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American Academy of Pediatrics

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Welcome to:
Project ECHO- Screening, Brief
Intervention, and Referral to
Treatment (SBIRT) for Substance
Use in Adolescents

Please mute yourself unless you are speaking.
Participants are encouraged to share their video.
Use the chat feature to ask questions or share ideas/ resources

Funding

The Practice Improvement to Address Adolescent Substance Use (PIAASU-2) project is funded by generous support from the Conrad N. Hilton Foundation. Its contents are solely the responsibility of the project faculty and staff and do not necessarily represent the official views of the American Academy of Pediatrics or the Conrad N. Hilton Foundation.

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Recording:

This session will be recorded for educational and quality improvement purposes. Slides from today's call, along with a video recording of the lecture, will be shared following this call. However, a recording of the case discussion will not be shared; this is to ensure confidentiality and provide a safe space to discuss concerns and questions.

Please participate!

Please make sure your microphone is muted during the session. You will have the ability to mute/unmute yourself to participate in today's call. If you do have any IT difficulty during today's call, please chat to Ashley Politz or call/ text (225) 505-7611 and she can assist you.

If you have video capability, please enable it! It makes for a more interactive and engaging session if we can all see each other.

Finally, please enter your name and where you're from in the chat box so that we can get to know each other, and so that we may count your attendance.

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CME/ MOC 2:

Accreditation Statement:

The Louisiana AAP is accredited by the Louisiana State Medical Society (LSMS) to provide continuing medical education for physicians. The Louisiana AAP designates this live internet activity for a maximum of 7.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MOC 2 Statement:

Successful completion of this CME activity, which includes participation in the activity and individual assessment of and feedback to the learner, enables the learner to earn up to 7 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

In order to receive MOC 2 points you must attend all seven sessions and complete the MOC Attestation Form upon completion of the program.

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Disclosures:

Louisiana AAP planning committee member, Joseph Bocchini, Jr., MD, has disclosed that he has received research grant funds from GlaxoSmithKline, Novavax, Pfizer, Inc. and Regeneron and sits on the Advisory Board for Moderna, Pfizer, and Valneva. All remaining faculty, Louisiana AAP Education Committee members and staff have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. All relevant financial relationships have been mitigated.

In accordance with LA AAP policy, all committee, planning, and faculty members have signed a conflict-of-interest statement in which they have disclosed any financial relationships within the past 24 months with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Such disclosure allows the participant of the activity to better evaluate the objectivity of the information presented.

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Today's Speakers:



Carolyn J. Swenson,
MSPH, MSN, RN
Consultant and QPR Suicide
Prevention Trainer



Kevin Hughes,
BS, CAS, CPS II
SBIRT Lead Trainer
*Training, Technical Assistance, &
Implementation*
SBIRT *in* Colorado

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Louisiana AAP: Adolescent SBIRT

ECHO Series
Carolyn Swenson, MSPH, MSN, RN
Peer Assistance Services
Kevin Hughes, BS, CAS, CPS II
Peer Assistance Services

5/24/2022

Motivational Interviewing

Session 4: May 26, 2022

5/24/2022

Session Objective

- 1. Identify how Motivational Interviewing (MI) techniques help providers more effectively deliver brief interventions for adolescent substance use.**



What motivates a person to change?

Change happens when a person decides that a behavior is inconsistent with the things that matter most to them: **goals, values, relationships, privileges, etc.**

Motivational Interviewing is a way of communicating to help a person get ready to change faster.

Motivational Interviewing: “a collaborative conversation style for discussing a specific health behavior change to resolve ambivalence and strengthen a person’s own motivation and commitment to change.”

Reference: William Miller and Stephen Rollnick: *Motivational Interviewing: Helping People Change* 3rd Edition- 2012.

3 communication styles

Following

Guiding

Directing

Ambivalence: The common (human) roadblock to change



Image: <https://www.pinterest.de/pin/444519425700568372/>

The underlying “spirit” of motivational interviewing

1. Partnership:

- Collaborate to figure out next steps.
- Ask permission to provide feedback or advice.
- The patient is an expert on their own life.

2. Acceptance:

- Autonomy
- Unconditional positive regard (Carl Rogers)
- Accurate understanding (empathy)
- Affirm strengths and efforts

3. Evocation:

- Elicit intrinsic motivation (the patient’s best reasons to change)
- Elicit strengths
- Elicit the patient’s ideas first

4. Compassion

- Nonjudgmental
- Avoid blaming or shaming

Key points for conversations about change

- Listen more; talk less.
- Ask permission to offer feedback and give advice.
- Normalize and explore ambivalence.
- Acknowledge that change is difficult.
- When you encounter reluctance to change (“push-back”):
 - Avoid the “righting reflex”: persuading, arguing, confronting
 - “Roll with it”
 - Focus instead on something you can agree to discuss.
- Elicit “change talk” then reflect it back to strengthen motivation

Motivational Interviewing in Adolescents

Supported by research for:

- ✓ Substance use
- ✓ Diet and exercise
- ✓ Pregnancy prevention
- ✓ Chronic disease management

Developmentally appropriate:

- ✓ Encourages self-understanding
- ✓ Encourages self-efficacy
- ✓ Non-confrontational
- ✓ Respects autonomy

Mechanisms (what makes it work)

- ✓ Competence
- ✓ Autonomy
- ✓ Relatedness

Contexts (where it can work):

- ✓ Healthcare/Mental health settings
- ✓ Schools
- ✓ With supportive parental involvement
- ✓ With supportive peer mentor involvement

Motivational Interviewing Skills

Ask open-ended questions:

- To facilitate conversation and collaboration
- To explore how the adolescent views the issue

Affirm: Goals, values, intentions, efforts

Use reflective listening:

- To show empathy (accurate understanding)
- To get at underlying meanings of what the adolescent says
- So the adolescent will hear their own voice talking

Summarize:

- Themes and reasons for change
- Goals and next steps

Exploring ambivalence: Ask about the “pros and cons”

1. ASK:

“What do you like about using marijuana?”

2. LISTEN

3. THEN ASK:

“What are some of the not so good things about using marijuana?”

4. LISTEN

5. THEN REPEAT BACK WHAT YOU HEARD:

“So, on the one hand, it makes you feel good and helps you sleep, and, on the other hand, you got in trouble and now you are not allowed to go to the concert you were really looking forward to. So, what next steps make sense to you?”

Listen for “change talk”

Desire
Ability
Reasons
Need

Commitment
Activation
Taking steps



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Kevin Walsh (kevinzim)



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Questions to elicit “change talk”

1. “How will you know if changing _____ is a good idea?”
2. “What’s the first step you will take **if** you decide to change _____?”
3. “What are the best reasons you can think of to stop drinking/using marijuana?”
4. “How will your life be better if you change _____?”
5. “What **other** things could you try to help with stress (anger, disappointment, etc.)?”
6. “What could help you be successful with making this change ?”

Responding to “change talk”

- ✓ Reflect it back: Repeat it word for word – or paraphrase it.
- ✓ Take a guess at underlying meanings and unspoken concerns.
- ✓ Ask for elaboration and details about next steps.

Assessing readiness to change using a 0-10 ruler

“On a scale from 0-10, how ready are you to change your marijuana use, where 0 is not at all and 10 is very ready?”

THEN ASK: “ What made you choose x instead of a lower number?”



Image: Peer Assistance Services, Inc.

Readiness to Change = Importance + Confidence

- Low readiness *may* indicate the person does not feel it is important to change.
- Low readiness *may* indicate lack of confidence about ability to change.
- Or low readiness may point to both low importance *and* low confidence.

Responding to very low motivation

Acknowledge it.



Affirm autonomy – including the choice to change or not change.



Ask how they would know if/when change was a good idea?



Change the subject and focus on next steps you can both agree on.

Thank you for joining us today.

The next session will be held June 9, 2022.

Same Zoom room

Look for a follow-up email from us that includes today's slides and recording of the lecture, and the evaluation survey link.

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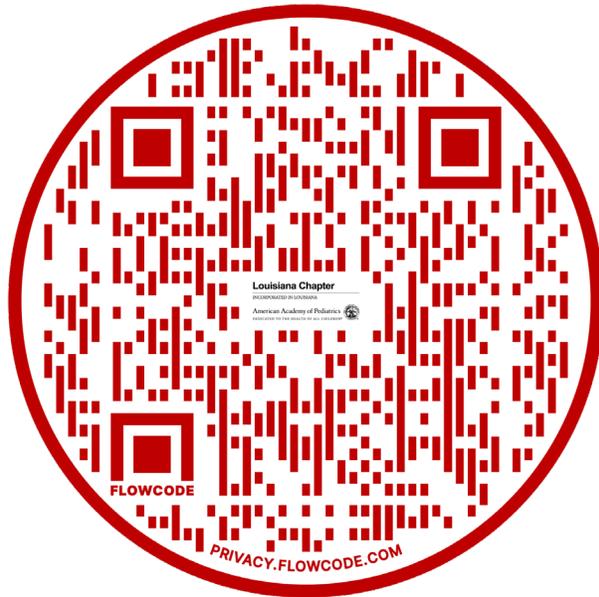
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Evaluation Survey:

Link: https://www.surveymonkey.com/r/LAAAP_SBIRTPostSess

QR:



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