

Motivational Interviewing in a Chemical Dependency Treatment Setting

A CASAC Continuing Education Workbook



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Overview of Motivational Interviewing: Theory, Principles and Skills

- This workbook is designed to provide an overview of motivational interviewing. The skills presented may take time to learn and additional training or supervision is recommended to ensure competency in the use of the skills.

The National Institute of Drug Abuse Clinical Trials Network in conjunction with the Northern Frontier Addiction Technology Transfer Center www.nfattc.com will release a toolkit for clinical supervisors and counselors interested in improving MI skill by late summer 2006.

Motivational Interviewing

- Motivational interviewing was developed in the late 1980's by William Miller, PhD. and Stephen Rollnick, PhD. They published Motivational Interviewing: Preparing People for Change in 1991 and a second edition of that book was published in 2002.

Miller, W.R., & Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change 2nd ed., New York: Guilford Press.

Rogerian* Constructs on which Motivational Interviewing is based

- **Empathy** - is the ability to put oneself in another's situation and accurately convey an understanding of their emotional experience without making a judgment about it. Empathy is different from sympathy which connotes "feeling sorry" for another person. In comparing the two, empathy is a more egalitarian sharing of a feeling state. It encompasses a wide range of affect where sympathy is generally a reaction to another's sadness or loss.
- **Warmth** - Someone who is warm uses the self to convey acceptance and positive regard through their own positive affect and body language.

* Based on the work of Carl Rogers a humanistic psychologist, theorist, researcher and clinician.

Rogerian* Constructs on which Motivational Interviewing is based

- **Genuineness** - is the ability to be oneself and feel comfortable in the context of a professional relationship with a client. It does not imply a high degree of self-disclosure, but a genuine presence in the relationship. It may involve an ability to use the skill of immediacy.
- **Immediacy** - means that the counselor conveys thoughts, feelings and reactions “in the moment”. An example is the counselor’s sharing of their **own** feelings of sadness in response to a client story of a loss. It is different from empathy in that empathy will convey an accurate understanding of the **client’s** feeling of sadness.

* Based on the work of Carl Rogers a humanistic psychologist, theorist, researcher and clinician.

Motivational Interviewing

DEFINITION

- Motivational interviewing is a treatment intervention based on principles from humanistic psychology. It is:
 - Client- Centered
 - Directive
 - And seeks to increase internal motivation for change through resolution of ambivalence and an increase in perceived self-efficacy.

Joining the Patient

- Another tenet of client-centered counseling is to “meet the client where they are at.”
- Some patients may not be interested in addressing substance abuse in the first sessions. The counselor can engage the patient by talking with them about their interests. For example, a client referred to substance abuse treatment by the Department of Social Services does not see her substance use as problematic but is concerned with issues of getting her 13 year old son to attend school more regularly.
- In this scenario the counselor works with the patient on parenting issues and uses this area of patient concern to further explore substance abuse issues.

Client-Centered

- Client-centered treatment approaches rely on the wisdom of the client. Counseling centers on the client's perspective of the problem. The counselor's stance is that of an equal partner collaborating with the client to resolve the problem.

Directive

- Motivational Interviewing is not impartial. The goal is to move the client in the direction of making a positive change. This is one of the major differences between MI and Rogerian Counseling, which assumes that clients will ultimately move towards self-actualization. Therefore, Rogers advocated no particular direction in the treatment.

Resolves Ambivalence by increasing internal motivation & increasing self-efficacy

- Readiness to change has been described by Stephen Rollnick, as a high degree of both importance and confidence. Clients do not make change either because they do not perceive that change as being important, in which case the benefits of the behavior outweigh the perceived consequences, or because they are not confident that they are able to make the change.
- Motivational Interviewing seeks to increase the perceived importance of making a change and increase the client's belief that change is possible.

Efficacy of MI

- Motivational Interviewing has been found to be effective in the treatment of a wide range of behavioral and health related problems. It has been used successfully in addiction treatment in inpatient, outpatient, crisis services and long-term residential settings.
- It has been used to increase compliance with psychiatric, diabetes, and cardiac medical treatment effectively. It has also been used successfully to improve diet, increase level of exercise and there is mixed evidence of it's effectiveness in smoking cessation.

Principles of Motivational Interviewing

- Express Empathy
- Roll with Resistance
- Develop Discrepancy
- Support Self-efficacy
- Avoid Argumentation

Principle #1

Express Empathy

- Accurate empathy conveys understanding of the client through the skill of reflective listening. It clarifies and mirrors back the meaning of client communication without distorting the message.
- Empathy can be measured through objective scoring, and high levels of empathy are correlated with increased client perception of therapeutic alliance. Counselor empathy is highly correlated with successful treatment outcome.

Principle #2

Roll with Resistance

- In Motivational Interviewing “Resistance” is defined as a misalliance in the counselor-client relationship and not an inherent “symptom” of addiction. Client ambivalence is accepted as a natural part of the change process.
- Client “resistance” is decreased through the use of non-confrontational methods. MI advocates “rolling with” and accepting client statements of resistance rather than confronting them directly.

Principle #3

Develop Discrepancy

- Arguments clients themselves make for change are more effective than arguments offered by others. It is the counselor's role to elicit these arguments by exploring client values and goals. Discrepancies identified between the client goals, values and current behavior are reflected and explored. The counselor focuses on the pros and cons of the problem behavior and differentially responds to emphasize discrepancies identified by the client.

Principle #4

Support Self-efficacy

- Key to behavior change is the expectation that one can succeed. Motivational Interviewing seeks to increase client perception about their skills, resources and abilities that they may access to achieve their desired goal.

Principle #5

Avoid Argumentation

- It is easy to fall into an argument trap when a client makes a statement that the counselor believes to be inaccurate or wrong. MI takes a supportive and strength-based approach. Client opinions, thoughts and beliefs are explored, reflected and clarified, but not directly contradicted.

Spirit of Motivational Interviewing

- Motivational Interviewing, like client -centered counseling has been described as a “way of being” with a client. The “spirit” in which it is delivered is as important as the techniques that are used. The spirit of MI is characterized by a warm, genuine, respectful and egalitarian stance that is supportive of client self-determination and autonomy.

Client Counselor Relationship

- The quality of the therapeutic relationship accounts for up to 30% of client improvement in outcome studies. (Hubble, Duncan & Miller, 2004)
- The emphasis on client-counselor relationship may be related to the positive outcomes achieved by MI in a wide-range of settings and with broad range of behavioral health problems.

Therapeutic Outcome Research

- “Therapists adopting a hostile-confrontational style tend to elicit more withdrawal, lower involvement, distancing, and resistance.”
- “For those (women) with low self-image, confrontational group therapy appeared to have a detrimental effect.”

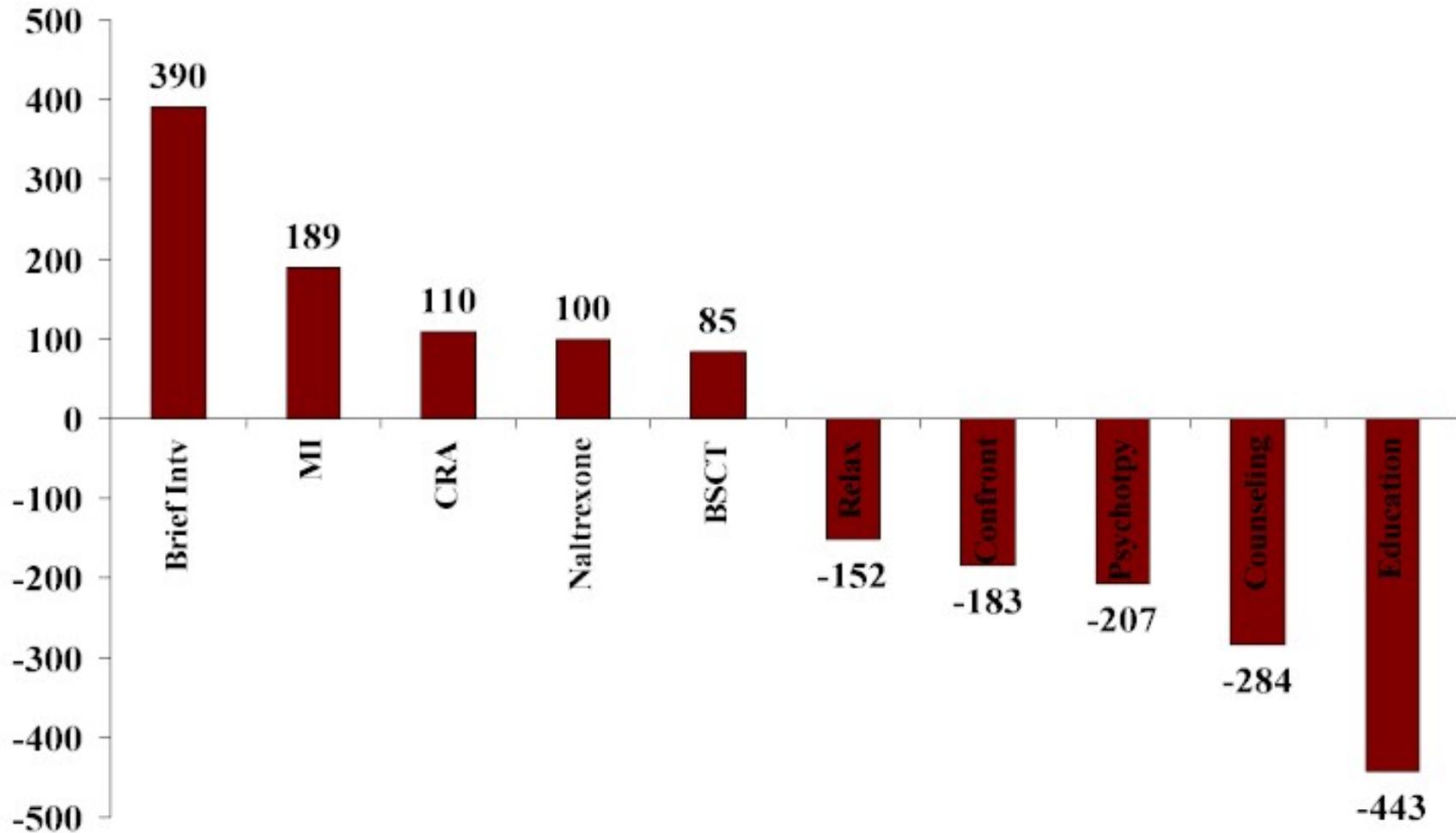
(Waltman, 1995, Journal of Substance Abuse Treatment)

Meta-analysis of Outcome Research in Substance Abuse Treatment

- Miller and Hester (2003) conducted a meta-analysis of outcome research from decades of data. They weighted studies based on the quality and statistical power of the research design. They included only randomized studies with a treatment and control group in the analysis.
- The following page is a graph that summarizes the findings. Brief Interventions, Motivational Interviewing, Community Reinforcement, Naltrexone and Brief Strategic Couples Therapy were all shown to have positive effects. Relaxation, Confrontation, Psychotherapy, Counseling and Education showed negative outcomes.
- For a more thorough review of inclusion criteria and detailed information about each of the studies reviewed see Hester and Miller, *Handbook of Substance Abuse Treatment* (2003).

Clinical Trial Evidence for Efficacy of Specific Alcohol Treatment Approaches

(Top & Bottom 5)



Summary of Outcome in Clinical Trials

- Outcome effectiveness has been shown (in as little as 1 to 4 sessions) with:
 - Substance abuse and dependence with substances including: alcohol, cocaine, amphetamines, opiates, marijuana, and tobacco.
 - Medical issues that have proven outcome evidence include diet and physical activity, medication adherence, HIV prevention, cardiovascular and diabetes management, hypertension, asthma,
 - TBI, SCI, and bulimia.
 - The variables that have been used to measure outcome include: abstinence, reduction in symptoms, increase in insight, goal-setting, attendance, participation, adherence, successful transition from inpatient to outpatient services and retention of clients in treatment.
 - Settings where motivational interviewing has been successful include residential, inpatient, outpatient, outreach, and colleges.

Motivational Enhancement Therapy

- Motivational Enhancement Therapy is a specific 4 session model utilizing motivational interviewing with a strong patient feedback component. A manual for MET was developed for a major NIAAA study called Project MATCH and the manual is available through the NIAAA website; www.niaaa.gov

Stages of Change

James Prochaska, PhD., and Carlo DiClemente, PhD. identified stages that people progress through as they make a behavioral change. The stages are as follows:

- **Pre-contemplation:** The person has no intention to change.
- **Contemplation:** The person is ambivalent about change and sees both pros and cons to the behavior.
- **Decision-making:** This is typically a brief stage as the person resolves ambivalence and decides to make a change.
- **Action:** The person takes some action toward resolution of the problem behavior.
- **Maintenance:** For a year after the change has been successfully made, the client is at risk for relapse.

Motivational Interviewing and Stages of Change

- Motivational Interviewing has been paired successfully with other treatment approaches like cognitive-behavioral therapies and twelve-step models.
- When paired with another treatment MI can be used to help clients progress from Pre-contemplation to the resolution of ambivalence in the Contemplation stage. Once the client has made a decision to change other approaches such as twelve-step or CBT can be used in the Action stage to help the client develop and carry out a change plan.

Motivational Skills

Opening Strategies

- **Open-ended Questions**
- **Affirmations**
- **Reflections**
- **Summaries**

Opening Strategies (OARS)

Open-ended Questions

- Open-ended questions are questions that you cannot comfortably answer with a yes/no/maybe answer.
- An example of a close-ended question (one that **can** be answered yes/no/maybe) is, “Have you had anything to drink today?”
- An example of an open-ended question is, “What is a typical drinking day like for you?”

Opening Strategies (OARS continued)

Affirmations

- An affirmation identifies something positive about the client and gives credit or acknowledgement. It may be a trait, behavior, feeling or past or present accomplishment.
- An example of an affirmation is, “I really like the way you are approaching this problem, I can see that you are very organized and logical and I am sure this will help you to succeed in our program.”
- An affirmation must always be genuine and never condescending.
- An affirmation can be used to reframe what may at first seem like a negative. “I can see that you are very angry about being here, but I’d like to tell you that I am impressed that you chose to come here anyway, and right on time!”

Opening Strategies (OARS continued)

Reflections

- Reflections are statements made to the client reflecting or mirroring back to them the content, process or emotion in their communication.
- A reflection is always a statement and as such the inflection at the end of a reflection goes down. You can turn a statement into a question by ending it with a inflection upward. Try it with this statement. “You are trying to stop using drugs.” Hear the difference? With the inflection up the statement becomes a question.
- When using MI the counselor wants the majority of their communication to be in the form of reflections and not questions.
- An example of a reflection is “You have been really trying to stay sober and are upset by this set-back.”

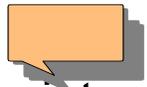
Opening Strategies (OARS continued)

Complex Reflections:

Are reflections that paraphrase and take a guess at more meaning or feeling than the client has offered. The goal is to convey a deeper understanding of the client and to encourage the client to continue share.



Client: “I have been using drugs for a long time and I do not know what my life would be like if I stopped using.”



Counselor: “When you imagine life without drugs it is hard to picture, but there is at least a part of you that has begun to think about what a change might be like.”

The counselor in this vignette reflects more meaning than the client offered. Sometimes clinicians are worried that they will “put words in the client’s mouth” and this is a valid concern. The client response will determine whether this has happened and will help the counselor decide what to do next. Complex reflections that are accurate tend to move the client forward and elicit material from the client that explores a content area more deeply. If this does not occur, the counselor can assume that they were “off-base”, and try another reflection or ask for clarification.

Opening Strategies (OARS continued)

Summaries

- Summaries are simply long reflections. They can be used to make a transition in a session, to end a session, to bring together content in a single theme, or just to review what the client has said.
- An example is: “Let’s take a look at what we have talked about so far. You are not at all sure that you have a ‘problem’ with alcohol but you do feel badly about your DWI and it’s effect on your family. You said that your family is the most important thing to you and you would consider totally quitting drinking if you believed it was hurting them.”

Client “Resistance” or “Sustain-talk”

- Client “resistance” is seen as a normal part of the change process. Clients are assumed to be ambivalent about change and statements can be seen as arguing either for change or for the status quo. Clients arguing for the status quo have been historically identified as “unmotivated” or “resistant” to change. MI currently uses the term “sustain-talk” to describe client communication that indicates a desire, plan or commitment to staying the same.

Types of “Sustain-talk”

Clients may not want to make the changes required by the program and many argue strongly against making these changes. They may:

- Argue
- Deny a problem
- Accuse
- Interrupt
- Disagree
- Passively resist though minimal answers
- Overtly comply due to mandate with little investment
- Become angry

Examples of Client Statements

- “I don’t have a problem, it is all a mistake.”
- “I don’t drink anymore alcohol than the Judge does.”
- “You people are just out to make money on this.”
- “My wife thinks everyone has a problem because her father is an alcoholic.”
- “I know I need to cut down, but I can do it on my own.”
- “Coming to this program makes me feel worse, when do I get discharged?”

Responding to “Sustain-talk”

- It was shown in a recent University of New Mexico study that the more, and the earlier a client argued for change in the treatment process, the better the treatment outcome.*
- One of the goals of motivational interviewing is to increase the amount of time the client engages in “change-talk” and minimize the amount of “sustain-talk.”
- Specific techniques have been shown to decrease “resistance” or “sustain-talk.”

*Amrhein, P., Miller, W.R. (2003)

Techniques for Responding to “Sustain-talk”

Reflective Techniques:

- Simple Reflection
- Double-sided Reflection
- Amplified Reflection

Simple Reflection

A simple reflection, mirrors or reflects back to the client the content, feeling or meaning of his/her communication. An example of a simple reflection to respond to “sustain-talk” is:



Client: “I know I made a mistake but the hoops they are making me jump through are getting ridiculous.”



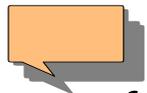
Counselor: “You are pretty upset about all this. It seems like everyone is overreacting to a mistake.”

Double-sided Reflection

A double-sided reflection attempts to reflect back both sides of the ambivalence the client experiences so that the client hears back both the “sustain-talk” in his/her communication **and** the “change-talk.” An example of a double-sided reflection is:



Client: “I know that I made a mistake, but the hoops they are making me jump through are ridiculous.”



Counselor: “You made a mistake and it sounds like you feel badly about that, but you also think that people are asking you to do too much.”

Amplified Reflection

An amplified reflection takes what the client said and increases the intensity of the “sustain-talk.” When hearing an amplification of what was communicated, a client will often reconsider what he/she said and clarify. An example is

 Client: “I know I made a mistake, but the hoops they are making me jump through are ridiculous.”

 Counselor: “You don’t agree with any of what they are making you do.”

A client may respond to this, “No, I know I need to do some things to make this right but I am frustrated with all these meetings.”

Strategic Techniques for Responding to “Sustain-talk”

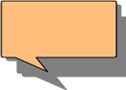
Sometimes clients are entrenched or “stuck” in “sustain-talk”. In this case, there is another set of techniques referred to as strategic techniques. The strategic techniques include:

- Shifting Focus
- Coming Along Side
- Emphasizing Personal Choice and Control
- Reframe
- Agreement with a Twist

Shifting Focus

Shifting focus attempts to get around a “stuck” point by simply side-stepping. An example, using the same client statement is:

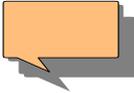
 Client: “I know I made a mistake, but the hoops they are making me jump through are getting ridiculous.”

 Counselor: “You are upset by all of these hoops. Can you tell me more about the mistake you think you made?”

Coming Along Side

This technique is used to align with the client. This is used when the client has not responded with a decrease in “sustain-talk” with previous techniques. An example of coming along side is:

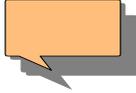
 Client: “I know I made a mistake, but the hoops that they are making me jump through are getting ridiculous.”

 Counselor: “You may be at your limit and might not be able to keep up with all this.”

Emphasize Personal Choice and Control

Clients ultimately always choose a course of action and this technique simply acknowledges this fact. Acknowledging this can sometimes help a client recognize that they are making a choice. An example is:

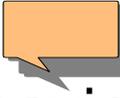
 Client: "I know I made a mistake, but the hoops that they are making me jump through are getting ridiculous."

 Counselor: "You don't like what others are asking you to do, but so far you are choosing to follow-through with what they are asking. It takes a lot of fortitude to do that. Tell me what motivates you."

Reframe

This technique takes a client communication and gives it a different twist. It may be used to take negative client statement and give it a positive spin. An example:

 Client: “I know that I made a mistake, but the hoops they are making me jump through are getting ridiculous.”

 Counselor: “You are not happy about others having so much control, but so far you have been able to keep up with all their expectations and have been quite successful!”

Agreement with a twist

This is a complex technique that combines a reflection with a reframe. This gives the client confirmation that they were “heard” and then offers another perspective on their communication. It is similar to a reframe and an example is:



Client: “I know that I made a mistake, but the hoops that they are making me jump through are getting ridiculous.”



Counselor: “You are feeling frustrated with all these expectations. You are also anxious to be successful with some things so you can keep moving forward.”

“Change-talk”

The opposite of “sustain-talk” is “change-talk”. The more a client makes arguments for change the stronger the commitment. Another goal of Motivational Interviewing is to encourage as much change talk as is possible and to explore and expand on it.

Types of “Change-talk”

- MI uses an acronym to identify types of “change-talk” identified by Amrhein and Miller (Amrhein et al, 2003). The acronym is DARN-C and it stands for:
 - Desire
 - Ability
 - Reasons
 - Need
 - Commitment

Examples of “Change-talk”

- “I really want to be a good father and I know I should make some changes.”
- “I quit smoking when I decided I was ready and I think I can do this too.”
- “I know I would be more motivated and do better in school if I cut down on my use.”
- “I really need to stop using or I think my wife will leave me.”
- “I feel ready to make this change and I know it will be difficult, but I have a good plan.”

Techniques for eliciting “Change-talk”

- Exploring problem
- Looking backward
- Looking forward
- Considering importance
- Exploring values and discrepancy with behavior
- Considering pros and cons (decisional balance)
- Importance/Confidence Ruler
- Exploring Extremes
- Planning and Committing

Exploring Problem

- Simply asking open-ended questions, reflecting and providing opportunity to explore the problem from the clients perspective. For example:
- “Tell me a little more about...”
- “What do you think about ...?”
- “Who influenced you...?”

Looking Forward/ Looking Backward

Ask the client to look at what life was like prior to the current problem and explore it, in order to identify potential motivators. Also, look forward to goals and plans and explore how the current problem behavior “fits” with these goals. For example:

- “What was life like for you before this became a problem?”
- “Tell me how you see your life two or three years from now? How might this current problem affect these goals or plans?”
- “What kinds of things did you used to do with your time? What things do you miss?”

Considering Importance

- Identify reasons that a change is important to the client. For example:
- “You seem pretty committed to making a change. What motivates you?”
- “I can see that you have been through a lot. Tell me in what ways making a change may help.”

Exploring Values and Discrepancy with current behavior

A conflict with values is often the strongest motivator for change. This sometimes accounts for our misunderstanding of clients who are not changing despite many consequences to their behavior. A client who suffered a lot of hardship financially without making a change may be strongly motivated to make change when he sees a negative consequence for his family. In this case the client may have more highly valued family than financial security. Examples include:

- “What is most important to you?”
- “How does your using effect the things in your life that you value?”
- “When you look at your life, what are you most proud of, least proud of?”

Considering Pros and Cons Decisional Balance

Help the client to weigh the costs versus the benefits of the behavior in order to identify the ambivalence and move in the direction of positive change. Examples include:

- “What are the good things about using cocaine and what are the not-so-good things?”
- When you look at this list of pros and cons, what do you think?”

Importance/Confidence Ruler

This is a tool that was developed by Stephen Rollnick, PhD. It is used to identify current readiness and to assess potential motivators. Clients are asked to choose a number between one and ten to describe the level of importance they perceive about changing their behavior. They are also asked to place themselves on the scale in terms of the confidence they perceive in their ability to make that change. Examples of scaling questions include:

- “On a scale of 1-10 with 10 being the most important and 1 being the least, how important is it for you to make this change?”
- If the client chooses a 4, a follow-up question may be- “You chose a 4, tell me why you chose a 4 and not a 3 or a 2?” Asking the question in this way encourages “change” rather than “sustain” talk.
- “On that same scale, how confident are you that you could make a change in this behavior if you decided to?”

Exploring Extremes

- The counselor asks the client to consider what is the “worst thing” that could or may happen if he/she continues with current behavior pattern.
- Counselor can also ask what is the best thing or things that could happen as a result of a behavior change.

Planning and Committing

This includes talking with a client about how to make a change. Examples of questions include:

- “If you were to decide to make a change, what steps might you take?”
- “We have talked a lot about the reasons you think a change is important, Tell me how you will know that you are ready.”

Change-Plan

- When the client has increased “change-talk” and there is little “sustain” talk this is a signal to the therapist that the client is ready to make a decision.
- At this point, the therapist should shift to negotiating a change plan or strategy. This can be a formal exercise such as the change plan on the next page or it can be a more informal conversation about the client’s options, desires, ideas about what might work.

Change Plan Worksheet

- The changes I want to make are:
- The most important reasons I want to change are:
- The steps I plan to take in making this change are:
- The ways other people can help me change are:

<u>Person</u>	<u>Possible ways to help</u>
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- Some things that could interfere with my plan are:
- I will know if my plan is working if:

Client Signature

Counselor Signature

(From the MET manual NIAAA clearinghouse Publication # 94-3723)

Targets for Good MI Practice

- The counselor should talk less than 50% of the time in a session
- The counselor should use more reflections than questions
- The counselor should use more complex reflections than simple reflections
- When asking questions, more than half of them should be open-ended questions

When beginning to learn MI these targets may seem unrealistic. Supervision and observation of practice using video or audio tape can help the counselor identify areas that need improvement.

Summary

- Motivational Interviewing is a model of treatment based on humanistic psychology. It is directive and intends to help clients resolve ambivalence in the direction of making a positive change.
- “Spirit” is important and the counselor’s stance should be warm, empathetic, egalitarian, and should respect the client’s right to self-determination.
- The model includes distinct techniques or strategies for opening the interview, decreasing “sustain-talk” and encouraging “change-talk.”
- The goal is to help the client resolve ambivalence about change and make a commitment to a plan of action.

Opening Strategies

- **Open- ended questions**
- **Affirmations**
- **Reflections**
- **Summaries**

Techniques to Decrease “Sustain-talk”

- Simple Reflection
- Double-sided Reflection
- Amplified Reflection
- Shifting Focus
- Coming Along-side
- Emphasize Personal Choice and Control
- Reframe
- Agreement with a twist

Techniques to Encourage “Change-talk”

- Exploring the Problem
- Looking Backward
- Looking Forward
- Considering Importance
- Exploring Values
- Considering Pros and Cons
- Importance/Confidence Ruler
- Planning and Committing