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Tips for Engaging Peripartum Individuals in Sensitive Conversations



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The slide features a white background with three horizontal bars at the top and bottom. Each bar is composed of three segments: purple, blue, and green. The word "Disclosures" is centered in a large, purple, sans-serif font.

Disclosures

I have no a relevant financial relationship with a commercial interest to disclose.

Learning Objectives

- Clinicians will be able to assess peripartum individuals' readiness for change, identify behavioral targets for change, and increase motivation.

Agenda

- Discuss case examples that illustrate possible behavior change goals in perinatal individuals
- Introduce Motivational Interviewing (MI) principles
- Review evidence for using with perinatal individuals
- Introduce basic MI strategies

Opening Exercise

- What I am most concerned about for this patient?
- In what ways would I like their situation to change?
- What advice or recommendations would I want to give?

Case Examples

- **A 24 year old cisgender female patient, 15 weeks pregnant, presents to her OB/GYN for a routine visit. She is noted to have a swollen, bruised left arm.**

The patient discloses that she has been in a long-standing abusive relationship with her current partner. The pregnancy was unexpected, but she is happy about having the child. Her partner, however, is not. Historically, the partner had only been verbally abusive. He would tell her that she is worthless without him and that she is too stupid to hold a job or make it on her own. He had never been physically abusive until yesterday, when he grabbed her by her arm and threw her against the wall. She is scared to report him and feels she needs to forgive him because she relies on him financially. She is afraid she will not be able to support herself or the baby without him, since he has a “good job” as a banker. She has a sister who lives nearby, but she hates the idea of “crawling back to my family.” (Schrier, et al., 2017)

Opening Exercise

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Case Examples

- **A 35 year old cisgender female lesbian mom, presents to the pediatrician for her daughter's first well-baby visit.**

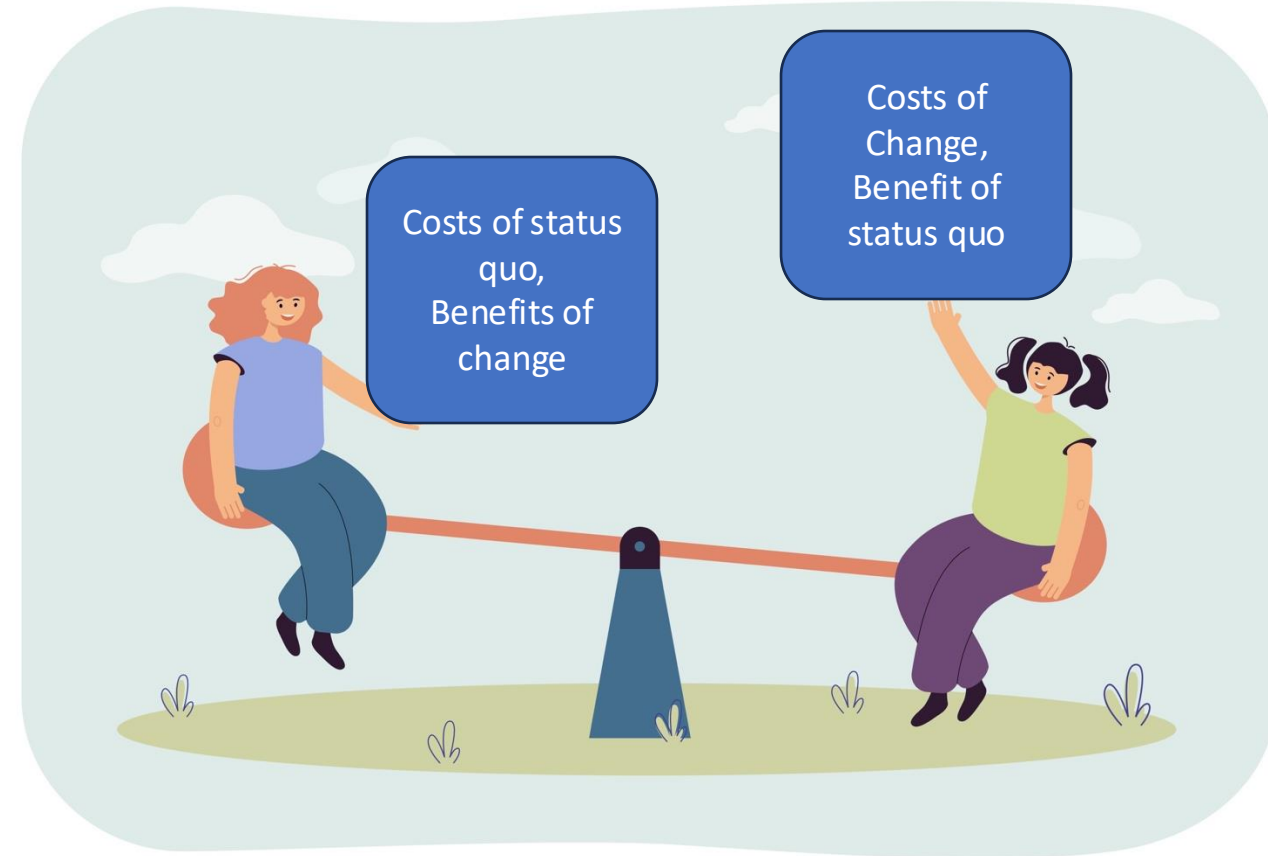
Mom explains that she was extremely careful about everything she ate and drank and the products she used during pregnancy because she could never forgive herself if she exposed her daughter to anything that harmed her in any way. She reported that she has been doing research online about vaccines and, because of what she's learned, she'd prefer not to vaccinate her baby. Mom notes that her partner makes fun of her for getting information from youtube and podcasts and this makes her feel like she thinks she's smarter than her. Mom also worries that she and her partner need to get better at making decisions together about how to raise their daughter.

Opening Exercise

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Ambivalence

- Feeling two ways about something at once
 - A COMMON experience and part of the NORMAL process of change
 - Impacted by social context



Miller and Rollnick, 2002

Motivational Interviewing

Four Principles of MI	Miller & Rollnick (2002)
Express empathy	Acceptance facilitates change. Skillful reflective listening is fundamental. Ambivalence is normal.
Develop Discrepancy	The client rather than the counselor should present arguments for change. Change is motivated by perceived discrepancy between present behavior and important personal goals or values.
Roll with Resistance	Avoid arguing for change. Resistance is not directly opposed. New perspectives are invited not imposed. Client is primary resource in finding answers and solutions Resistance is a signal to respond differently.
Support Self Efficacy	A person's belief in the possibility of change is an important motivator. The client, not the counselor, is responsible for choosing and carrying out change. The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy.

Empirical Support

- Effective in reducing smoking among pregnant women (Cevik et al., 2024; Heckman et al. 2010)
 - Dyadic intervention also reduced second hand smoke exposure from smoking fathers (Bayrami et al., 2022)
- Reduces alcohol use among women who have consumed alcohol during pregnancy (Handmaker et al 1999)
- Small but positive effect on gestational weight gain (Nightingale et al., 2023)

Empirical Support Cont.

- Use of MI techniques by counselors in employee screening programs associated with increased likelihood of requesting mental health referrals and expressed commitment to engaging in treatment (Frey et al., 2024)
- Even very brief MI interventions can increase mental health treatment initiation among individuals who aren't treatment seeking (Lawrence et al., 2017)
 - Also associated with greater engagement once treatment begins (Grupp-phelan et al., 2019)

Constraints on MI in Health Settings

- Limited time with patients
 - Duration or frequency
- In some settings patients aren't tied to a single provider
- In these contexts most realistic goals are to increase the likelihood that a patient will:
 - accept a referral
 - consider changing in the future



Why isn't this person motivated?!

For what IS this person motivated?

Stages of Change

Stage	Characteristics
Precontemplation	Not currently considering change; unaware of problem or discouraged about change
Contemplation	Seriously thinking about change; pros and cons may feel equal
Preparation	Person feels committed, makes plans to change in near future
Action	Person modifies their behavior
Maintenance	Person tries to sustain change long term

Stages of Change

Stage	Example
Precontemplation	I smoked during my first pregnancy and my daughter is 15 months and there is nothing wrong with her. I don't think it makes all that much of a difference.
Contemplation	I really would like to give up because you never know. But then I start wondering weather it really does make a difference?
Preparation	Last week I decided to stop smoking. I will really do it, because it is the best for my baby and me. All my friends gave me helpful suggestions.
Action	I have really done it! I haven't smoked for 2 weeks. The first few days it was really hard, but now ...
Maintenance	Now, I can say, I am a real non-smoker and I am feeling great. Sometimes, when I am drinking a coffee in the afternoon, I miss having a cigarette. In those situations I call a good friend.
Relapse	Well, when Mike had a cigarette in the evening, I got an urge on, again and again. In the end I gave up. Now I smoke a few cigarettes in the evening. I don't think it affects the baby.

Assess Readiness for Change

- Past Efforts:
 - *Have you ever tried to, or even considered, doing something to change your situation*
- Readiness:
 - *On a scale of 1-10 how important is it for you to address this problem right now?*
- Confidence:
 - *On a scale of 1-10 how confident do you feel in your ability to make a change*

OARS

ask Open questions	Questions that invite more than simple yes/no answer, creating opportunity for client to talk more than you	It sounds like you have concerns about using medication, tell me about them
Affirm	Compliments, statements of appreciation or understanding	You're clearly a resourceful person to cope with so much anxiety for so long
listen Reflectively	Makes a guess at what speaker is communicating	You're already struggling to keep everything together, it's hard to imagine trying a treatment that could make you feel worse
Summarize	Show the speaker you've been listening	You haven't been feeling like yourself lately. At the same time, you worry that medication could cause new problems for you or the baby.

Change Talk

- 4 types, you can ask open ended questions directed at each
 - Disadvantages of the status quo
 - What worries you about your mental health?
 - Advantages of change
 - If you could get rid of your anxiety immediately, by magic, how would things be better for you?
 - Optimism about change
 - When else in your life have you tackled something hard like this? How did you do it?
 - Intention to change
 - It sounds like you're feeling really stuck at the moment. What's going to have to change in order for your anxiety to get better?

Match Approach to Stage of Change

Stage	Approach
Precontemplation	Empathy & understanding
Contemplation	Explore & amplify ambivalence
Preparation	Develop workable plan, anticipate barriers, identify supports
Action	Support self-efficacy
Maintenance	Monitor for relapse triggers

Pitfalls to Avoid

Common Counselor Advocacy Responses

Arguing for change	Directly taking pro-change stance and attempting to persuade client
Assuming the expert role	Acting like you “have all the answers,” asking close-ended questions, lecturing
Criticizing, shaming, or blaming	Trying to shock the client into changing by evoking negative emotions about the status quo
Labeling	Trying to get client to accept a specific label or diagnosis; focus on what the client “is” or what they “have” rather than what their behavior
Being in a hurry	Using forceful tactics because you perceive yourself as lacking time
Claiming preeminence	Being paternalistic, “I know what’s best for you” approach

Adapted from Miller and Rollnick, 2002

Pitfalls to Avoid

Common Counselor Advocacy Responses

Arguing for change

Assuming the expert role

Criticizing, shaming, or blaming

Labeling

Being in a hurry

Claiming preeminence

[Video](#)



Take a moment and think
about.....

Pitfalls to Avoid

Common Counselor Advocacy Responses

Arguing for change	There's no reason why you shouldn't be able to quit
Assuming the expert role	Do you want him to grow up to be a smoker? There's all kinds of things you can do now...
Criticizing, shaming, or blaming	It could get to a point where we have to put tubes in his ears... putting him at a lot of risk
Labeling	
Being in a hurry	
Claiming preeminence	I really need you to stop smoking You really need to think about this seriously

OARS

ask Open questions	
Affirm	
listen Reflectively	
Summarize	

[Video](#)



Take a moment and think
about.....

OARS

ask Open questions	<p>I was wondering if you could tell me a little bit more about that?</p> <p>You're trying not to smoke around him, why did you make that decision?</p> <p>Where do you think we should go from here?</p>
Affirm	????
listen Reflectively	<p>You have a lot of things going on and smoking's kind of a way to relax and de-stress</p> <p>It sounds like something that might take up a lot of time and not really fit into your life.</p>
Summarize	<p>On the one hand you're worried that the smoking might be affecting him on the other hand you're not really sure it's the smoking causing these problems.</p> <p>It sounds like you have a lot of reason's why you'd want to quit, you have been successful quitting in the past, and right now you're just feeling a little bit hesitant about your ability to do it.</p>

Training Resources

- [Free training video from UMass Chan medical school on using motivational interviewing to talk to pregnant women about vaccines](#)
- [Official motivational interview trainings](#)
- [Script for using MI to discuss alcohol use with OB patients](#)

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