

# Unit two Powerpoint® Slides

**Youth Friendly General Practice:  
Advanced Skills in Youth Health Care**

**Unit Two - Intervention Strategies and Managing Collaborative Care**



NSW Centre for the Advancement of Adolescent Health

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**Learning objectives - Unit Two**

- To understand brief intervention strategies for youth health risk behaviours & psychosocial problems
- To practise developing a collaborative management plan for intervention with health risk behaviours
- To understand principles of behaviour change and the use of motivational interviewing in promoting behaviour change
- To practice and develop skills in motivational interviewing techniques

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**Program outline - Unit Two**

- 1 - Intervention for health risk behaviours
- 2 - Collaborative management of health risk behaviours
- 3 - Promoting behaviour change
- 4 - Motivational Interviewing techniques

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**Intervention for risk behaviours**

- Clearly identify the risk behaviour and the level of risk of the young person
- While not condoning risky behaviours, acknowledge that there are usually positive benefits that the young person attains from the risk behaviour
  - e.g. peer acceptance; having fun; relieving anxiety

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**Intervention for risk behaviours**

- Feed back your concerns about their behaviour, but allow the young person to make their own decisions



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**Intervention strategies**

- Explore the health and social consequences of these risks in an interactive and non-judgmental style:
 

*Jason, you said that when you get together with your friends and smoke dope you have a lot of fun and you forget about your problems. I'm wondering how you feel the next day. What do your body and your mind feel like? What's it like trying to go to school after you've had such a big night?*
- Help them to identify alternative ways of achieving the positive benefits of these behaviours

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### Intervention strategies

- Develop a management plan in conjunction with the young person
- Use harm reduction strategies to reduce risks
- Provide health education
- Strengthen protective factors - e.g. family counselling; school mediation
- Teach protective behaviours & identify safer alternatives- e.g. safer sex practices
- Refer to support and specialist services

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### Anticipatory counselling

- Help the young person to identify the possible harmful consequences of their behaviour - e.g. drinking alcohol or using drugs at a party and the risks of unsafe sex
- Anticipate the barriers they may face in attempting to change a behaviour that is part of their lifestyle, such as unsafe sex - e.g. peer pressure, resistance from their partner
- Identify strategies and teach them skills for reducing harmful consequences - e.g. assertive communication, planning ahead, decision-making skills

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### Anticipatory counselling

'Cognitive rehearsal' allows the young person to anticipate the risks they may encounter in different situations and to think about strategies they could use:

#### Example

*What would you do if you went to a party with your friends who were taking drugs and wanted you also to take drugs? How do you think your friends would react if you said no to them? What could you do to make sure you were safe in that situation?*

#### Example

*How do you think your boyfriend might react if you tell him that you won't have sex with him unless he uses a condom? What would you do if he puts pressure on you to have unsafe sex?*

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### Collaborative management case discussion

- Use Unit Two resource Case Studies - Intervention
- Allocate cases to small groups
- Answer questions on next slide
- Consider what Medicare item numbers might be used to facilitate a collaborative management approach

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### Case study discussion - collaborative management

- *What are the main goals of your management plan?*
- *What intervention strategies would you use to address the young person's problems and modify their risk behaviours?*
- *What strategies would use to enhance their protective factors?*
- *What other professionals/services would you seek to involve in providing treatment to the patient? (e.g. allied health professional or specialist; youth-specific services etc.)*

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### Collaborative care

- Negotiate a mutually acceptable & realistic management plan
- Use Medicare item numbers to coordinate collaborative, multidisciplinary care
- Refer to other health professionals, youth services and specialists
- Plan the referral in collaboration with young person and support them if anxious or unsure about attendance
- Plan for follow-up appointment after young person has seen the other provider

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# Unit two Powerpoint® Slides (cont.)

## Promoting behaviour change

*What are some of the difficulties and challenges you experience in managing young peoples' risk behaviours and promoting behaviour change?*



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## Behaviour change

- Behaviour change is a process or a series of stages which people must work through
- The probability that individuals will change behaviour to improve or protect their health is related to:
  - their awareness and perception of the health issue
  - the perceived risks and consequences
  - anticipated benefits of the behaviour change
  - their level of skills & belief in their capacity to change

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## Behaviour change

**Key questions for anyone trying to change behaviour:**

1. **Why should I change?**
  - Motivation to change - "What's in it for me?"
2. **Can I make the change?**
  - A belief in their power to make the change
3. **How do I change?**
  - What skills and strategies do I need to make a change?
  - 'Instead of' behaviours
3. **How do I support the changes that I make?**
  - How do I deal with the barriers to change?
  - What support is available in making & maintaining the changes

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## Stages of Change model

**The *Stages of Change* model helps in understanding the steps involved in the behaviour change process:**

- According to this model, clients are at different stages of readiness to change their behaviour
- Consequently, many people are not ready/able to change their behaviour when they first see a health professional
- Interventions should be matched to the client's current stage of readiness to change
- The objective is to assist clients in increasing their 'readiness to change', and not push them prematurely into action

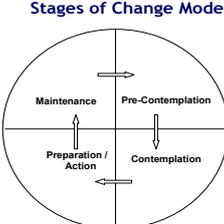
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## Using the Stages of Change Model

The "*Stages of Change*" model helps the provider to:

- assess the client's readiness to change
- select interventions that most closely match the client's stage



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## Motivational Interviewing for behaviour change

- Motivational interviewing (MI) is a process of preparing young people for change by building their motivation to change AND reinforcing their capacity to make changes ('self efficacy')
- MI aims to get the young person doing the talking and voicing the advantages of change / readiness to change / confidence in ability to change ('change talk')

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## Motivational Interviewing (MI) approaches

- Assess young person's readiness to change - a mismatch between the provider's approach and client's motivational stage leads to resistance by the client
- Start with the young person's (rather than the provider's) concerns
- Express acceptance and affirmation
- Focus on reflective listening - avoid 'persuasion'
- Explore **costs and benefits** of change
- Ambivalence by client is seen as totally understandable
- Motivation is influenced by professional-client interaction

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## Assessment of motivation to change



Motivation = Importance + Confidence

Importance - Do I want to change?

Confidence - Can I change?

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## Assessment of importance and confidence

- *On a scale of 1-10, how **important** is it for you to change....?* (e.g. cut down on your alcohol use?)  
(1 = not at all important; 10 = extremely important)
- *On a scale of 1-10, how **confident** are you that you can change . . .*  
(1= not at all confident; 10 = extremely confident)

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## Increase importance and build confidence

- Why so high (or low)?
- What do you need to help you move higher (i.e. increase importance / confidence)?
- How high would you need to be to give it a go?
- Summarise and help the young person to decide what to do next

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## MI strategies - increasing importance

- Engage the patient in a 'decision balance' process to tip the balance toward changing
- Identify the pros and cons
  - *What are some of the good things about ... (the risk behaviour)?*
  - *What are some of the not so good things about...?*
- Explore concerns and benefits to changing or staying the same

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## MI strategies - increasing confidence

- Build the young person's **self-efficacy** - i.e. their belief and confidence in their ability to make changes
- Assist them to **learn skills** that will help them to achieve change:
  - alternative ways of coping with problems - e.g. stress, low self-confidence, anxiety
  - identifying risk situations & learning skills for dealing with these - e.g. assertive communication / refusal skills
  - strategies for coping with barriers to change (e.g. peer pressure, sleeplessness etc.)

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# Unit two Powerpoint® Slides (cont.)

**Motivational Interviewing**

Demonstration



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**Motivational Interviewing**

Skills practice



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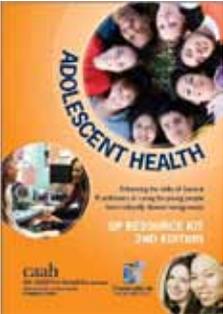
**Discussion**  
**Motivational Interviewing**

- *What was difficult / helpful about using the motivational interviewing techniques?*
- *What worked or didn't work in interviewing the young person?*
- *As the 'young person', what was your experience of the techniques?*



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**Adolescent Health GP Resource Kit**




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[www.caah.chw.edu.au](http://www.caah.chw.edu.au)




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