typing in. We're going to keep look at this. Oh, fantastic. Someone is interested in seeing how motivational interviewing can be used with students with special needs. We don't have a specific focus on that today, but we have our contact information available to you. We absolutely would love to talk to you more about that. Fantastic. Thank you, everyone.

So next, I just want to make sure that everyone is aware of our objectives for our 90-minute webinar. The first thing is, we're going to define motivational interviewing so everybody has got a shared understanding of it. We're also going to talk about the spirit of motivational interviewing. And at the end, we're going to make sure that you have

some concrete ways to integrate MI into your teen pregnancy prevention or your expectant and parenting teen program, depending on who your audience is.

So as you just saw, we will have an opportunity to have some text. We will also be launching some polls. Please feel free to ask questions throughout the webinar. I've got Alex here to my right taking a look at all the questions that you're sending in. She's going to give me a heads up when we've got one that we're going to answer as we move along.

So, that being said, we're going to go ahead and launch our very first poll. So this is a very simple true/false question. And that is, "After today's webinar, do you expect to be an expert in motivational interviewing?" So, I am going to give you just a second to answer. Okay. Do you expect to be an expert in MI? Make sure you're putting your answer in the quick poll.

So, I'm going to close the poll and share the results. It looks like 92 percent of you agree you are not going to be an expert in MI. And that's really important to understand that to be a practitioner of motivational interviewing takes a long time to perfect. And, in fact, if you ask the developers of motivational interviewing, they say it's a lifelong learning process. And if you would like more information about how to get better at using motivational interviewing, we've got some resources and some links on the slides towards the end that you can explore a little bit more. And I know that Molly and Robyn are going to talk a little bit more about their particular professional development and training in motivational interviewing.

So, as I said, this could just be the beginning of your exploration to be a lifelong learner and practitioner of motivational interviewing. And we are definitely honored and excited that you were able to share just a little bit of your time with us today to get a little taste of what MI really is. Thank you for participating in the poll.

So why don't we go ahead and jump right in? We'll start with an overview of the motivational interviewing. So motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change. And this was developed by Bill Miller and Steven Rollnick. As we said at the top of the hour, it was originally developed for youth in the substance abuse field, specifically alcohol use. But it's definitely been gaining favor in other areas of social service practice, including our own in adolescent sexual and reproductive health education and clinical practice.

You see here on your screen, there is the third addition of their book which is I have to say a very easy read, even for folks who don't have a clinical background. They have lots of tools in there, great examples, some case studies for you to take a look at. And if you have been trained in motivational interviewing in the past, I really encourage you to go out and grab this copy because it's definitely got some updated thinking about motivational interviewing and the support materials have definitely been updated.

Deb, if I could also add, there was a question a few minutes ago about how you measure how effective motivational interviewing is. This book is a great resource on discussing some of the studies and ways that it's been evaluated as well. So thank you to Pat for that question.

DEBORAH CHILCOAT: Awesome. Thanks, Alex and Pat. So on your screen, you see something that maybe very familiar to you. And this is, of course, the cycle of change from DiClemente and Prochaska. This is the stages of change theory, the transtheoretical model.

You'll notice that it has all of the steps and it, of course, acknowledges relapse. But the goal here is to proceed through the steps to change behavior. One thing to keep in mind is that motivational interviewing and the transtheoretical model are not the same thing. However, they're very complementary. And they actually came out around the same time as I understand.

And so I want you to think about a time when you wanted to change behavior, whether it was eating healthier, maybe getting more organized or stop smoking. You know, you may have been in the pre-contemplation phase or stage until maybe you got some test results that came back and showed you had elevated levels of cholesterol and it was a real wakeup call.

Motivational interviewing would be the mechanism by which the client or the participant, if it's a youth in your program, it's when they identify the behavior that they want to change and it strengthens the motivation to take action to change the identified behavior. And there's also an opportunity to make a plan for changing the identified behavior.

Keep in mind though the only person who can really change this is the client. And they have to be ready to make the change. And this readiness really depends upon the situation, the timing and whatever else is happening around them. So just keep in mind

that change is very challenging for some people. And life, trying to eat healthier or address the elevated level of cholesterol, it also may take time. So again, just to remind you, motivational interviewing is the mechanism by which someone could move through the stages of change. They're very complementary.

So as I mentioned, motivational interviewing is a guiding style of communication. This is very different from say a following style or even a directing style. So let's start with directing style. This would be really appropriate if you were trying to provide instructions.

So, for instance, you've got a Zumba instructor. She's up at the front of the class. The music's pumping and everything's going great. Everybody's getting a good workout. And she's the one telling you when to move to the right, when to move to the left and you get to do all your dazzling things. This is the job of the Zumba instructor. That's a very directing style.

The following style would probably be more appropriate when you're trying to support someone by listening intently and engaging with them in ways that do not require giving advice. So this could be lending an ear to a friend or a colleague who just had a terrible, terrible time of it and maybe they just need to blow off some steam. You're that rock, that person who can help them with that.

The guiding style. This is best used when you're trying to support someone. So, for example, a dental hygienist is talking to her patient about his flossing habits. And the dental hygienist is trying to build motivation to increase his flossing habit to at least once a day because he's not flossing at all.

So maybe she would say something like, well, what's getting in the way of you flossing daily? And that gives the patient an opportunity to kind of think about those barriers to flossing. So that's the guiding style, kind of probing questions, asking them about their behavior. So they can also arrive to wanting to express the desire to change the behavior.

So we are going to take some examples and see if they are directing, guiding or following. So we're going to do a couple of polls here. So get your fingers ready for the next poll. So, which style of communication is the following statement? "So, come back in 12 weeks for your next Depo-Provera injection." Is that directing, following or guiding? We'll give you – these are going to be quick. So five, four, three, two, one. We're going to close the poll and share the results. Very good. This is definitely a directing style. You're telling the patient you need to come back in twelve weeks for your next Depo-Provera injection. It's very prescriptive. So, very good.

Let's do another one. Which style of communication is used in the following statement? "I have been in your shoes before." And five, four, three, two, one. This was a tricky one I see. So 39 percent said guiding, 61 percent said following. And the answer is following. Basically, you're just acknowledging that maybe you've had a shared experience with this person who has come to you with maybe a trouble in their life or a problem that they wanted to share. So I've been in your shoes before.

Let's do another one. Which style of communication is used in the following statement? "What gets in the way of you decreasing your alcohol use?" And five, four, three, two,

one. Okay. It was definitely guiding. So similar to the dental hygienist wondering what gets in the way of flossing, this therapist, this helper person, wants to find out what's getting in the way of them decreasing their alcohol use. So it's guiding. It's asking some questions to hopefully get the client to see that there might be a behavior change. Very good.

We have just a few more. I promise they'll be quick. What style of communication is used in the following statement? What do you want for your future? Five, four, three, two, one. This might have been a little tricky too. This would definitely be guiding. I see 86 percent of you agree with me. Good. Because you're asking the young person to think about the future, what they want. This is an opportunity for them to express a desire or wanting to change behavior or at least laying out a plan. Good job. I've got a couple more.

Okay. This one's your simple one. This is super easy. Which style of communication is used in the following statement? "Put the doughnut down." One hundred percent of you got it correct. It is definitely directing. I'm not sure I need to expand on this. But maybe sometimes you tell yourself to put down the donut. Maybe somebody else is telling you to put the donut down. Regardless, it's a directing style of communication.

Let's just do one more. Which style of communication is used in the following statement? "I am here for you when you need me." In five, four, three, two, one. Good. So for this particular one, technically it would really be following. It's just basically saying, "I'm here." You can share with me what's going on anytime. But I will tell you that because it's being very supportive, it is actually very characteristic of motivational

interviewing and would be considered what they call MI adherence. In other words, you're adhering to some of the principles of motivational interviewing. So that wasn't supposed to be a trick question. However, I just wanted to make sure that everybody understood that it really was adherent to motivational interviewing. So good job everybody. Thank you so much for entertaining me here with your responses and following along.

So let's go ahead and start talking about the spirit of motivational interviewing. And, you know, people wonder, well, how do you do motivational interviewing? And this is actually one of the things that we first talk about. The way the practitioner needs to embody the spirit of motivational interviewing. And it has four component parts. So let me just talk through the component parts so you can see how they overlap and they meld together nicely.

So when the therapist or the facilitator, for instance, they're doing this in programs, when they engage with a person seeking to change his or her behavior, a collaboration is forged. During this collaboration, both the person and the facilitator are experts. That has to be acknowledged from the get-go. The person is an expert on his or her own life. And their experiences as well as the desire to change their behavior. So, you know, you have to acknowledge that what they are bringing to the interaction is real and true and they're the experts on that.

Now, you also have to acknowledge that the facilitator or the therapist is also an expert on his or her own life, their experiences. But they have the additional knowledge and skills that they've gained through professional education and practice.

So Miller and Rollnick warn helpers [against] the habit of telling a participant what they're supposed to do. And they call this a righting reflex. We just want to make things right or fix them.

Well, they say the facilitator really does need to respect the person's need to arrive at the decision to change the behavior on his or her own accord. So the facilitator must accept the person that they're helping unconditionally and acceptance is another part of the spirit of motivational interviewing. And acceptance includes accepting his or her behaviors, the client's behaviors, the client's values, their attitudes, their strengths, their weaknesses. You know, the person is coming to you for support and guidance and you have to just accept them. I think we have heard over and over where they're at.

Miller and Rollnick, of course, believe that. And they want to make very clear that acceptance is not the same as approving. So, you may not approve of the behavior. But you accept that that's just the behavior that this young person may be engaging in.

So, let me give you an example. So, we've got a teacher who's facilitating a session on HIV/AIDS. And one of the students raises her hands and says, "I don't want to get HIV, but I refuse to use a condom during sex because it just doesn't feel natural. It doesn't feel good."

The teacher could respond in many ways. If they use the righting reflex, it might sound like this. "You must use a condom every time you have sex. Or you might be contracting HIV and you could die." However, right? Okay.

If the teacher embodies the spirit of motivational interviewing, it's certainly going to sound a little bit different. It's probably going to sound a little bit more like, "I hear you're saying that you want to avoid HIV and you believe condoms don't feel natural." So what you might notice is that the teacher's response when she's using motivational interviewing has a really compassionate tone. Or at least I was trying to show a compassionate tone. And although compassion might sound intuitive to you, it's only recently been added to the third edition that Miller and Rollnick's book. So this is one of those changes we mentioned.

As they write, I'm going to quote here, "To be compassionate is to actively promote the other's welfare, to give priority to the other's needs". So if a facilitator lacks compassion, they're really not embodying the spirit of motivational interviewing.

So finally, I'm going to talk about this last element. Similar to collaboration, the facilitator believes the person already has what they need to make the change he or she wants. It's the job of the facilitator to evoke or to draw out the person's strengths or assets, things that will help him or her increase his or her motivation to change.

So, for example, a motivational interviewing practitioner could provide an example of evoking by saying what do you want your relationship to look like a year from now?

So we want to share a little analogy that Miller and Rollnick have mentioned. When you're doing motivational interviewing, it should feel and look more like a dance than wrestling. So if you think about it that way, it's much more elegant and much more

smooth I guess, as opposed to wrestling which is kind of struggling and power against power. That is not what motivational interviewing is.

So at this time, I want to bring in our practitioners from OhioHealth, Molly and Robyn, and ask them a couple of questions about their experiences with the spirit of motivational interviewing. So Molly, I want you to describe what it feels like to embody the spirit of motivational interviewing.

MOLLY SPANGLER: I think that really to embody the spirit of motivational interviewing is to keep a non-judgmental attitude of caring, no matter what decision the patient or person makes. It is truly important to avoid the righting reflex of trying to control or make the person do what I feel is best for them. That's very important for them. So that way they can maintain their autonomy. And the decision, the right to change, really comes from within.

And you kind of demonstrated an example of the righting reflex. But as for us in our program an example might be, "You said you don't want to have any more children. So you need to use birth control." But the spirit of MI would say, "You don't want to have any more children. What are you able to do about this?"

DEBORAH CHILCOAT: It definitely feels different when you use the MI, absolutely. So Robyn, I have a question real quick. What can a practitioner do to improve his or her ability to embody the spirit of motivational interviewing?

ROBYN LUTZ: Well, first a technical answer. And that is there is training available during the official motivational interviewing network of trainers call MINT trainers. And you can see the motivationalinterviewing.org website for a list of local trainers in your areas. And you can also keep in mind that the VA hospitals throughout the country require that everyone, all of their practitioners, were trained in motivational interviewing by 2013. So most of them are aware of a MINT, the official Motivational Interviewing Network of Trainers, trainer in your area.

So that's the technical answer. But the other answer is just asking yourself about your compassion for this person. Like you said, your total worth. Asking yourself why you went into this business, especially in times when they don't change the behavior that you'd like them to change. I think most people who work with teens have compassion and care a lot about teens. And I think just to remind yourself, which our trainer talked to us about a lot.

DEBORAH CHILCOAT: I think that's a good thing to do pretty routinely. We want to make sure that folks are doing right by the young people we're serving. Thank you, Molly and Robyn. So changing one's behavior. Do we agree that can definitely be challenging?

So let's use an example I think we can probably all relate to. And that is the work-life balance myth, I call it. So, lots of people are feeling overwhelmed by real or perceived demands on them, whether it's a looming deadline on a project at work or that mountain of laundry that's leaving your family wondering if they'll ever have clean underwear and socks. Or that dental hygienist, did you ever make your appointment to go back and get

that cleaning you were planning on doing? Or maybe it's just meeting friends for a meal and maybe drinks. It's just life is really chaotic.

So why do you think some people find it challenging to maintain a work-life balance? Go ahead and answer in the top box. Why do you think it's hard for some people to maintain a work-life balance? Some people say they're addicted to stress. Maybe it's capitalism dominating this. Maybe they just need motivation. Dedication and passion to what they're doing. There's only so many hours in the workday. And trying to do what's right by your family and also by the youth that you serve can be challenging. Maybe there's just kind of blurry boundaries. These are awesome, awesome responses. Competing priorities. Yeah, yeah.

Oh, this is a good one. Everyone wants to be good at all things. You don't want to let any of the balls in the air drop at all. It's a terrible juggling act. And absolutely those expectations that are probably a little internal, but a lot externally imposed on us.

So this is fabulous. Thank you so much everybody. And this really is why, as you know, there's been booming industry of life coaches and personal organizers and maid services. And by the way, all those self-help books that are on the shelves and websites that can help you figure out how to maintain work-life balance, they're all trying to help you change your behavior, whatever you're able to control I should say, acknowledging that some of this might not be in your control.

And so when you're trying to help someone change their behavior, motivational interviewing obviously is an excellent option. We want to talk about the four processes that help our monitoring and going through with the client or the participant.

So there's four processes of motivational interviewing: engaging, focusing, evoking and planning. So let's talk about each one a little bit. So, engaging is what happens at the beginning of the interaction or the relationship between the helper person and the one who wants to change behavior. This is when that first impression happens. This is when they get to know one another. And I've got to tell you, if you don't do it properly, things like distrust, skepticism or even disdain can really halt any progress towards changing behavior. So this is really, really important to do well.

So then it moves into focusing. And this is when the behavior is starting to kind of emerge and determining what behavior the client wants to change happens during this time. It's a time that informs the goal setting which will happen a little bit later in the processes.

And then there's the evoking portion. This is when the client starts expressing the desire to change and start using what we call change talk. These are the words that indicate that they really know that the change might be necessary. They might say, "I should do this. I want to do this. I ought to do this. There's a reason I should do this." So this is what we had said was change talk, talking about the change.

And then finally, planning. This is when the client expresses the specific actions he or she could take to change the identified behavior. So they will establish a plan. And then

it's up to them to execute the plan. The helper can't make it happen for them because then it actually compromises the autonomy of the person who wants to make the change.

So it seems simple, doesn't it? Wrong. Moving through these four processes can take a lot of time. And I really would like to hear from Molly about a time that it went really well moving through the four processes. And then, of course, we do want to hear about a time when it didn't go so well. So Molly, do you mind sharing a little bit about a client that went through the four processes pretty straightforward and then one that maybe didn't do it quite so straightforward.

MOLLY SPANGLER: Absolutely, Deb. It definitely can go very smoothly. A perfect example is the girl you call up and they say, "I'm so glad to hear from you. This pregnancy or this child is a lot more than I ever thought. I know I need to have birth control. Can you tell me about my options?" And then we talk about all the birth control options. They pick out a method and they call their doctor and they go to their appointment. So it really can move from Point A to Point B very quickly and it's a great process. They move from one step to the next without ambivalence. And that's fantastic.

But then there is the other side where it can be a little tricky. The engaging process if you have a person who maybe has trust issues or a flat affect, it's very, very important to gain their trust for rapport building. And then focusing for us is usually typically not too hard because the teenagers know why they're in the [inaud.] and they know that we're going to be talking about birth and contraception. But you do have some of the teens that would rather talk about their boyfriend, their living situation, what they had for dinner

last night. So sometimes you have to reel it and really focus on the goals and motivation calling is for.

The evoking stage in my personal experience is the hardest. To draw out, change talk and to have your patient or the person verbalize the desire for change, for changing against the status quo can be difficult. And then finally, the planning phase, once they do get to the point where they are ready to make a change, at that moment, it might sound like a really good idea and they'll go ahead and have a plan in mind. But then within 24 hours, something can happen or they forget and then the follow-through might not be there. Or even ambivalence might take over.

DEBORAH CHILCOAT: Ahh, ambivalence. That's a beautiful segue to our next slide. So as Molly said, there's this big word called ambivalence. This is the simultaneous or contradictory feeling and attitudes towards an object, a person or an action, such as changing one's behavior. So this is that push/pull. I kind of want it this way, but I want it this way too. And I have to tell you this is much more monumental than just like do I want orange juice or do I want grapefruit juice? This is about changing something significant in the person's life, their own behavior.

And I want you to know that ambivalence is absolutely normal. There is nothing pathological about it. It's perfectly normal to feel ambivalence about changing behavior, not feeling real sure if you're ready. But what the practitioner will do is help this person work through their ambivalence. So that then they are launched on the road of behavioral change.

So I want to stop here for a second. We have a question that's been posed. And Alex, do you mind reading the question?

ALEXANDRA EISLER: Yeah, not a problem. The question's from Olivia Harris. It's, "How long should it take for our client to progress from one stage to the next?"

DEBORAH CHILCOAT: I think, Molly, you want to go ahead and take that one?

MOLLY SPANGLER: Sure, Deb. Really, I don't know that there is any perfect formula or timeframe. It's a very personal thing for each individual. I think it really does vary depending on the person's situation what stage of change they're in.

DEBORAH CHILCOAT: Fantastic. Yes, like we had said, it could take a while. Especially in the clinic practice, it could take a couple of visits, true Molly?

MOLLY SPANGLER: Absolutely, a couple. It may even be generous. It could take a little while for them to get to that point of change. But building trust and building rapport is a great way to start.

DEBORAH CHILCOAT: And you know that they're doing some more research on motivational interviewing in kind of a rapid or short timeframe. I think it would be important for us to kind of explore that a little bit more if you're looking at short times with the young person. But just remember that those interactions can build upon one another, similar to your experience, Molly, right? In the clinic?

MOLLY SPANGLER: Yes, absolutely.

DEBORAH CHILCOAT: Thanks for the question. I appreciate it. Keep sending them. We're monitoring them on our end. So let's keep talking about ambivalence and I want to bring in an example. So I want to introduce you to a fifteen year old male who's been in the juvenile justice facility for about two months. We're going to call him Cade, okay? Cade was treated for gonorrhea when he got there, when he got into the facility. And he was really mad about his diagnosis. He couldn't believe that he had gonorrhea.

However, during your group motivational interviewing program, Cade was really vocal about his ambivalence about using condoms. So it's kind of like he came in with gonorrhea, but he's saying he doesn't want to use condoms. He says he knows that using a latex condom is the best way to protect himself against sexually transmitted infections. And he even said he knows he's supposed to use them every single time he has sex. However, Cade also told you that he's had a couple of condoms break during sex in the past. So he says he doesn't trust them. He doesn't think that they're going to work. And he doesn't use them because why bother if they're just going to break?

So here you kind of hear how Cade is expressing ambivalence to using condoms. He knows that they're the best thing for him. However, he also is having some serious trust issues with them. So keep Cade in mind as we move through the rest of the webinar because he's going to keep coming up. He's a good example of ambivalence, especially with the populations that we serve.

So I want you to take a moment in your chat box and think about what could a practitioner do to help Cade resolve his ambivalence to using condoms. So put yourself in that facilitator's shoes. What do you think you could say or do that might help Cade resolve his ambivalence to using condoms? I'll give you a few moments to respond.

Okay. So someone has suggested asking Cade if there's a time where condoms might be more fun, maybe appealing to using them in a different way. You could go over the pros and cons of using condoms.

Condoms might break sometimes, but typically they don't. Maybe you can throw a little bit of information Cade's way. Tell Cade about the different options that are out there. Maybe the brand that he was using was not the best one for him. Maybe there could be an issue there. Maybe he didn't realize he was supposed to use lubricant, water based lubricant.

Maybe there's something else going on. You know, just because he's been using them in the past doesn't mean he's using them correctly. Maybe doing a little demonstration might be helpful. The size of the condom proportion to what he needs might be an issue. You could also talk about the pregnancy issue. But bottom line, expressing empathy would absolutely be appropriate.

Oh, here's a good example. The facilitator could say that "It sounds like you know that condoms could do the trick for you, but you don't trust them." You've acknowledged that he has some trust issues there. A facilitator could continue with, "You don't have to use them if you don't want to. We will do a condom demo. Well, what are some ways that

you could stay safer even without a condom.” Wow, that’s powerful. I think it empowers the young person and gives them the autonomy to make the decision. And frankly, you know, as a human being, they don’t have to use a condom every time. Even though we all know, and he even said he knows, that’s the best thing for him. Excellent, excellent responses. Thank you everybody. Thank you.

So, there’s that rascally ambivalence again. We’re going to move on. So talking about improving your motivational interviewing practice, I’m actually wondering, Robyn, do you have any other suggestions of what a practitioner could do to support Cade to resolve his ambivalence?

ROBYN LUTZ: I think people did a great job. I think just to reiterate what you said about empathy and his own ambivalence. Just to acknowledge that ambivalence by saying, you know, on the one hand, it sounds like you feel like you can’t trust condoms, that they break. But you know they’re a good idea. And then elicit, provide elicit, which I’m going to say again and again because it’s something I think that people could take away, to always elicit them first so they’re the ones doing the talking. “So Cade, tell me what you know about using a condom. I’m talking about the details. Like how do you use a condom, down to the details.” And then after he talks for hopefully a while, I would ask for his permission to give him information about using a condom so it would be less likely to break if he wants to hear about that. Then provide that info and then elicit again what do you think about that information I shared with you? How does that sit with what you want to do?

DEBORAH CHILCOAT: I was wondering if you were able to share maybe a story about a client who was ambivalent about changing his or her behavior. And, of course, don't share any names.

ROBYN LUTZ: Yes, we need to protect HIPPA and the hospital world. But I will say, first of all, that nearly everyone, nearly every one of my patients has had some type of ambivalence, whether it be fear or about getting birth control and about waiting to have another baby.

So it was hard to come up with just one, but I decided to come up with the most difficult ones for me. And that was a patient who, you know, she already had a baby when she came into our program. So this is her second baby and the baby was very sick and had a special surgery needed. And she said to me – when I talked to her about birth control, she said, you know, I'm so overwhelmed with my baby and everything that's going on with my baby, I don't want to talk about birth control.

And there are some things that I'm sure you're going to talk about which is called "rolling with resistance." And I couldn't force her to talk about it. You can try saying, "What are some reasons that you need it?" if they give you that, if they give you that they're feeling ambivalent. But knowing that she needed it, but also feeling like what was more important was her baby's health and take care of the surgery. So that was a really tough one for me because I was kind of stuck and needed to end the phone call because I could not get anywhere with her ambivalence.

DEBORAH CHILCOAT: So in that particular case, that was a tough situation. How were you able to maintain the spirit of motivational interviewing through such a difficult interaction?

ROBYN LUTZ: Well, at that point, because her priority was the health of her baby, we ended up talking for about a half an hour about that particular problem with her baby, rather than what I wanted to talk about, which was birth control.

DEBORAH CHILCOAT: Just curious, do you go back with your colleagues? Like maybe you went back to Molly. Do you guys talk about maybe not the exact person, but just like how you could even improve embodying the spirit of motivational interviewing in those really tough situations? Like, how do you process that?

MOLLY SPANGLER: Well, we try to understand that acceptance includes autonomy and personal choice and control. And if any of you have seen the wall arts that we actually had a wall art made for our office and it says “personal choice and control.” And we look at that all the time and encourage one another to look at that one all the time. It’s kind of our mantra around here. When we’re working harder on getting the patient’s goals met than they are, then we’re probably having the righting reflex rather than a collaborative relationship about their health care decisions.

DEBORAH CHILCOAT: And you know it’s really cool is that Miller and Rollnick actually include some questions that providers can ask themselves as they’re going through the four processes to see if they’re really truly inviting the spirit of motivational interviewing and kind of adhering to the principles of it.

So I just want to share an excerpt. There's a couple of examples of some of those questions that a practitioner should really be thinking and asking themselves as they are doing this work. So like during the engaging phase, a facilitator or practitioner might want to ask themselves, "Does this really feel like a collaborative partnership?" And then maybe during the following phase, they ask themselves, "Are we really working together towards a common purpose?"

And then I'm thinking about in the evoking phase, they say, "Maybe the petitioner should be asking themselves, 'Am I steering too far or too fast in a particular direction which really kind of takes the autonomy and the pacing away from the client?'"

And then finally during that planning phase, "Am I remembering to evoke rather proscribe a plan?" I think we're all just kind of so accustomed to going into a helper, a professional helper, and just like, "Tell me what I need to do." And that's the absolute opposite of what motivational interviewing really encourages. The motivation has to come from the client himself or herself.

So Molly, I wonder if you could tell us more about kind of the questions and why it's important for a practitioner to ask himself or herself these kind of things. So they can continue to improve their practice of MI?

MOLLY SPANGLER: Yes, Deb. Those are all great questions to ask. And it is so important to keep in mind that it is all about the patient. MI is patient-centered. Ultimately, it is the patient's choice and we have to be cognizant of what they want because they are experts on his or herself. And by doing this, this will enhance and maybe even improve

and make it a lifelong commitment change for our person because they have that buy-in that's their choice.

DEBORAH CHILCOAT: What's really interesting, I just want to highlight here for a second, is all of those folks out there that are listening, the fact that you're thinking about maybe integrating motivational interviewing into your practice means that you're also changing your behavior. So thinking about these practices would be really important for your own work as you try to think of other ways to enhance teen pregnancy prevention.

And we have to acknowledge that, yeah, while it may be quick and easy to offer advice or just give some resources to a client, just like fix the problem, it's a totally different approach. But I will tell you that it's been my experience – and maybe Molly and Robyn in a little bit, you can share a little bit more about the concerns people have over this taking a lot longer than just get in, talk to the client, prescribe something, hope that the client does what they're "told to do". But it really doesn't take a lot more time. And while a quick fix is great for a flat tire on the side of the road, it's not going to help somebody change their behavior and sustain that behavior long-term, is that right?

MOLLY SPANGLER: Yes, yes.

DEBORAH CHILCOAT: Okay. So I want to take a minute here to answer a couple of questions before we move on to talking more specifically about motivational interviewing. Denise May, I think you had asked some questions about research on motivational interviewing in the family planning setting.

DENISE MAY: Absolutely. There's a growing body of research that's looking at how this can be used in clinic and also using this particular thing in contraceptive counseling which is exactly what Robyn and Molly are talking about with their particular project. So I would definitely encourage you to reach out to them to hear more specifically about what those conversations sound like or maybe some lessons that they've learned along the way. But there's definitely lots of research looking into and running a clinic setting.

And then Lisa Lee had asked about motivational interviewing working in the classroom. There is more and more focus being put on motivational interviewing in group settings and certainly in the classroom. The thing to keep in mind is embodying that spirit of motivational interviewing can be applied anywhere.

It can be applied in your own relationships with colleagues at work. It can be applied at home. There are endless ways that this can be applied. And we're going to talk about ways – times I should say when maybe MI isn't the best option, but it definitely could enhance what's going on in the classroom and the idea of being client centered is similar to being student centered in the work of your education work.

Alex is also reminding me just a word of caution that if your group is really, really big, it could be a little harder and it would take more time in the classroom. So depending upon how many students or youth you have in your group, yeah, it could take a little bit longer because of the way that you asked questions and such. And this is a good segue into the motivational interviewing skills because you're going to see lecture is not applied here at all.

Just because a facilitator or a practitioner [who] embodies the motivational interviewing, the spirit of motivational interviewing, that is not sufficient to evoke that behavioral change. You could be supportive and compassionate and all of those things, but really again the motivation has to be increased within the individual and they're the ones who have to take the action to change their behavior.

But I want to talk through a few specific principles and skills that motivational interviewing practitioners use to do that, to increase the motivation of the client to change his or her behavior. So you're going to see here on the slide a couple of mnemonics and one of the principles developing discrepancy that help the professionals who are "doing MI" be able to achieve greater motivation in their clients.

So the first one is developing discrepancy. Also, you see OARS and that's a mnemonic. So we're going to break down what each one of those letters mean. And then there's this one down on the bottom. It's darn cat. And we're going to talk about that. And it's no offense to cat lovers out there. It has nothing to do with the feline.

So let's talk about each one of them. So developing discrepancy. This happens when the client becomes aware of a discrepancy or a gap between their present state, what they're currently doing, kind of the status quo, and what their desired goal is.

So it's essential for the practitioner to sharpen his or her skills to be able to develop discrepancy from what the client is saying they want their behavior to be and what they're actually doing right now. So I want to talk about Cade just for a few more moments. You know, he comes back and after a few weeks of expressing ambivalence

about using condoms, he might say that he wants to use a latex condom when he gets out of the facility. But then he also tells you that he's worried that his girl will give him a hard time and accusing him of having sex with other people if he refuses to have sex without a condom. This is a tough place for Cade for sure.

So a practitioner could say to him, "Cade, it sounds like you know that using latex condoms is the best protection against getting another sexually transmitted infection. But you're also worried that your girlfriend will think you're having sex with other people if you insist on using a condom."

So practitioners out there, be forewarned, there's going to be gaps in the conversation and awkward silences. But this is a time for the message to be received by the young person. So that the discrepancy can be developed and so that Cade can see that what he wants and what he fears will happen when he tells his girlfriend that he wants to use condoms, they're real. But he needs to make a decision about which ways he wants to go regarding his behavior.

So, hey Robyn. I was wondering maybe if you could tell us a little bit about a time when you had to develop discrepancies.

ROBYN LUTZ: It's quite often in our study actually. And most of us have all used this with each patient unless they're the rare person like Molly who moves through the stages of change quickly.

But we usually say, a lot of them will say, "I never want to have a baby again, especially if we get them in the postpartum unit. Or in five years or ten years is the next time I want to have a baby." But they're having sex and they're not using birth control.

So to develop discrepancy, we say, "So on the one hand, I think that sounds like you don't want to have a baby for five or ten years. On the other hand, you're having sex and you're not using any birth control, if I'm right. Correct me if I'm right." You can always use hesitancy if you feel like it's going to sound sarcastic. So tell me about that. Usually then they realize that that doesn't make sense. And you can hopefully get some change talk from them.

DEBORAH CHILCOAT: Tell me about how do you handle the reaction? I mean, you said earlier roll with resistance. But what does that look like? Is that that awkward silence? Or is it more than that?

ROBYN LUTZ: Sometimes it's silence I guess. Some really oppositional young women who have said, "I don't know what I think about you. I don't know, you know, I don't think birth control is a good thing at all and I'm not going to use it. It's not natural." And we'll say, "Wow. You've got strong opinions about birth control." And you just reflect and keep reflecting and keep gaining trust. Like Molly said, that trust, for quite a few girls, takes a good year that they know you're going to come back and you're going to keep approaching them, coming towards them, no matter what they do. And then they begin to trust and open up.

But I told you in the beginning, we see them for 18 months and we've had a lot of birth control placed at about 17 or 18 months when they finally trust us and realize we're not going to be there after eighteen months.

DEBORAH CHILCOAT: So they make the decision kind of towards the end of your relationship?

MOLLY SPANGLER: Just sometimes, yeah. Yeah, especially the harder ones to trust definitely do take longer.

DEBORAH CHILCOAT: Yes, and they bring so much to the interaction. I mean, you know what they tell you, but there's so much more to uncover I'm sure.

MOLLY SPANGLER: Oh, yes. Going into their homes has been very enlightening for us, that there are so many social determinants of health and it's just they do have a lot on their plate when they have a baby.

DEBORAH CHILCOAT: Well, you had mentioned reflections. So why don't we go ahead and share what those letters mean for OARS. So the first one is open-ended questions. This is asking questions that don't require a single word answer like yes/no or fine. Like, "How are you doing today?" Fine. Maybe you would want to say something more like, "What brings you in today?"

So we also have affirmations. And I think we probably all could probably get a little bit better at affirming one and other. But this is definitely when you're trying to build self-

efficacy, getting that young person to see that they really truly can change their behavior. And so a way that you could affirm them and just saying something as simple as “I really appreciate you sharing that with me.”

And then you had mentioned reflections. And I think most of us probably are familiar with reflections. This is when you say something back to the client that affirms or clarifies what they just said. And there’s different types of reflections. There’s simple reflections in which the practitioner just simply restates what the client just said. So it could be, for example, “What I heard you say was that you wanted to change your eating habits.”

But I wanted to tip my hat to the folks at Washington State Department of Health for a really fantastic resource that kind of goes through a little bit more complex reflections. And I thought it was really great because it’s about a young woman who is trying to figure out whether or not she wants to breastfeed her child. And so the young woman says, “I know everyone says breastfeeding is the best. I’m just not sure it’s for me.”

So the simple reflection would be, “You know, people have been talking to you about breastfeeding.” That’s all you’re saying. But the complex reflection is going to go beyond that and it’s going to maybe bring in a different perspective. And there’s lots of different types of complex reflections. And I wanted to take a few moments to go through each one of them.

There’s an amplified reflection. And this is when the statement that the person just said is taken to the extreme. So the example in this case would be, “You would never

consider breastfeeding your baby. It's just not for you." So there's a little bit of a, I think never, that is definitely on the extreme end of the continuum. That way she could come back and say, "No, no. I never said never. I just am not sure if it's me for now or like for the entire year or whatever the case maybe."

And then there's a double-sided reflection. And this is when you reflect back to that ambivalence and go through some of the pros and cons. So on the one hand, you aren't sure breastfeeding is for you. And on the other hand, you've heard that breastfeeding is best for your baby.

So she can see that you're acknowledging both sides, the pros and the cons, the benefits and the costs of breastfeeding.

The next one is guessing the unexpressed. And this is a little tricky sometimes. And this is when you're trying to guess at what the underlying statement is when maybe there's something behind what they're saying. You could say something like, "So, you hear different things from different people." She could affirm that or she could say, "No, no. I'm getting a consistent message here, whatever the situation is."

And then there's the affective reflection. And this is all about the feelings where you reflect back their emotions that they've expressed. So it's very clear that this young woman sounds confused. And you could say you feel confused about this. And if that's not necessarily the emotion that she's feeling, she could correct you. Or maybe you've just given her an opportunity to label how she's feeling. Maybe she's not even really sure what she was feeling. But you've given her an opportunity to clarify.

You can do what is called continue the paragraph. And this is kind of when you get them to finish the statement or you finish the statement. And it sounds something like, "So, you aren't sure which way you'll go when it comes to breastfeeding..." And then they can respond.

And then, of course, you can always rely on metaphors. People love metaphors, which basically restates the person's statement. So you could simply say, "So, it sounds like you're on the fence."

So Robyn, I was just curious. Do you know or do you have the experience of one type of reflection working better with youth over another?

ROBYN LUTZ: Well, I want to point out this is just anecdotal and in my experience I have not seen this written by Dr. Miller or Dr. Rollnick. But I kind of feel like with these different types of complex reflections, I usually use them according to the participant's personality. A lot of teenagers have a pretty fiery and expressive temperament. So it's easy to do the amplified, you know, you would never consider using breastfeeding your baby. It's just not for you. And they respond to that. They're more, like I said, outgoing, expressive personalities. And however, if you can assess quickly their personality or if you've known them for a while. If they're a more logical personality, the double sided works very well. They like to hear their ambivalence and talk it out.

And then maybe the very quiet patient who will say, "How's it going today? How are things with you?" And they'll say good. So we have to keep things, so, like, "You're

baby's sleeping through the night. You're sleeping through the night and everything going very well." And then they'll correct us like you had said. But that's more the quiet person who doesn't speak a lot. And then maybe the deeper feeling person that has a hard time coming up with exactly how they're feeling would do the affective, you know, you feel really confused about this or guessing at a feeling to help them straighten out.

So I don't think I added that much, but this is something I tended to see in my experience. And again, I haven't seen Dr. Rollnick and Dr. Miller has not said this, but it's something that I do quite often.

DEBORAH CHILCOAT: So that's to say that what somebody else might use might be more or less the ones that you just identified. Maybe they actually do use the metaphor more than the double sided.

ROBYN LUTZ: Right, exactly.

DEBORAH CHILCOAT: Excellent. Thank you. And then finally, I just wanted to tell you the S stands for summaries. And this again might seem obvious, but this is an opportunity to recap that conversation that you just had with the client. And you could summarize. And maybe you could offer a final opportunity to verify or maybe correct something that was miscommunicated. But you can also use this as an opportunity to discuss next steps before moving on to the next session.

All right. So I want to tackle these darn cats. This is the mnemonic for D stands for desire to change. And so somebody might say, "I want to eat more vegetables." So

they've expressed a desire. The A is ability. This is whether they really truly believe that they can make the change. Well, I have a Farmer's Market a few blocks from my home.

R is the reason why they want to make the change. I want to be healthy.

And then N is for need. And this is expressing a need for change. If I don't stop eating at fast food restaurants at lunchtime, I might need to go on medication. So this is how the practitioner will listen for statements that indicate growing motivation which we know is a pretty good predictor of actually moving motivation into true behavior change.

Okay. So I want to go back to our friend Cade. This time I want you to type the first letter of the word that corresponds to Darn in the chat box every time you hear a word, phrase or statement that expresses change talk.

So get those fingers ready. Here we go. This is how Cade responded to the practitioner, to his facilitator. He said, "I really want to use condoms. I'm totally down with it. But it's my girl. I keep thinking about her. She's going to go ballistic. I mean, she's going to think I am, I don't know, you know? Listen, I know I'm strong and I need to wear them because I sure as you know what don't want to get an STD. It's just she's so fine and I just don't want to lose her." So what was the change talk you heard Cade say?

So the answers are flooding in. The word "want," "I really want to use condoms. I'm totally down with it, basically saying, yeah, I'm willing to do it." Saying he needs to be

strong, wants to use protection. He doesn't want to lose her. There's still a little ambivalence there. Because he also says he wants to use them. Good.

So maybe at this point, we're seeing some glimpses of change talk, that this is when we need to start thinking, okay. When is this going to move more into a commitment? And this is where the cat comes in. So CAT stands for Commitment Activation and Taking steps. And this is absolutely a way of figuring, "Okay. So we've talked about what we want, but now are we going to actually put it into action?"

So commitment is statements that express the commitment to change. Activation is the willingness to change. And then taking steps is, hey, they're actually doing something to make the change happen. So maybe they come up with a plan or they tell you that they talked to somebody. There's different ways that they can signal that they're taking steps to make the change.

So we're going to do another poll quickly. So the poll is, which of the following statements are examples of DARN CAT?

1. I want to wait until I have a career before I have a child.
2. I want to be the same person tomorrow as I am today.
3. Texting during class is distracting me- I can't fail my class!
4. I will start paying back my loan.
5. I already tried leaving the house earlier so I'm not late to soccer practice.

Which of those are examples of DARN CAT? All right. Five, four, three, two, one. And the poll is closed. There you see the results. So number one is an expression of desire.

So that's the D. Number two is not a DARN CAT. Basically, this person is saying I'm not changing. I'm going to be the same person today as I am tomorrow.

Now, they could be meaning like in general the same person. But they're talking about expressing behavior change. They're really not saying they're going to make any changes between today and tomorrow.

Number three is an example of reason. Number four is an example of commitment. And number five is an example of taking steps. So thank you all for participating in that poll.

I want to go ahead and move into our segment of putting it all together. This is why you came. This is why you were motivated to come and listen to this motivational interviewing webinar.

So I'm actually going to ask Molly a couple of questions. And the first one is, how do you keep up with all of these pieces of motivational interviewing? I mean, they could get jumbled up in this mnemonic mess. And like it would be very hard, I would imagine, to focus on the client you're serving if you're trying to think did I do this motivational interviewing? Now, what stage are we in? How do you keep it all straight?

MOLLY SPANGLER: It definitely can be a little confusing and overwhelming in the beginning. Definitely when you're being tape recorded and you know you're going to be graded. And I would like to say just practice, do it again and again and having a mentor review

my case and kind of help me. And I would like to say just memorize it all and do it all. But honestly, our mentor helps with a cue sheet that was really good for guidance.

DEBORAH CHILCOAT: Okay, but be honest. How long did it take you to feel confident about your motivational interviewing practice?

MOLLY SPANGLER: I am still working on it. I feel at this point that I have confidence. You know, for me personally it took several months to feel definitely confident. I don't know how long it will take before I really feel competent. According to Miller and Rollnick, they said it can take up to ten years to become MI proficient.

DEBORAH CHILCOAT: Don't be scared everybody. It's all good. It's always about performance improvement. So, speaking of which, how do you know when you're doing motivational interviewing well? I mean, are there measures?

MOLLY SPANGLER: Of course, there are grading sheets again acknowledge to the mentor. But for me personally when the patient is talking more than I am and they are moving towards change, change talk, that really helps me realize that, hey, I'm doing my share. I'm doing this motivational interviewing thing well.

DEBORAH CHILCOAT: So I wonder if it might be easier for us to actually listen to an example of something that's maybe not motivational interviewing and then maybe an example of what is MI. Do you think you guys can demonstrate that for us?

MOLLY SPANGLER: Absolutely. I will go ahead and act as the counselor and Robyn will be the participant. And this is the persuasive style. This is not motivational interviewing. So Alexis, I see you're here for birth control, is that right?

ROBYN LUTZ: Yes, yes.

MOLLY SPANGLER: You know, I think it's a great idea. I think it will be great for you. I mean, you already have a baby and the last thing you need is another, being a teenager and all.

ROBYN LUTZ: I guess you're right.

MOLLY SPANGLER: Well, how would it be to have another baby? Of course, birth control is a great idea. I think we need to start with something that lasts a long time, something that you aren't able to forget, like taking the pill. I think you should use an IUD or an implant. They are the best.

ROBYN LUTZ: Well, I'm not sure about birth control. I mean, I know it's a good idea, but it seems overwhelming to think about it.

MOLLY SPANGLER: Overwhelming? Seriously? Wouldn't having another baby be overwhelming? I think it's what would be, you know, that would be overwhelming. You really need to think about this.

ROBYN LUTZ: I know.

MOLLY SPANGLER: Are you following what I'm saying?

ROBYN LUTZ: Well, yeah. But I'm just not sure what I want.

MOLLY SPANGLER: My advice for you is that birth control is extremely important and it's something you should really make a priority in your life. How about just going ahead and setting up your appointment right now?

DEBORAH CHILCOAT: End scene. Wow. So Robyn, you were playing Alexis. How did that feel?

ROBYN LUTZ: You know, you feel pushed. And Molly and Angie and I all go to appointments with patients and surprisingly people do this. I think it works. Quite often, especially with teenagers.

DEBORAH CHILCOAT: Molly, how about you as the practitioner? It sounds like this is just simple and easy, just tell her what to do. But how did it feel?

MOLLY SPANGLER: You just feel pushy. It's my agenda. It's about me, what I think is best for her. And it really has nothing to do with what's best for the patient.

DEBORAH CHILCOAT: Yes. So that was a very poor example of an interaction. How about if we share a good interaction of motivational interviewing?

MOLLY SPANGLER: All right. Again, I will be the counselor and Robyn will be the teen. So, Alexis, I see you're here for birth control. Tell me about that.

ROBYN LUTZ: Yeah, I just had a baby and I'm not wanting any more kids right now. I'm kind of overwhelmed with my baby. And plus, my mom's making me do this.

MOLLY SPANGLER: I bet it can be really overwhelming having a baby. It's hard to imagine having another one right now.

ROBYN LUTZ: Yeah, I was thinking about using birth control, but I'm just not sure. My mom really wants me to do it and I know it's probably a good idea, but I just don't know. I don't even know which one to use. And I don't know much about it since I've never used it before. I'm actually kind of scared to use it.

MOLLY SPANGLER: It's scary to try something new that you would never use before. It sounds like you know it would be a pretty good idea, but you're just not sure which one to use since there are so many options available.

ROBYN LUTZ: Yeah, yeah. I just don't know what to do or which one to choose.

MOLLY SPANGLER: Tell me why you think it would be good to use birth control.

ROBYN LUTZ: I wasn't even planning to get pregnant this first time. So you could say I was really shocked, but then got used to it. But when she got here, I've really been overwhelmed. It's been really hard trying to get back and finish school and keep up with

my friends, find a job and daycare. And my mom says eventually, she's going to make me find my own place. Plus, my boyfriend isn't helping as much as I think he should. So I don't think I could do this again, at least right now. So birth control would be something that could help me.

MOLLY SPANGLER: Yeah, so it sounds to me like you feel really overwhelmed. Going back to school is a priority. You miss being with your friends. It's important to find a job and day care. Plus, you don't have a lot of support from your boyfriend and things right now. But birth control is something that you can take control of and one less thing to worry about, getting pregnant again.

ROBYN LUTZ: Right, right.

MOLLY SPANGLER: Would you like me to tell you about some options available to you?

ROBYN LUTZ: Yeah, that'd be good.

DEBORAH CHILCOAT: End scene. Oh, so much better. How did that feel?

MOLLY SPANGLER: Much better.

DEBORAH CHILCOAT: Yeah, I definitely could hear the different. So how about if we do one more role-play so folks can walk away with again a positive, a good example, of motivational interviewing. So let's talk about Carla. She's a 17 year old female who's

been dating Cameron for about seven months. They really like each other. They're both really into punk music, creating video blogs, and just hanging out with friends.

During the relationship, Cameron and Carla have fooled around with one another and have engaged in vaginal intercourse a few times. Now though Carla's having second thoughts about her sexual relationship. And she comes to you, her youth leader, and shares her feelings. So Robyn, do you mind being Carla, the youth? And Molly, how about if you be the youth leader?

ROBYN LUTZ: Miss D, can I ask you a question?

MOLLY SPANGLER: Of course.

ROBYN LUTZ: It's kind of hard to talk about. It's about Cameron. Well, me and Cameron.

MOLLY SPANGLER: Okay. Tell me what's on your mind.

ROBYN LUTZ: Well, we've been dating for a while now and I can't seem to think of anything else these days.

MOLLY SPANGLER: What are you thinking about?

ROBYN LUTZ: Well, my feelings for Cameron and sex.

MOLLY SPANGLER: Well, that sounds like a lot to think about all right.

ROBYN LUTZ: Yeah, I'm pretty sure you know this already, but Cameron and I have had sex a few times. But now I'm not sure I want to keep doing it. I mean, I love him and want to show him how I feel, but I just don't know what to do.

MOLLY SPANGLER: Well, it can be difficult to know how to show someone you care.

ROBYN LUTZ: I know. It's just that I'm worried that our relationship will be nothing more than sex, sex, sex.

MOLLY SPANGLER: Well, tell me what do you want your relationship to be like?

ROBYN LUTZ: I want to be able to talk about my day with him, share our dreams and do the things we used to do, like making crazy punk rock videos and dancing around the basement.

MOLLY SPANGLER: How do you feel about not having sex with Cameron?

ROBYN LUTZ: Well, I'd be totally okay with it. I just don't know if Cameron would be okay with it.

MOLLY SPANGLER: You know, only he has that answer. What do you think needs to happen next?

ROBYN LUTZ: I guess I need to talk to Cameron about what I want.

MOLLY SPANGLER: It's important that he knows how you feel and that you don't want to have sex right now.

ROBYN LUTZ: That's true. I just need to work up my courage.

MOLLY SPANGLER: I believe in you. Good luck.

ROBYN LUTZ: Thanks, Miss D.

DEBORAH CHILCOAT: End scene. We thought this was really important to include this as an example of how motivational interviewing can support someone who doesn't want to continue having sexual intercourse. And this could be really helpful for those of you if you're implementing abstinence curriculum and programs out there. So we hope that you were able to kind of pinpoint some things in this particular interaction that were positive and maybe you'd want to give it a try as well. So thanks Molly and Robyn, I appreciate you demonstrating those.

MOLLY SPANGLER: Deb, can I make a really quick point before we move on?

DEBORAH CHILCOAT: Sure.

MOLLY SPANGLER: Thank you. Just to take note that using the MI adherence form, the correct MI did not take any longer than using the [inaudible] form.

DEBORAH CHILCOAT: Yeah, and I think it dispels that myth that MI actually takes a lot longer than just being straightforward and directive. So, good point. And I think some people might actually be wondering how do I use motivational interviewing? And you can obviously use it at any point because it's a communication style. But there's also the intake forms.

Like, for instance, when Cade went into the detention facility, the person who was conducting the interview could use MI. You could obviously do it during individual counseling sessions. You could also do it before, during and after group interventions. In fact, there are some evidence-based interventions that are built around motivational interviewing. And then certainly during follow-up calls.

So if there's things that you can be doing after you interact with the young person, clearly if you're communicating with them, you can definitely talk to them using MI.

There's been a couple of questions, and we appreciate everybody sending those through the chat box, about whether you can MI in a group setting and the answer is, you know, it might not be the best solution in every situation, but you can certainly use it in the group setting.

In fact, there's been lots and lots of studies looking at motivational interviewing's effectiveness. And there's a couple of meta analyses. But the one that I want to highlight was done in 2010. And while the author really is a huge supporter of motivational interviewing, he does caution using it in a group setting saying that you cannot use motivational interviewing alone to think that there's going to be significant

behavior change. Probably it's best to do it in a combined approach. And so thinking about how you might be able to integrate this into your work would be really, really helpful during your planning phase. You know, in group facilitation, you can definitely bring in the spirit of motivational interviewing, using the OARS, developing those discrepancies.

And then Robyn, you had mentioned earlier when we were talking offline about there's a book now by Christopher Wagner for motivational interviewing in groups.

ROBYN LUTZ: Yes, and it's actually called "Motivational Interviewing In Groups" by Christopher Wagner and Karen Ingersoll who's done a lot of work with youth. And there's a whole chapter there on adolescents in particular.

DEBORAH CHILCOAT: Excellent. So there was a question there about motivational interviewing and the difference or the similarities with motivational enhancement therapy. I'm going to actually let Alex respond.

ALEXANDRA EISLER: So, the question was, "What's the difference between the two?" And the real quick and dirty between the difference is that motivational enhancement therapy is an adaptation of motivational interviewing. And it's a slightly more directive, though empathic form of therapy. It came out of an alcohol abuse background.

And motivational interviewing is a therapeutic technique that is more guiding. It's more based around eliciting from the participants or from the clients. And so motivational

interviewing, suffice it to say, came out of motivational interviewing and is a therapy that's often used a bit more directly, but with the same spirit and the same approach.

And if you'd like more information on that, there's a website. I think it's called improvingMIpractice.org. And it's out of a public health organization in Michigan. And they've got a really nice synopsis of the difference between the two.

DEBORAH CHILCOAT: Excellent. Thank you. Okay. I want to be mindful of time and I want to share with you just a few benefits to using MI. And they would be, of course, that can result in stronger or longer maintained behavior change. Clearly, it can be used in a group and in individual settings. So even if you start to use it in your group setting, you can definitely include it in your one-on-one interactions with young people.

And, you know, it can be used with individuals of various ages. So whether you're working in middle schools, high schools or even college age settings, you can definitely start using motivational interviewing in your practice.

A couple of challenges that we typically hear is limited time with a client. As you heard, it doesn't take much longer or it's about the same amount the same amount of time, as opposed to just the directed style. There's also this need for additional feedback and training. And again, we'll share some resources related to that.

But then we also want to acknowledge that MI is not applicable in every situation. And there was a crisis situation that you heard Robyn talk about earlier. And so, Robyn,

whatever happened with that young mother who didn't want to hear about birth control because she was dealing with a sick baby?

ROBYN LUTZ: Well, unfortunately, she called me about a few weeks later and said, "Hey. I need to talk about birth control now. I just had unprotected sex. So we brought her in and unfortunately she was pregnant." However, the good news is she called me the day that she delivered her baby. We continued to talk for the next nine months. She called me from the delivery room actually and had me come over and she got birth control right in the hospital and was very motivated for birth control with that third baby.

DEBORAH CHILCOAT: That was a wakeup call.

ROBYN LUTZ: Yes.

DEBORAH CHILCOAT: So she quickly arrived at a behavior change, but not necessarily maybe when you thought it was the best time. So again, it demonstrates why it's important that the individual make the decision of when that happens. Yeah, yeah. Okay folks, we want to just get one more poll out of the way. And we wanted to thank everybody again for submitting your questions. And Alex has been fiercely over here typing answers away. We'll stay on for a little while if you want to keep asking questions. But let's do this last poll. This is really appropriate. How motivated are you to consider integrating motivational interviewing into your practice after today's Webinar? Very motivated, somewhat motivated or not motivated.

All right. I'm going to close it in five, four, three, two one. Let's see what your colleagues are feeling right now. It looks like by and large, you are very motivated to at least start thinking about how to integrate MI into your work. So we support you in that decision. We think it's a great, great idea.

So Jae'Mie, do you want to just have folks continue to type questions in their question box? I think we've gotten answers to a lot of them, some of the more pointed ones that we thought would be kind of a general question we thought throughout the webinar and answered.

But you are welcome to continue submitting questions to any of the presenters who have shared their thoughts today, myself, Alex, Robyn or Molly. Here are our email addresses. We are here to answer your questions. And we want to remind you that the recording and the slides will be up on the Community of Practice website within a couple of days for sure. And you'll definitely get a new version of the slides. There were a couple of changes that we made, but you'll definitely get that in a few days.

And there is no evaluation that you have to complete after the session. We just are thrilled to have had this opportunity to share our experiences and talk to you a little bit more about motivational interviewing. And we want to wish you the absolute best as you explore how you can integrated MI into your practice in your programs. So I'm going to flip through and put those resources up on your screen. But remember, you'll be able to find those on your sides when you receive them.

All right. I wish everyone a safe travel home from work today and hope to hear from you soon. Take care, everyone.

(END OF TRANSCRIPT)