Abstract:

Motivational interviewing (MI) is defined as a collaborative, patient-centered counseling style used to strengthen motivation for behavioral change by evoking an individual's own reasons for change. It has been extensively used to address substance use and has shown effectiveness in facilitating a variety of healthy behaviors among a wide range of age groups and in an array of settings. To review the literature involving the use of MI for adolescents in the emergency department (ED), we performed a literature search using PsycINFO, PubMed, and Google-Scholar and identified 16 randomized controlled studies targeting 7 health behaviors. Of these, 31% (n = 5) targeted alcohol use alone; 12.5% (n = 2) targeted aggression and violence, marijuana use, tobacco use, linkage to outpatient services for mental health treatment, alcohol use, and aggression; and 1 study targeted seatbelt and helmet use. Overall results suggest that using MI with adolescents in the ED is feasible and more effective at reducing risk behaviors than ED treatment as usual.

Keywords:

motivational interviewing; adolescents; emergency department

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Motivational Interviewing for Adolescents in the Emergency Department

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A 16-year-old adolescent girl presents to the emergency department (ED) complaining of painful urination. She reports that she is sexually active and uses an injectable contraceptive but might be overdue for her injection. She does not use condoms and has never been tested for a sexually transmitted infection. The ED provider is concerned about the patient's sexual health and understands that the patient needs evidence-based counseling to engage in safer sex practices as well as continued follow-up care. However, the ED provider has several barriers to counseling the patient about her sexual health (eg, limited time due to several patients in the ED, comfort level discussing sexual health). How might the ED provider help this patient to achieve optimal sexual health?

BACKGROUND

As part of a normal developmental process during adolescence, youth may test boundaries, see themselves as risk immune, and engage in high-risk behaviors. Engagement in such high-risk behaviors contributes to significant health problems for this population including poor long-term health outcomes and premature death.[1] Further, half of all US deaths are related to modifiable behaviors that often begin during adolescence.[2,3]

Appropriate care and counseling can prevent many of these poor health outcomes associated with risky behaviors. In fact, the Centers for Disease Control and Prevention have identified

substance use, unintentional injuries and violence, and high-risk sexual behaviors as "high-priority" adolescent health behaviors that should be addressed with counseling and intervention. However, many adolescents do not receive regular, evidence-based care, in part because of insurance barriers, transportation concerns, or geographic isolation. This limited access to care contributes to reliance on EDs. Adolescents make more than 15 million ED visits each year; and many report high-risk behaviors related to substance use, violence perpetration or victimization, self-harm, and sexual contact.[4–6] In addition, many adolescents use the ED as their sole source of health care.[7] Although the ED represents an important location for reaching large numbers of at-risk adolescents, counseling adolescents towards healthier behaviors can be challenging. Motivational interviewing (MI), a collaborative style of communication, holds promise to facilitate this behavior change.[8] *Motivational interviewing* has strong empirical support and is defined as a collaborative, patient-centered counseling style used to strengthen motivation for behavioral change by evoking an individual's own reasons for change.[9] Motivational interviewing has been successfully used within adolescent behavioral interventions for a variety of health behaviors in multiple health care settings[10] and delivered via a variety of strategies (eg, brief advice, interactive computer programs). The efficacy of MI has been well demonstrated, most commonly with adult substance abusers. Our objective was to describe the use of MI-based behavioral interventions for adolescents in the ED and to summarize the evidence of its effectiveness as an intervention in this setting.

METHODS

Literature Search

We conducted a comprehensive literature search using psychological, medical, and general databases (PUBMED/MEDLINE, PsycINFO, and GoogleScholar) to identify behavioral interventions that reported using MI to improve health behaviors among adolescents in the ED. Relevant interventions were those that aimed to facilitate any healthy behavior by providing specific counseling or education and could be targeted for the adolescent and/or their family. During December 2014, we conducted the searches using full keywords such as *motivation*, *intervention*, *child* or *adolescent*, and *emergency department*.

Study Eligibility Criteria

Studies were included if they were reported in English and included the following: (*a*) MI or motivational enhancement therapy (as sole treatment or in combination with another treatment), (*b*) a behavioral intervention using either comparison/treatment groups or pretest-posttest assessment in the ED, (*c*) participants not older than 21 years of age, and (*d*) target outcomes of improved health behaviors. We included studies published between April 1999 and December 2014.

RESULTS

Study Characteristics

We identified 16 studies eligible for inclusion (Figure 1). Four of the 16 studies were based on the same intervention and sample but reported different outcomes.[11–14] The majority of studies were excluded because the behavioral intervention did not use MI (23 studies), 13 studies were excluded for including participants older than 21 years, and 4 were excluded because the setting was not in the ED. The majority of studies were recently published; only 2 were published before 2004.

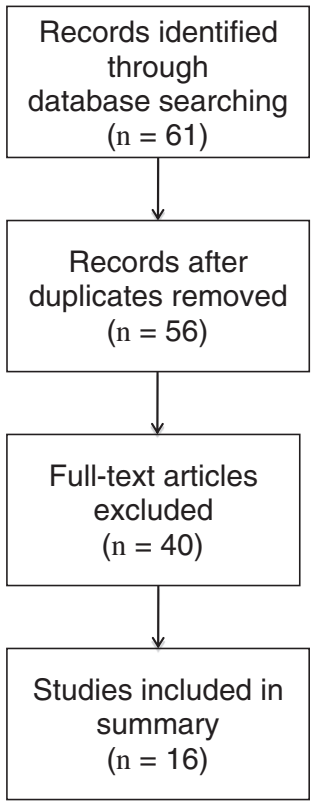

Figure 1. Flow diagram for included studies.