

# Improving Interdisciplinary Professionals' Capacity to Motivate Adolescent Behavior Change

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## ABSTRACT

Nearly 75% of adolescent morbidity and mortality is a result of risky behaviors. In this study we aimed to determine the effectiveness of an adolescent-focused motivational interviewing training in improving health professionals' knowledge, skills, and confidence in risk reduction counseling with adolescents. Paired *t*-tests and Spearman's correlation coefficients for pre- and posttraining showed significant improvements in knowledge, skills, and confidence, with  $P < .05$ . Slightly positive correlations between intention and use of strategies at 1 and 3 months posttraining were noted. The findings show that there was an improvement in health professionals' knowledge, skills, and confidence in counseling adolescents on risky behaviors.

**Keywords:** adolescent preventive health services, communication skills training, motivational interviewing, risk-taking behaviors

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## BACKGROUND

Adolescents often engage in multiple risky behaviors, increasing dramatically during each year of adolescence. These behaviors negatively affect their health, and can persist into adulthood.<sup>1,2</sup> Recent data indicate the leading causes of death among youth 10-24 years old are behavioral, with motor vehicle crashes, homicide, suicide, and unintentional injuries accounting for 72% of adolescent mortality.<sup>3</sup>

Positively impacting adolescent health requires significant system changes aimed at addressing known barriers to risk screening, such as health professionals' lack of training, lack of effective communication skills, and low self-efficacy.<sup>4,5</sup> Standardized risk screening tools are available to facilitate systematic screening, but the reported barriers limit implementation of screening. Currently, effective preventive service delivery rates remain low and traditional medical care for adolescents has produced much smaller decreases in morbidity and mortality when compared with other age groups.<sup>6</sup>

Motivational interviewing (MI) strategies have been shown to reduce adolescent risk behaviors, ultimately impacting morbidity and mortality.<sup>7-10</sup> A health professional skilled in MI creates an environment that

allows adolescent patients to disclose information about their risk behaviors, improve their motivation to change, and seek advice on how to make the needed changes. This is accomplished through MI spirit along with specific principles and strategies.<sup>11,12</sup> Examples of health professionals' use of some of the MI principles and strategies include: *express empathy*, a nonjudgmental attitude in which the health professional attempts to view the world from the client's perspective (client is a 12-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."); and *roll with resistance*, not arguing for change but encouraging self-exploration of the behavior ("You are in control of your life and I respect that you have made a decision to not use condoms. Tell me what you don't like about using them."). It is important for adolescents to learn that their health-risk behaviors are legitimate health concerns and that health professionals are open to talking with them about these topics. For sensitive topics (such as sex, contraception, and sexually transmitted infections), adolescents consider health professionals the most reliable sources of information and thus may be more open to disclosure.<sup>13</sup>

Training in the use of MI exists in various formats from 1 hour to multiple days, focusing on teaching the basic principles and strategies.<sup>14</sup> Demonstrated improvements in health professionals' MI skills after a 2-day workshop have been reported.<sup>14</sup> In considering the currently inadequate screening for health-risk behaviors in adolescents, common health professional barriers, and the serious outcomes if left unaddressed, the aims of this study were to:

- Design and evaluate the effectiveness of a 2-day adolescent-focused MI training. The intent of the training was to improve health professionals' knowledge, skills, and confidence in counseling adolescents on their risky behaviors.
- Assess health professionals' continued confidence and reported use of their newly acquired skills at 1 and 3 months after the training. Facilitating factors and barriers to using MI strategies at 1 and 3 months were also assessed.

## METHODS

Institutional review board approval for this study (HUM00040365) was obtained through the University of Michigan. This study used psychometric methods to evaluate change in health professional's capacity to provide adolescent preventive services and was conducted from March 2010 through May 2011. A 2-day adolescent risk assessment and counseling training for health care professionals was developed. Fifty-two health professionals participated in 3 trainings held in different locations in 1 state located in the midwestern United States. All participants were adults (> 18 years) working in school-based health centers. Participants ranged in age from 26 to 67 years, with a mean age of 45 years. Most participants were Caucasian, female, and either nurse practitioners or physician assistants who had been practicing for  $\geq 15$  years (Table 1).

Essential features of this interactive training included educational materials and practice exercises to support effective adult learning. There are 8 skills by which health care professionals acquire proficiency in using MI.<sup>15</sup> These include: (1) openness to the underlying assumptions and spirit of MI; (2) developing proficiency in the interpersonal skills of client-centered counseling, particularly accurate empathy; (3) recognize change talk when hearing it

**Table 1. Training Participants' Demographics**

Variable	n (%)
<b>Age (years)</b>	
< 30	3 (5.8%)
30-39	14 (26.9%)
40-49	12 (23.1%)
50-59	13 (25.0%)
60+	5 (9.6%)
Unknown	5 (9.6%)
<b>Gender</b>	
Male	1 (1.9%)
Female	51 (98.1%)
<b>Race/ethnicity</b>	
Caucasian	38 (73.1%)
African American	10 (19.2%)
Other/unknown	4 (7.7%)
<b>Credentials</b>	
Nurse practitioner/physician assistant	29 (55.8%)
Mental health/social worker	16 (30.8%)
Health educator	2 (3.8%)
Registered nurse	5 (9.6%)
<b>Years in practice</b>	
<5	9 (17.3%)
5-9	15 (28.8%)
10-14	8 (15.4%)
15+	20 (38.5%)

and distinguishing it from other forms of client speech; (4) eliciting and reinforcing client change talk; (5) knowing how to counsel in a manner that minimizes resistance and how to respond to a client's "sustain talk" so as to not increase it; (6) knowing when clients are ready and to assist them in formulating a change plan; (7) enlisting client commitment to their change plan; and (8) flexibly blending MI with other therapeutic methods. Education and activities to develop these 8 skills as well as enhance understanding of adolescents and their related risk behaviors were included in the training. The combination of lecture, real-life examples, video demonstration, observation, role play, group

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