Family Medicine Midwest Seminar Abstract Submission example

Title of Submission: Applying Motivational Interviewing to Contraceptive Choice

Presenters: XYZ

Learning Objectives:

•Assess patient motivation to prevent unintended pregnancy

•List common reasons for ambivalence in contraception use.

•Compare and contrast the informed choice method, shared decision making, and motivational interviewing as applied to contraceptive counseling.

•Demonstrate the spirit of motivational interviewing (compassion, collaboration, evocation and acceptance) in a case-based contraceptive counseling discussion.

Abstract: In the United States approximately half of all pregnancies are unintended.[1] Women who experience ambivalence towards unintended pregnancy are far more likely to not use contraception or to use a method inconsistently.[2] Patients want physicians to provide comprehensive information about contraceptive options, especially side effects. They want physicians to value their values and preferences and respect their final choice of a method.[3] These elements of compassion, collaboration, evocation and acceptance are mirrored in the spirit of motivational interviewing. Motivational interviewing (MI) is a well-known tool to address ambivalence to change in a patient-centered manner.[4] Medical students and residents often receive instruction on motivational interviewing techniques to work towards goals of smoking cessation and weight management, but may not be comfortable using these techniques toward the goal of preventing of unintended pregnancy. Using an interactive case-based format, role play format and patient education materials, this session will offer participants the opportunity to learn and practice counseling skills to engage patients in a discussion about avoiding unintended pregnancy and offer advice and suggestions for contraceptive choice in a MI-consistent way. This session is appropriate for residents, students, and faculty interested in learning more about this topic.

Abstract References:

1. Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *Am J of Public Health*. 2014; 104(S1): S43-S48.

2. Frost, Singh, Finer, Perspectives on Sexual and Reproductive Health, 2007, 39(2):90–99, DOI: 10.1363/3909007

3. Dehlendorf C et al. Women's preferences for contraceptive counseling and decision making. *Contraception.* 2013; 88: 250-256.

4. Miller W and Rollnick S. Motivational interviewing: helping people change. *Guilford Press,* 2013.

Proposal:

The majority of unintended pregnancies occur when women are not using contraception at all or when they are using a method inconsistently.[1] In addition, women with complex medical conditions such as uncontrolled hypertension or diabetes may be at increased risk for poor pregnancy outcomes. At the same time, these women may have medical contraindications to some effective contraceptive methods.

Prior studies have suggested use of the "informed choice" model, in which the patient receives objective information from the physician and the patient makes an autonomous choice of contraceptive method. [2] However, newer studies suggest that a shared-decision making model may be preferential to some patients. [3]

Furthermore, learners should assess a woman's feelings surrounding pregnancy and parenthood, as unintended pregnancy is not equivalent to an unwanted pregnancy.

in a study of women experiencing contraceptive failure resulting in an unintended pregnancy, 25% reported feeling "happy" or "very happy".[2] One recommended way to initiate this conversation is the One Key Question, "Would you like to become pregnant in the next year?" [4]

In the shared decision-making model, the physician and patient dialogue through all three phases of discussion: information sharing, deliberation, and decision-making. The GATHER mnemonic for family planning counseling provides a framework for shared decision making. The GATHER approach recommends to Greet the client respectfully, Ask them about their different family planning needs, Tell them about different options and methods, Help them make decisions about choices, Explain and demonstrate how to use, Return/refer, schedule and carry out a return visit and follow up if needed. [5]

What does motivational interviewing add to these models? In our own practices and pedagogical experience, we have found that women who are ambivalent about preventing unintended pregnancy may have reasons to use contraception, but also reasons to not use it, including side effects, cost, partner or family opinions, and social, cultural, or media reports about contraception. Using the motivational interviewing framework applied to contraceptive counseling, the goal might be avoidance of unintended pregnancy. A discussion might acknowledge reasons to stay the same (sustain talk) including avoidance of side effects of contraception, cost, or inconvenience. The physician would listen carefully, ask open-ended questions, and make reflections and affirmations to the patient. In order to elicit the patient's own reasons to make a change (change talk), the physician might ask questions "What are some reasons to delay a pregnancy right now?" "How important is it to choose an effective birth control?" "What's at stake if you don't make a change?" By evoking, reflecting, affirming, and summarizing reasons for change, the physician can help the patient consolidate reasons for change. The physician might offer advice in an MI-consistent way using the elicit-provide-elicit model. Then, the patient and physician would develop a plan that reflects a patient's decision to move forward ("I will choose the oral contraceptive pill and start it next week") or continued ambivalence ("I'm not sure where I stand, and I want to consider my options. An unplanned pregnancy would be ok with me"). Because motivational interviewing ultimately accepts the patient and respects their autonomy in decision-making, it can avoid undue pressure to make an immediate change (reproductive coercion).

Time Breakdown: (optional)

Introductions- **5 minutes**

Powerpoint explanation of the spirit of motivational interviewing, definition of informed choice model and shared decision making model of contraception counseling, and review of brief counseling handout – **5 minutes**

Small group discussion of illustrative case – **10 minutes**

Mock clinical encounter of the illustrative case by presenters combined with large group discussion - **25 minutes**

Wrap up - **5 minutes**

Proposal References:

1. Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *Am J of Public Health*. 2014; 104(S1): S43-S48.

2. Trussell J, Vaughan B and Stanford J, Are all contraceptive failures unintended pregnancies? evidence from the 1995 National Survey of Family Growth, *Family Planning Perspectives*, 1999, 31(5):246–247 & 260.

3. Dehlendorf C et al. Women's preferences for contraceptive counseling and decision making. *Contraception.* 2013; 88: 250-256.

4. Bellanca H, Hunter M. ONE KEY QUESTION®: Preventive reproductive health is part of high quality primary care. Contraception. 2013; 88(1): 3-6.

5. Rinehart W, Rudy S, Drennan M. GATHER guide to counseling. Population Reports J. 1998; (48): 1-31.