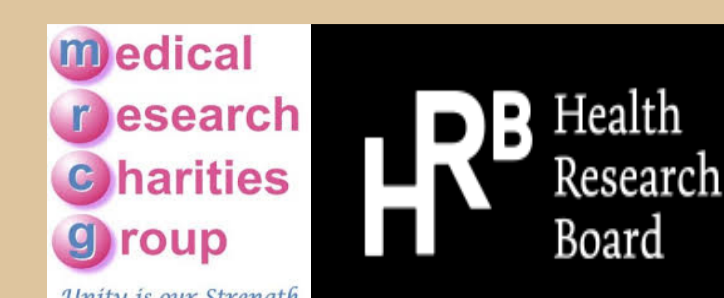


The effects of training adolescents in a proven method for behaviour change - a pilot study

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Background

Unhealthy behaviours established during adolescence often persist into adulthood. In Western cultures, by the age of 19 years almost one third of adolescents have smoked at least one cigarette (Sleet, Ballesteros, & Borse, 2010). Globally, teenagers aged between 15 to 19 years, have been reported to have the highest incidence of binge drinkers in European countries (Bellis et al., 2009). With 10% of children classed as obese in the world (Lobstein, Baur, & Uauy, 2004), physical activity is key to promoting the healthy lifestyles for young people to improving their health outcomes into adulthood. Motivational interviewing (MI) encourages the individual to change and gives him or her the confidence to do so. It considers the individuals' motivation, self and whole with regards to their development and commitment to change (Miller & Rollnick, 2012).

Aims

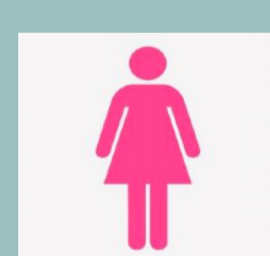
- Deliver Motivational Interviewing training to peer educators
- Implement peer led MI sessions over 5 weeks
- Assess the acceptability of delivering a peer led health behaviour change intervention to young people attending low SES youth centres.
- Inform Feasibility trial in low SES community youth centres

Methods

Peer Participants (n=28)
 Peer Educators (n=6)



3 Peer educators
 12 Participants



Mean age 15 years



- 5 * MI sessions over 5 weeks
- MI sessions delivered, 6 peer educators worked with 5 peers completing 22 out of 25
- MI session (average time = 11 minute).

- Stakeholders interviews (n=8) assessed the acceptability and feasibility of the pilot study.
- Focus groups post training and pilot study were conducted to gain insight into the experiences of the peer educators (n=6).
- Thematic qualitative analysis was completed for interview and focus group data (Braun & Clarke, 2006).

References

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Results

Stakeholder Interviews

Engagement

"But unless you communicate with them and develop that relationship and rapport first. Em, I don't think that there's a hard-fast way of engaging them creatively. It really is about understanding what they respond to."
 -Youth Worker

Relevance

"they are three of the most addressed needs, or the needs that present the most to the youth workers. Em, smoking and alcohol is obviously a huge issue."
 -Youth Worker

MI Skills

"A problem could be, down to the adolescents' capacity for empathy and their developmental stage"
 -MI practitioner

Recruitment

"..opportunity for discussion and the time to realistically consider what they can offer and achieve the youth leaders felt would be beneficial for the adolescents."
 -Youth Worker



Personal Development

"It would be a brilliant opportunity for them. For that peer education approach, to encourage support each other."
 -Youth Worker

Acceptability

"I found in general, em, students are very em, open to kind of telling you exactly what they think and kind of really appreciate kind of like, people wanting to know what they think."
 - Researcher

Training

"it absolutely needs to be interactive."
 -Educator

Peer Educator Focus Groups

Improvements

"I think the training might be improved more by, if we did more practical stuff."

Learning

"Yeah, we learnt about smoking and alcohol and what it does to you!"

MI skills

"I remember that like you can't change a person, you know you have to listen to them and encourage them to change, but you actually can't change them., you just"



Experiences

"it's a good experience" "Yeah I was confident, yeah"

Challenges

"there was em, bits that were hard, like throughout it, like em, trying task ask different questions and all that, throughout the program."

Impact on Peers

"Some take it more seriously than others like, some were actually, like what do I say, were dedicated to it. Some actually did dedicate themselves to like reducing their smoking allot."

Discussion

Stakeholders

- Training young people as peer educators in health behaviour change, was considered to be both *useful* and *acceptable*.
- This training would be required to be *interactive* and *creative* to capture the attention of young people.
- *Trust* and *support* were a key aspects of engaging with the young people.
- *Parental* and *youth worker* inclusion were also important factors in the implementation of the intervention.
- *Attrition rates* were low with 28 out of the 30 peer participants completing the 5 MI sessions suggesting sustained engagement.

Peer Educators

1. *Training*
 - Suggested changes to training were to include more *role plays* in MI, increased interaction and additional time for practicing the skills they had acquired.
 - Training was agreed to have been fun, useful and a positive experience.
2. *Pilot MI intervention*
 - Peer educators agreed that MI was a good way to promote health behaviour change and to engage with their peers.
 - They found the information to be useful.
 - Peer educators felt confident in delivering MI to their peers.
 - Suggestions for improvements included, provision of supporting materials for peer educators in their delivery of MI, introducing topics each week for discussion and sample questions to support MI skills.