MOTIVATIONAL INTERVIEWING:
APPLYING SKILLS FOR SUBSTANCE ABUSE TREATMENT

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GOALS OF THIS PRESENTATION

- Motivational Interviewing (MI): The Basics
- Describe the spirit of MI
- Define the processes of MI
- Define the core skills of MI
- Application of MI in substance abuse treatment: the goals of MI in each stage of change

MOTIVATIONAL INTERVIEWING: THE BASICS

- Motivation is key to substance use behavior change.
  - Service providers can encourage positive changes in behavior by eliciting and enhancing motivation that already exists in the patient.
- Motivational Interviewing (MI) is based on the principles of person-centered counseling.
  - The patient is regarded as the expert of their own unique experience, not the service provider.
  - The use of empathy, as opposed to authority and power, is what encourages a change in behavior.
    - Confrontation, particularly in substance use treatment, rarely yields sustainable change.
- Ambivalence about change is normal.
  - MI "rolls with resistance" in a nonjudgmental and compassionate way to encourage positive change.
- MI relies on the framework of the transtheoretical model of the stages of change.

DEFINE THE SPIRIT OF MOTIVATIONAL INTERVIEWING

- The spirit of MI is defined by:
  - Collaboration vs. Confrontation—in the partnership between provider and patient, your role is influential, but ultimately the patient drives the conversation.
  - Evocation vs. Education—motivation and values are intrinsic to the patient; the provider's role is to elicit rather than educate.
  - Autonomy vs. Authority—the provider's role is to honor and respect the patient's capacity and right for self-direction.
  - Compassion vs. Judgment—the provider actively promotes the patient's wellbeing.

DEFINE THE PROCESSES OF MOTIVATIONAL INTERVIEWING

- Motivational Interviewing is governed by these four principles:
  - Engaging
  - Focusing
  - Evoking
  - Planning

DEFINE THE PROCESSES OF MOTIVATIONAL INTERVIEWING

- Engaging—a positive therapeutic alliance between the provider and patient is essential.
  - Avoid traps in order to preserve the therapeutic alliance and patient engagement.
    - The Expert Trap—both the provider and the patient have expertise. Resist the urge to direct the patient towards specific change. Don't argue or try to prove your point.
    - The Labeling Trap—labels like "addict" are more stigmatizing than helpful and there is no evidence to suggest that getting a patient to identify with a label will result in sustained change.
    - The Question-and-Answer Trap—avoid asking closed-ended questions; rather, ask open questions for the patient to create a narrative
    - The Premature Focus Trap—this happens when the provider identifies a focus for treatment that is not congruent with where the patient is in their readiness to change.
    - The Blaming Trap—assure the patient that you are uninterested in blaming anyone for their substance use and that your role is simply to listen.

DEFINE THE PROCESSES OF MOTIVATIONAL INTERVIEWING

- Focusing—identifying the patient's goals and motivation for changing behavior and creating a mutually agreed-on agenda
  - Deciding on an agenda by using an agenda map, where the patient identifies 3-5 of their concerns to focus on during treatment related to the reason for their referral (i.e., their substance use).
  - Identifying a target behavior and using OARS/DARN-CAT skills to evoke change talk related to that behavior.

DEFINE THE PROCESSES OF MOTIVATIONAL INTERVIEWING

- Evoking—using specific MI skills (OARS/DARN-CAT) to make progress towards the identified goals.
  - Evoking change talk—when a patient starts expressing change talk, it is a sign that their ambivalence about change is decreasing.
    - Ask open questions
    - Elicit the importance/"need" of change–"how important is it for you to change [target behavior]?"
    - Explore extremes—"what concerns you most about [target behavior]?"
    - Looking back—"what was it like before [target behavior] began/got worse?"
    - Looking forward–"how would life look different next year if you changed [target behavior]?"
  - Responding to change talk and sustain talk—the goal is to reinforce change talk while minimizing sustain talk by using:
    - Simple reflections—acknowledge sustain talk with a simple reflective response.
    - Amplified reflections—reflect the patient's statement but with added (non-sarcastic) emphasis.
    - Double-sided reflections—reflecting sustain talk and pairing it with change talk from the patient.
    - Agreements with a twist—subtly agreeing with the patient but with a twist that moves the discussion forward.
    - Reframing—acknowledging the patient's experience while suggesting alternative meanings.
  - Developing discrepancy—help the patient focus on how their behavior/substance use conflicts with their values.
  - Evoking hope and confidence to support self-efficacy—patient perception about their ability to change is a consistent predictor of sustaining positive change.

DEFINE THE PROCESSES OF MOTIVATIONAL INTERVIEWING

- Planning—developing a collaborative plan with the patient to achieve the identified goals.
  - Identifying a change goal—identify a target behavior and a change goal related to this behavior.
  - Developing a change plan—outline specific steps the patient can take to make progress in their change goal.
    - Confirm the change goal
    - Elicit the patient's ideas about how to change
    - Offer a menu of options
    - Summarize the change plan
    - Explore obstacles
  - Strengthening the commitment to change—ask the patient what they are willing to do or what actions they're ready to take.

CORE SKILLS OF MOTIVATIONAL INTERVIEWING: OARS

- Motivational Interviewing skills can be broken down into the acronym OARS:
  - Open questions
  - Affirming
  - Reflective Listening
  - Summarizing
- And DARN-CAT:
  - Desire
  - Ability
  - Reasons
  - Need
  - Commitment
  - Activation
  - Taking steps

CORE SKILLS OF MOTIVATIONAL INTERVIEWING: OARS

- Asking **O**pen Questions
  - Questions that invite the client to tell their story, rather than closed questions, which only elicit brief information
  - Avoiding questions whose answers are a simple yes or no
  - Example
    - Closed question: Do you think you have a problem with substance use?
    - Open question: What concerns you about your substance use?
  - Example
    - Closed question: When was the last time you relapsed?
    - Open question: What are some of the circumstances leading up to your most recent relapse?

CORE SKILLS OF MOTIVATIONAL INTERVIEWING: OARS

- **A**ffirming
  - A way of expressing your genuine appreciation and positive regard for clients
  - Emphasize the client's strengths, efforts to take steps towards change, and progress towards success
  - Avoid basing affirming statements using "I"
    - e.g. "I'm proud of the progress you've made"
    - Rather: "You've worked really hard to make these steps"
  - Use statements such as (Miller & Rollnick, 2013):
    - "You took a big step in coming here today."
    - "You got discouraged last week but kept going to your AA meetings. You are persistent."
    - "Although things didn't turn out the way you hoped, you tried really hard, and that means a lot."
    - "That's a good idea for how you can avoid situations where you might be tempted to drink."

CORE SKILLS OF MOTIVATIONAL INTERVIEWING: OARS

- **R**eflective listening
  - Encourages a collaborative, nonjudgmental relationship between the patient and the provider
  - Allows the provider to express empathy without necessarily agreeing with the patient's statements and allows the provider to selectively reinforce change talk
  - Reflective or active listening requires the provider to establish a mental hypothesis of the underlying meaning or feeling of the patient's statement and reflect it back to the patient
  - Simple reflection: repeating or rephrasing the patient's statement
    - Patient: "My spouse keeps arguing with me about my substance use."
    - Provider: "Your spouse has concerns with your substance use."

CORE SKILLS OF MOTIVATIONAL INTERVIEWING: OARS

- **R**eflective listening (continued)
  - Complex reflection:
    - Feeling—highlights the selected feeling and builds discrepancy between values and current behavior
      - "You're afraid that your son might stop talking to you if you continue to drink"
    - Meaning—highlights the selected meaning and builds discrepancy between values and current behavior
      - "You want to protect your family from any other consequences related to your marijuana use"
    - Double-sided—resolves ambivalence by acknowledging sustain talk and emphasizing change talk
      - "You know your drinking is causing problems in your life but you can't imagine dealing with life without it"
    - Amplified—intensifies sustain talk in order to evoke change talk
      - "There are absolutely no consequences to your heroin use"

CORE SKILLS OF MOTIVATIONAL INTERVIEWING: OARS

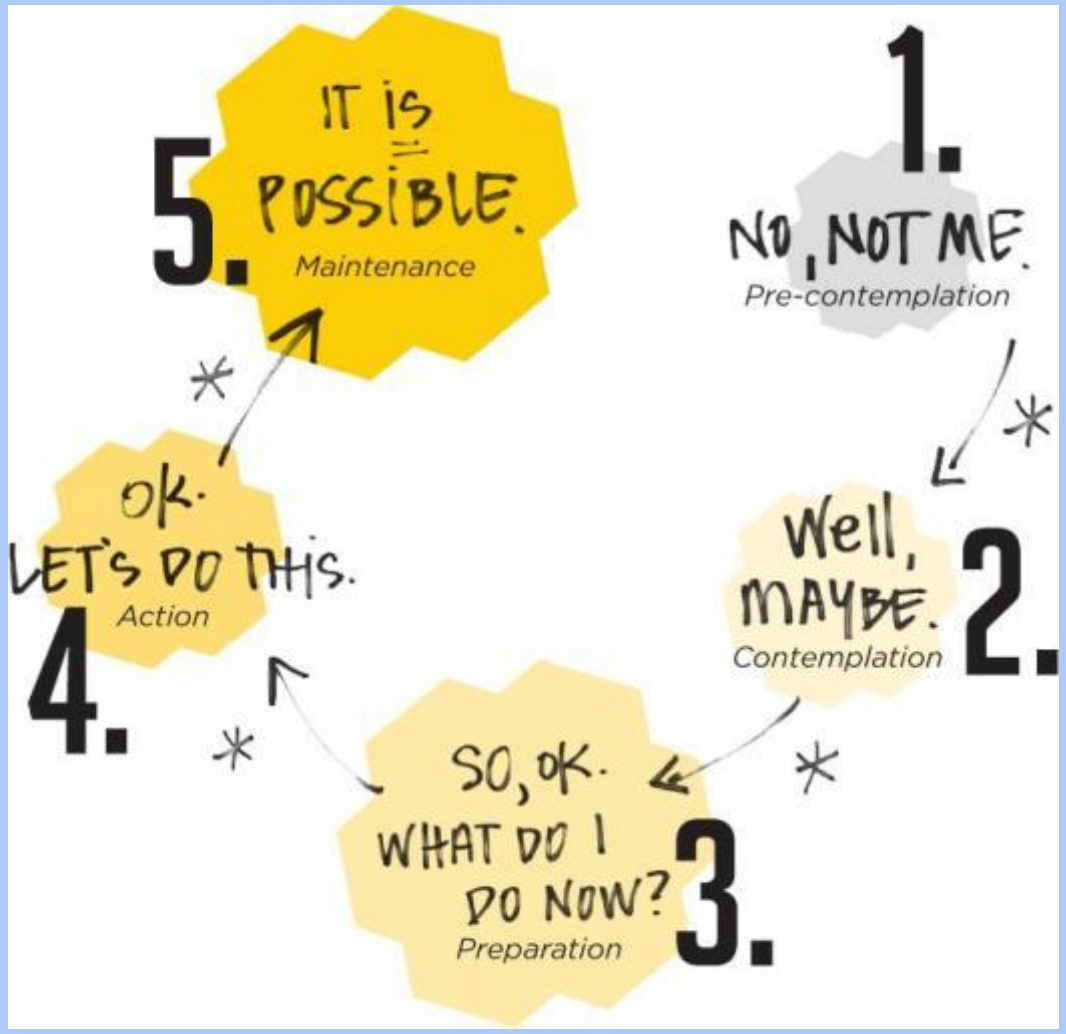
- **S**ummarizing
  - A form of reflective listening that distills several patient statements and reflects the overall content back to the patient.
  - Several types of summarizing:
    - Collecting summary—creating a narrative by compiling a series of related patient statements.
    - Linking summary—linking back to an earlier patient statement.
    - Transitional summary—wrapping up a "chapter" of the discussion to move patient along in the change process.
    - Ambivalence summary—collecting patient statements to point out to them both sustain talk and change talk.
    - Recapitulation summary—gathering change talk from across multiple conversations; most helpful when transitioning from one stage of the treatment plan to the next.
  - Regardless of type of summary, ask the patient if you've left anything out to allow for the patient's self-reflection.

RECOGNIZING CHANGE TALK: DARN-CAT

- Differentiating between change talk and sustain talk can be made by the acronym DARN-CAT:
  - **D**esire (change vs. sustain)
    - "I want to cut down on my substance use" vs. "I love how I feel when I drink"
  - **A**bility
    - "I could cut down to only using on special occasions" vs. "I can manage just fine without decreasing my use"
  - **R**easons
    - "I won't get the felony if I stop using" vs. "I can't manage social situations without using"
  - **N**eed
    - "My doctor says if I keep drinking, I'll die" vs. "I need to use to deal with stress every day"
  - **C**ommitment
    - "I promise to only have one drink this weekend" vs. "I'm going to keep using no matter what"
  - **A**ctivation
    - "I'm ready to make a change" vs. "I'm not ready to change what I'm doing"
  - **T**aking steps
    - "I only had one drink with dinner last night" vs. "I'm still using every day"

STAGES OF CHANGE

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



(Miller & Rollnick, 2013)

MI GOALS THROUGH THE STAGES OF CHANGE IN SUD TREATMENT

- Precontemplation to Contemplation: Building Readiness
  - Key component:
    - Patients are unconcerned with their substance use and do not believe there is a need to change.
  - Clinician's goal:
    - Establish strong rapport
    - Increase the patient's doubts and concerns about their substance use
    - By the end of the precontemplation stage of change, patients should acknowledge the possibility of change
  - Strategies:
    - Elicit feedback from the patient about their perception of the problem and circumstances that led to seeking treatment
    - Involve key members of the support network in an effort to raise concerns about the behavior
    - For patients mandated to receive services, acknowledge ambivalence as well as personal choice and responsibility

MI GOALS THROUGH THE STAGES OF CHANGE IN SUD TREATMENT

- Contemplation to Preparation: Increasing Commitment
  - Key component:
    - Patients have identified their substance use as problematic and have acknowledged the possibility for change
  - Clinician's goal:
    - Normalize and resolve the patient's ambivalence
    - Help sway the decisional balance towards changing problematic substance use behavior
    - By the end of the contemplation stage of change, patients should express commitment to changing their behavior
  - Strategies:
    - Evoke DARN (Desire, Ability, Reasons, & Need) change talk
    - Summarize the patient's concerns and acknowledge that ambivalence is normal
    - Explore the patient's self-efficacy in an effort to increase motivation towards positive change
    - Encourage small steps, such as sharing their newfound motivation with members of their support network, and envisioning life after changing problematic substance use behavior

MI GOALS THROUGH THE STAGES OF CHANGE IN SUD TREATMENT

- Preparation to Action: Initiating Change
  - Key component:
    - Patients have committed to change but are unsure of what to do next to ensure a stable recovery
  - Clinician's goal:
    - Help the patient identify specific goals & a plan to accomplish those goals
    - Help the patient evaluate what's working and what's not working
    - By the end of the preparation stage of change, patients should have a clearly defined plan for taking steps towards changing problematic substance use behavior
  - Strategies:
    - For patients not ready to adhere to abstinence, sobriety sampling, tapering down, and trial moderation may be attempted
    - While goal planning is a collaborative enterprise, the patient should determine and drive goal identification and the planning process
    - Help the patient identify and reduce barriers
    - Evoke and reflect CAT (Commitment, Activation, and Taking steps) change talk in conversations

MI GOALS THROUGH THE STAGES OF CHANGE

- Action to Maintenance: Stabilizing Change
  - Key component:
    - Patients are actively taking steps to change their behavior but have not yet achieved a stable recovery
    - Patient changes are maintained and supportive across their lifestyle, and any setbacks are managed so they can reenter the cycle of change
  - Clinician's goal:
    - Support ongoing lifestyle changes by developing relapse prevention strategies, normalize setbacks, and help patients reenter the cycle of change when relapse/setbacks occur
    - The patient has transitioned to and remains in the maintenance stage for as long as recovery is stable
  - Strategies:
    - Affirm the patient's progress towards implementing change in their substance use behavior
    - Help explore relapse/setback as a learning opportunity to find alternative coping strategies
    - Remaining in positive therapeutic alliance with the patient is imperative

IN CONCLUSION

- MI is a collaborative process wherein the provider works with the patient's innate sense of self-direction and motivation to move the patient towards their goals of changing their identified target behavior(s).
- The key to effective MI as a treatment strategy is to remain open, curious, and empathic. Assuming that you are the expert or know what is best for the patient will yield defensiveness and will not result in sustained change.
- Ultimately, the measure of success in a patient's progress towards change is defined by the patient, not by the provider; celebrating the tiny steps forward—even when the patient hasn't achieved the level of progress the provider feels is appropriate—is a key component of effective MI.

FOR FURTHER REFERENCE:

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