## Motivational Interviewing for Adolescent Clients at VMMC Services

SESSION 16







### Motivational Interviewing: Two Main Assumptions

 Motivation to adopt, change, or maintain a behavior can be elicited by counseling that uses empathy and understanding, focused on a client's own reasons for engaging in that behavior. Telling or lecturing will likely result in resistance, especially in adolescents.

This could apply to delaying sexual debut, getting over the fear of pain from VMMC, engaging in proper wound care, and using condoms.

2. Ambivalence to change is normal: Clients will almost always weigh the pros and cons of a proposed behavior change.



# Importance of Motivational Interviewing for Adolescents

Motivational interviewing (MI) helps adolescents come up with their own solutions. They are shifting from concrete thinking to more abstract/complex thinking, and they want to be part of the solution, not just the problem.

Their sense of identity, personal values, and beliefs are paramount. MI **respects all of these**.

They want to be autonomous/independent and are often resistant to change. MI **encourages autonomy** and works around resistance to change.



### Main Features of MI

The counselor:

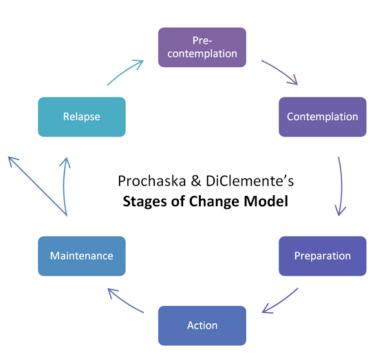
- Encourages the client to articulate his own reasons for change and a plan.
- Facilitates—does NOT provide reasons to change.
- Uses open-ended questions, reflections, and ambivalence, reflecting back the pros and cons of the current and desired behavior change, and building the client's self-efficacy.
- Points out strengths/previous successes and acknowledges difficulties.
- Refrains from arguing or lecturing.
- Asks the client what HE wants/is willing to do. These points often become parts of his treatment plan.

### Basis for MI

#### Stages of change theory

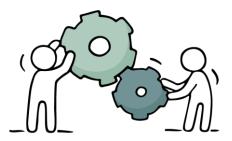
(Prochaska and DiClemente)

- Precontemplation
- Contemplation and preparation
- Action (behavior change: trial behavior change)
- Maintenance
- Relapse



### Basis for MI

- 1. Following: Establishing rapport, have the adolescent expand his story, and listening for understanding (not "fixing" the client)
- 2. Guiding/facilitating: Asking questions that support self-reflection and being nonjudgmental, reflective, and compassionate
- Gently directing: Asking permission before giving information, checking in afterward, and creating an environment for "change talk"



### What MI Is Not

**MI is NOT conventional counseling.** Conventional counseling approaches:

- "I ask you a closed question."
- "I tell you what's wrong with you."
- "I tell you what you need to do."
- "I assume you are going to do what I say."

**Conventional counseling:** May work for motivated clients but can be ineffective for those still considering whether to adopt or change a behavior; they can be seen as noncompliant.

### MI's 12 Principles (see handout)

- **1**. Establish rapport.
- 2. Listen for understanding.
- **3**. Elicit his story.
- 4. Express empathy.
- 5. Develop discrepancy.
- 6. Resist the "righting reflex" (urge to 12. fix).

- 7. Reflect resistance.
- 8. Allow silence.
- 9. Support self-efficacy.
- **10**. Explore self-efficacy.
- **11**. Explore triggers for relapse.
  - Support adolescent to develop his own plan/commitment to change.

### What Is Change Talk?

It is a facilitated discussion or talk aimed at helping clients identify their own desire and/or ability to change a target behavior.

Change talk can help motivate adolescents to adopt or change behaviors needed in the context of VMMC (e.g., HIV testing, commitment to use condoms, and proper wound care, including abstinence during healing period).

Change talk can also be used to help motivate an adolescent client to go to other services to deal with issues not addressed by VMMC services (family planning, sexual and reproductive health, gender-based violence, etc.)

Tools for facilitating change talk are designed to help a client explore his own goals, values and views, using open-ended questions; expressing empathy; developing discrepancies between the "pros" and "cons" for a proposed change, and other tools (to follow).

#### **Elaborating:**

• "How do you feel about MC/condoms/wound care," etc.

#### **Expressing empathy:**

• "I can see why it must be difficult for you to use condoms..."

#### **Developing discrepancy:**

- "So on the one hand, you like the idea of better hygiene...and on the other, you think MC might be painful..."
- "Part of you wants to do X, the other part of you wants to do Y"

#### Use the importance ruler:

"On a scale of 1 to 10" (10 is the direction you want the change to go):

 "...how important is it/confident/ready are you to you to get circumcised?"

**To elicit change talk** -- if he says "5" – ask him why he did not choose "3"

• He will tell you his reasons in favor of change

**To find out his barriers to change,** ask him what it would take him to get to 7 (a number 2 higher than the one he picked)? (elicit something the teen has control over.) His answer may become part of his treatment plan!

- "What do you think could get in the way?"
- "What could you do to ensure that it doesn't get in the way?"
  - Then have the adolescent propose a timeline for implementing his change plan!

#### Ask about extremes:

- If about the current behavior:
  - "What's the best thing about it?" (He can feel understood; sets up discussion of benefits of possible change
  - "What's the worst thing about it?"
  - Explores why it may be difficult in his view to change
- If about the "solution" behavior (the goal):
  - "What's the worst thing about it"? Identify barriers to change.
  - Help him discuss what is good about the proposed behavior. Again, identify benefits of change.

#### Explore goals and values:

- "What things are most important in your life now?"
- "How do you think X behavior fits with those goals/values?"
- "How can you minimize the problem (if negative behavior) so it doesn't get in the way of achieving your goals?"
- Wants to do Y

Elicit-Provide-Elicit:

- Find out what he knows
- Then ask if you can provide some more information
- Ask what he thinks about this new information?
- Offer several strategies together: "Here are some ideas, which one might work best for you?"
  - Offering solutions one-at-a-time may create resistance!



### MI Mnemonic Devices (tools)

#### "FRAMES"

- Feedback: reflect back, building on what he said
- Responsibility: emphasize his autonomy..."it's your decision..."
- Advice
- Menu (of options)
- Empathy
- Self-efficacy

Helpful for getting the adolescent to move into action and when time is limited



### MI Mnemonic Devices (tools), cont.

#### "OARES"

- Open-ended questions
- Affirmation
- Reflective listening
- Elicit change talk
- Summarize

Good for initial encounters; to build rapport and show support for the adolescent's autonomy and self-efficacy

### Questions

Are there any questions?