Substance Use Disorders in Pregnancy: A Chance to Break the Cycle

Motivational Interviewing – Promoting Healthy Behaviors

CONTENTS

> Elimination or professional monitoring of the use of substances during pregnancy and after birth will help prevent toxicity in the fetus and improve the mother's capacity to parent the infant.

INTRODUCTION

The purpose of this Brief is to provide an introduction to Motivational Interviewing (MI) and encourage its use in obstetrics and gynecology. As is discussed in *Brief #7: Substance Use Disorders in Pregnancy: A Chance to Break the Cycle: Screening, Brief Intervention, Referral, and Treatment (SBIRT)*, Motivational Interviewing is an evidence-based practice used to provide brief interventions in the SBIRT process. Expectant mothers who are using substances usually want a healthy pregnancy and baby. Motivational Interviewing is a practice that can help expectant mothers build internal motivation to change their substance use behaviors. From an Infant Mental Health perspective, elimination or professional monitoring of the use of substances during pregnancy and after birth will help prevent toxicity in the fetus and improve the mother's capacity to parent the infant.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing is recommended as an effective approach in providing brief intervention by the American Congress of Obstetricians and Gynecologists (ACOG). In January 2009, ACOG stated in Opinion Number 423 that Motivational Interviewing in patient interactions has been proven to be effective in eliciting change behavior that contributes to positive health outcomes and improved patient-physician communication. The opinion was reaffirmed in 2014.[1]

Motivational Interviewing is a set of communication practices with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring a person's own reasons for change within an atmosphere of acceptance and compassion. The approach is based on client-centered communication practices that incorporate skillful listening, tailored information-sharing, and advice-giving based on patients' wants and needs.

Righting Reflex

Healthcare professionals in busy office practices often, with the best of intentions, provide direct and explicit advice to their patients regarding health behaviors. This approach may be very effective with patients who are totally committed to the healthy behavioral change. For example the physician

Continued on next page

may instruct the patient on the importance of taking a medication as directed and the patient may willingly do so. However, the approach has been shown to be less effective with patients for whom the commitment to behavioral change is questionable or for whom the behaviors are very risky.[2] This directive style is known in the Motivational Interviewing literature as the "righting reflex" – the wish to fix the situation through expert advice.

Healthcare professionals are in the business of helping patients be healthy. They have considerable expertise in what behaviors will create improved health and may wish to share this expertise directly with patients through statements such as "You really need to exercise five times a week" or "You really shouldn't drink alcohol during your pregnancy." Unfortunately this style can be counter-productive and may even increase the likelihood that the unhealthy behaviors will continue.[3]

Ambivalence

Patients facing the need to change their behaviors are often ambivalent about the need to change. They may be well aware of some of the health risks that they are taking but enjoy the unhealthy behavior and therefore rationalize continuing the behaviors. Or perhaps they have tried to make the change in the past and have been unsuccessful. This situation—of both wanting and not wanting something or wanting them both—is referred to as ambivalence, and is by far the most common barrier to healthy behavioral change. The person is often having internal debates about the need for changing and the merits of not changing.

Research shows that when persons voice a position, they are more likely to follow-through with that opinion. When physicians give direct advice to the patient, the ambivalent patient is likely to respond with a "yes but" response—voicing the opinion about why not to change. As this interaction continues, the patient ironically, can become more committed to the unhealthy behavior.[4]

THE MOTIVATIONAL INTERVIEWING PROCESS

Here are four key skill sets for the Motivational Interviewing process and implementation tips:

Engaging

The process of establishing a helpful connection and working relationship.

- Determine how comfortable the person is in the conversation
- Be supportive and helpful
- Strive to understand the person's perspective and concerns
- Be aware of how comfortable you feel in the conversation
- Achieve a collaborative partnership

Focusing

The process by which a specific direction in the conversation about change is developed and maintained.

- Ascertain the person's goal for change
- Determine if you as the practitioner have goals that are different than those expressed by the patient
- Achieve a common purpose
- Create alignment and clear direction in the pattern of communication
- Create a sense of "dancing" not "wrestling"

Evoking

The process of eliciting the client's own motivations for change. This practice is a key skill in Motivational Interviewing.

- Evoke the person's reason for change
- Determine if the reluctance is attributed to a lack of confidence to change or an unreadiness to change
- Listen for language that implies the person is contemplating change
- Pace the conversation to not move too slow or fast toward the change
- Avoid the use of the "righting reflex"

Planning

The process of developing commitment to change and formulating a concrete plan of action.

- Determine what will help the patient move forward
- Evoke rather than prescribe a plan
- Request permission before offering needed information or advice
- Retained a sense of quiet curiosity about what will work best for this patient

Adapted from Miller and Rollnick 2013.

Continued on next page

There are several core skills that are essential for proficient practice, easily recalled with the acronym OARS. Open questions, Affirmations, Reflective Listening, and Summarizing.

O Asking Open Ended Questions

A Affirmations

R Reflection

S Summarizing

These skills alone do not constitute Motivational Interviewing, but they are essential ingredients. What characterizes Motivational Interviewing is the way the skills are used strategically to help people move in the direction of change.

An example of this process in obstetrics is as follows:

Background

Katie is four months pregnant with her first child. At her routine OB appointment, she hesitantly acknowledges that she has continued to drink alcohol during her pregnancy. However, she notes that she has significantly decreased her use from almost daily to weekends only.

Katie: Well, yes, I am still drinking some, but I have cut down a lot! Before I was pregnant, I'd kick back almost every night with a six-pack or some vodka. Now it's just on the weekends. That's it, just when I'm out with my friends.

Don't try to:

- Immediately educate her on the dangers of drinking during pregnancy; she likely has heard much of it already.
- Assess, in detail, how much and how often she is drinking; the details at this point will not be helpful in changing her behavior and such questioning will likely result in her feeling attacked or ashamed, which will interfere with behavior change.

Do try to:

- Understand how and why she decreased her alcohol use from almost nightly to weekends only.
- Assess her knowledge of the dangers of drinking while pregnant.
- Later, understand how important it is for her to decrease her alcohol use further and her confidence in her ability to do so; work to increase importance and confidence as needed.

Let's try it:

Katie: Well, yes, I am still drinking some, but I have cut down a lot! Before I was pregnant I'd kick back almost every night with a six-pack or some vodka. Now it's just on the weekends. That's it, just when I'm out with my friends.

Physician: You've taken a big step already, cutting down a lot! How about that?! **(Affirmation, Reflection)**

Katie: Yeah…thanks.

Physician: How has that been for you?

Katie: Honestly? This whole thing has been a bit rough. I'm sick and exhausted all the time with the baby, but the nurse said maybe some of my sickness should be going away soon. I'm stressed about what I'm going to do once the baby is born and how I'm going to work and take care of him. It's a lot. Then, the one thing I use to decompress a little, take the edge off the stress, I'm told I can't do anymore. It's not like I'm feeling any better not drinking! I'm exhausted and sick all the time still…just for a different reason, I guess.

Continued on next page

Physician: And you're sticking with it anyway, not drinking during the week. **(Reflection)**

Katie: I'm trying to. It's hard.

Physician: It is hard. How have you been able to stick with it? **(Reflection; Open question)**

Katie: I just decided…I got rid of the stuff in my house, so it was harder for me to get at night. Now I only get it when I'm out with my friends on the weekends, at their house or at the bar or somewhere. But, wow, the weeknights are hard sometimes.

Physician: You came up with a really effective plan! Getting the alcohol out of the house was key for you to cut down. It's been hard, but you're determined. This is important to you. **(Affirmation, Reflection, Affirmation)**

Katie: Well, yeah it's important, I mean it's no mystery. Everybody knows you're not supposed to drink when you're pregnant. It's written on the bottle, for goodness sakes!

Physician: It is, isn't it! And you've chosen to pay attention to those messages and have made a huge effort to cut down. Why is that? **(Affirmation, Open question)**

Katie: Why? Well like I just said, everybody knows you're not supposed to drink when you're pregnant. I'm sure it's not good for the little guy.

Physician: It's not good for the baby. **(Reflection)**

Katie: Well, no. I think I heard it can make the baby really small and sick and make it so that he isn't so smart. I even heard about fetal alcohol something? That didn't sound good.

Physician: So you've heard a few things that concern you and inspired you to cut down. The baby can be dangerously small at birth, it can affect his ability to learn, or maybe even cause fetal alcohol syndrome. **(Reflection)**

Katie: Yeah, I don't want any of those things to happen to him. I would never want to hurt my baby.

Physician: You want to protect him, even before he's born. You're motherly instinct is kicking in! **(Reflection)**

Katie: I guess it is.

Physician: …and cutting down to drinking on weekends only has been a really big step in protecting your baby. **(Reflection)**

Katie: Well, it has. But what are you saying, that I need to stop drinking on weekends too? Is that what you're getting at? Isn't what I've done enough?

Physician: You've done a lot. …and my opinion on this doesn't really matter, actually. What's most important is what you think about it. **(Affirmation; also, avoids an argument with the patient by emphasizing personal choice and control)**

Katie: I guess I don't know. I don't know if I'm doing enough. What if me drinking on the weekends is enough to cause all those problems we were just talking about?

Physician: Part of you worries that even drinking only on weekends will be dangerous to your baby. **(Reflection)**

Katie: Yep. But I'm afraid of what you're going to say because I can't imagine stopping altogether.

Physician: It's overwhelming…**(Reflection)**

Physician: I have some information I can share with you, if you're interested, about what we know about drinking during pregnancy. **(Asking permission to share information)**

Katie: Okay, that would be good.

Continued on next page

The conversation can continue, with the physician sharing information about drinking and pregnancy. One potential next step is to determine what qualities, skills, values, and supports Katie has (i.e., determination; desires to care for her baby and be a loving mother; non-drinking friends and family) that enabled her to cut down her weekday drinking and discuss with her why and how she could apply those to reducing her weekend drinking. Of course, the physician wants her to eliminate drinking altogether and that is the ideal choice for maximizing the health of her baby. If the physician engages Katie in this way as a means to increase her own motivation, rather than lecturing her on the dangers, she is more likely to take steps to further reduce her drinking.

Making Motivational Interviewing Work in the Medical Practice

Although this approach may appear to be difficult and time consuming, the physician and their staff can learn to use Motivational Interviewing within the typical communication patterns of the office. The physician using Motivational Interviewing will conduct discussions with particular attention paid to how to help the patient make her own decision about behavioral change. Motivational Interviewing is not a treatment protocol that requires a specific amount of time. Instead, it is a particular way of talking to patients, of asking questions, and responding to what they say. Even when clinicians have a relatively brief amount of time, Motivational Interviewing can still help create a change-focused conversation. The simple switch from "Why don't you try?" to "What do you think will work for you?" could change the outcome of the interaction. However, it must be noted that Motivational Interviewing is not meant as a set of techniques to be "used" with patients. The authors refer to the "Spirit of Motivational Interviewing", conveying the importance of authentic communication to fully understand the other's point of view and to help elicit their own solutions to their health issues.[5]

LEARNING MOTIVATIONAL INTERVIEWING

There are several online resources, as well as workshops available to learn Motivational Interviewing. Some persons can simply read the material and have a quick grasp of the concepts, while others may struggle with implementation. Basically it is recommended that clinicians:

- Read Motivational Interviewing books and relevant research articles and watch training videos.
- Particpate in a basic skills workshop, preferably led by a Motivational Interviewing Network of Trainers (MINT) trainer.
- Participate in individual coaching and learn from the feedback using audio recordings of actual interactions with patients.
- Practice new skills with your collegues who are also learning Motivational Interviewing.
- Continue to cultivate skills and obtain additional training as necessary, including participating in intermediate and advanced skills workshops.[6]

> Even when clinicians have a relatively brief amount of time, Motivational Interviewing can still help create a change-focused conversation. The simple switch from "Why don't you try?" to "What do you think will work for you?" could change the outcome of the interaction.

Continued on next page

RESOURCES

1 American Congress of Obstetrics and Gynecologists. (2009). ACOG Committee Opinion Number 423, Motivational Interviewing: A Tool for Behavioral Change. Retrieved May 1, 2015 from http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Motivational-Interviewing-A-Tool-for-Behavior-Change.

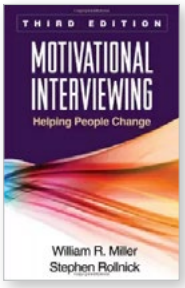
2 Steinbrook, R. (2006). Imposing personal responsibility for health. *New England Journal of Medicine, 355*(8), 753-756.

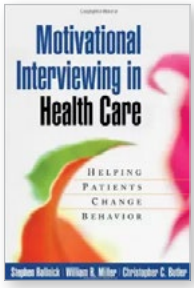
3 Miller, W. R., Rollnick, S. (2013). *Motivational Interviewing, Helping People Change*. New York, New York: Guilford Press.

4 Miller, W. R., Rollnick, S. (2013). *Motivational Interviewing, Helping People Change*. New York, New York: Guilford Press.

5 Rollnick, S., Miller, W. R., Butler, C. C., (2008). *Motivational Interviewing in Health Care, Helping Patients Change Behavior.* New York, New York: The Guilford Press.

6 Miller, W. R., Rollnick, S. (2013). *Motivational Interviewing, Helping People Change*. New York, New York: Guilford Press.





Motivational Interviewing Website