Motivational Interviewing

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Background

- In 2008 The Concurrent Disorders Ontario Network (CDON) of which CAMH is a member, formed the first community of practice in concurrent disorders and Motivational Interviewing in the province.

- A group of 24 people from around the province came together for the first time to learn and talk about using Advanced Motivational Interviewing (MI) techniques with their clients who are living with concurrent disorders.
- The diversity, skill set, and knowledge of the group was remarkable.

- The CDON recognized that the experience and expertise already exists, if that could be harnessed and shared with others then we could all really make a difference in the lives of people living with a concurrent disorders.

Understanding Addictions

Why do people use drugs?

Risk Factors for Substance Abuse:

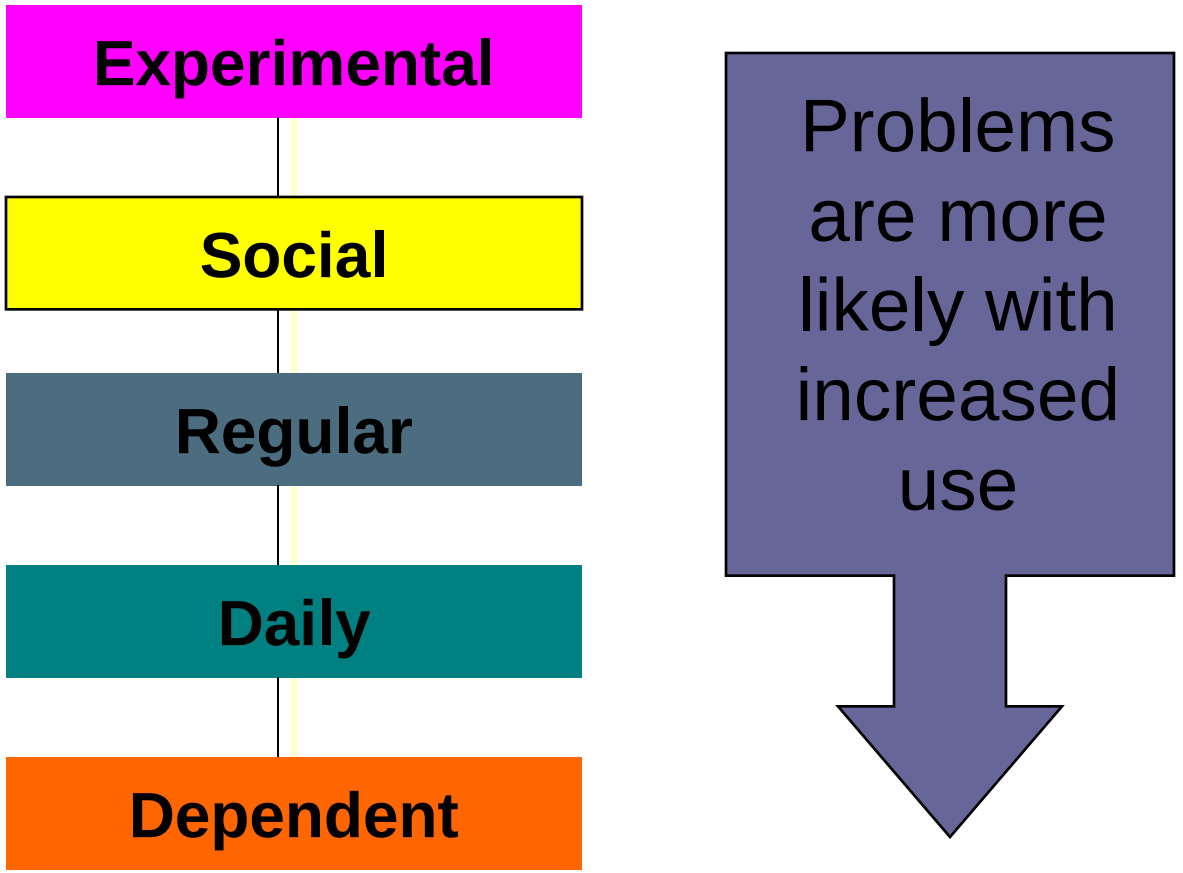
- **Family**
- **School**
- **Peer Group**
- **Personal**
- **Medical**
- **Community Factors**

What Are the Signs of Addiction?

Someone does not have to show clear signs of a problem to have an addiction. It's easy to become dependent on a drug or an activity without realizing it right away. Even people close to someone with an addiction may not be aware of the person's problem for some time.

- The signs of an addiction vary widely, depending on the problem and the person. In general, a substance use or an activity is a problem when it:
- affects a person's mental and physical health
- involves breaking the law (e.g., drinking and driving, using illegal drugs or stealing money to gamble)
- causes financial difficulties
- harms relationships and friends
- causes problems at home, work or school.

Continuum of Substance Use



Types of Substances

1) Depressants
2) Stimulants
3) Hallucinogens

Depressants

Central Nervous System (CNS)

SLOW DOWN the brain

LESS AWARE of environment

Alcohol, Opiates (Morphine, Heroin, Codeine, Opium, Oxycodone), Benzodiazepines,

…relax, sedate, calm, relieve pain...

Stimulants

SPEED UP the brain

MORE AWARE of environment

Caffeine, Crack, Cocaine,

Nicotine, Amphetamines

…speed up the brain, increase alertness,

endurance, anxiety & restlessness...

Hallucinogens

CONFUSE the brain

DISTORT awareness

Cannabis, Hashish, Mescaline, Ketamine
LSD, , Magic Mushrooms

…affect mood and change behavior…
…see and hear things that aren't there…
…color/sounds unreal, forget things...

Treatment Options

- Assessment and Referral Agencies
- Withdrawal management centres
- Treatment:
  - Outpatient Counselling
  - Day Treatment
  - Residential
  - Recovery Homes
  - Medical Treatment
  - Self-help Groups

What makes people change?

You would think . . .

- That having had a heart attack would be enough to persuade a man to quit smoking, change his diet, exercise more, and take his medication

- That hangovers, damaged relationships, an auto crash, and memory blackouts would be enough to convince a woman to stop drinking

You would think . . .

- That the very real threats of blindness, amputations and other complications from diabetes would be enough to motivate weight loss and glycemic control

And yet so often it is not enough.

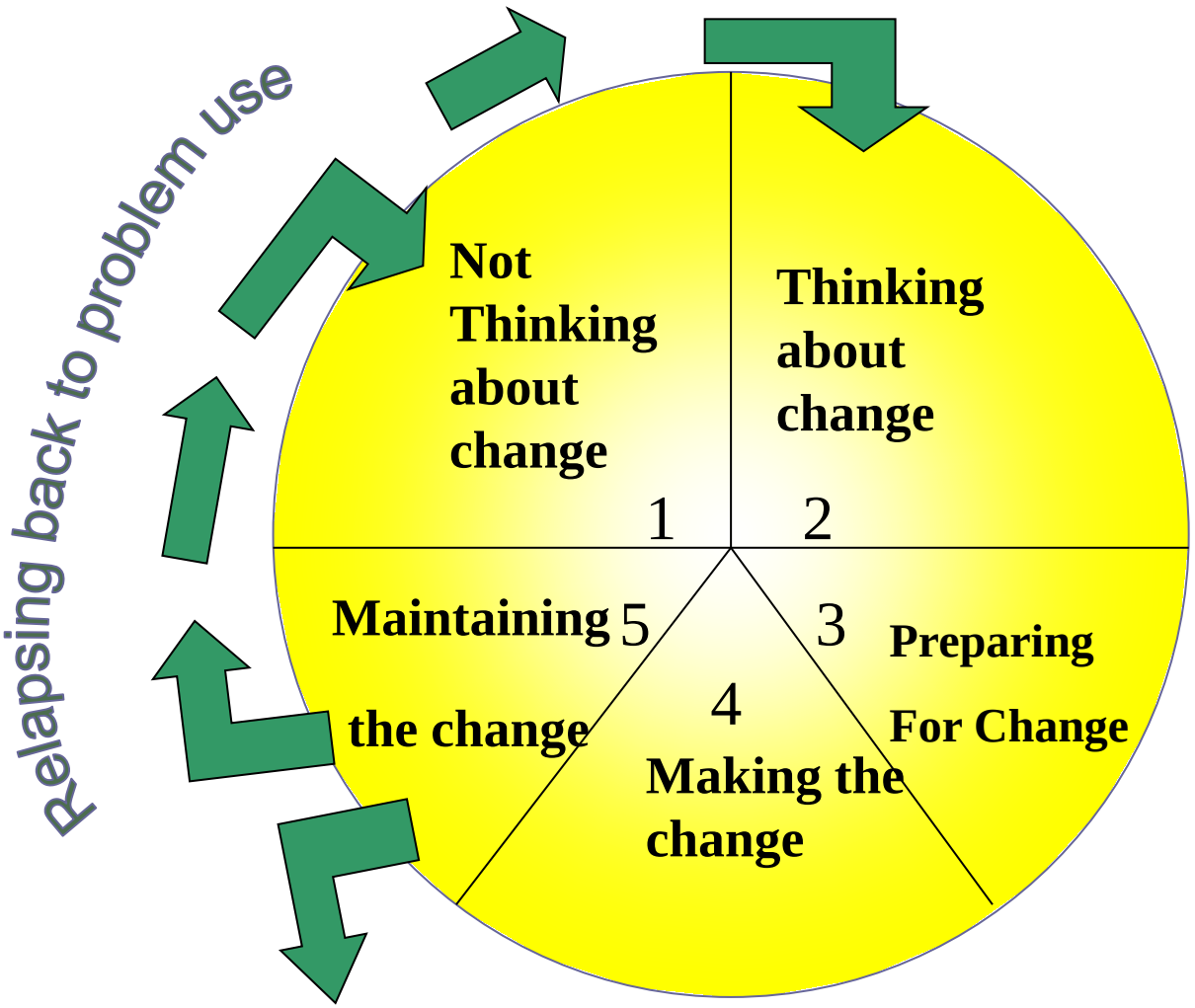
Saunders' Law of Behavior Change

- People only change when the pain of change is less than the pain of staying the same.

Change as a Process

The Stages of Change

- Precontemplation
- Contemplation
- Determination/Preparation
- Action
- Maintenance
- Relapse


Relapsing back to problem use
Not Thinking about change
1
Thinking about change
2
Maintaining the change
5
3
Preparing For Change
4
Making the change

PRE-CONTEMPLATION

- Characteristics:

  Lack of awareness “no problem”

  See no reason to change
- Therapeutic Tasks:

  Increase salience of potential risks and problems.

CONTEMPLATION

- Characteristics:

  Client is ambivalent, has a fear of change. Some interest in “the problem”
- Therapeutic Tasks:

  Examine the ambivalence

  Examine “pros and cons" of the actions

  Use decisional balance (payoff matrix)

PREPARATION

- Characteristics:

  Client presents with a readiness to engage in the change process
- Therapeutic Tasks:

  Gather information about the options

  Move slowly

  Reinforce reasons for change and provide practical advice

ACTION

- Characteristics:

  You see a change in behaviour
- Therapeutic Tasks:

  Understanding of factors supporting the behaviour

  Strategies to support change

  Communication with others

  Explore and respond to potential relapse

MAINTENANCE

- Characteristics:

  Need for support and skills development
- Therapeutic Tasks:

  Assess the strategies that have been successful

  Establish a support system

  Act on relapse prevention plans

LAPSE/RELAPSE

- Characteristics:

  A slip in use

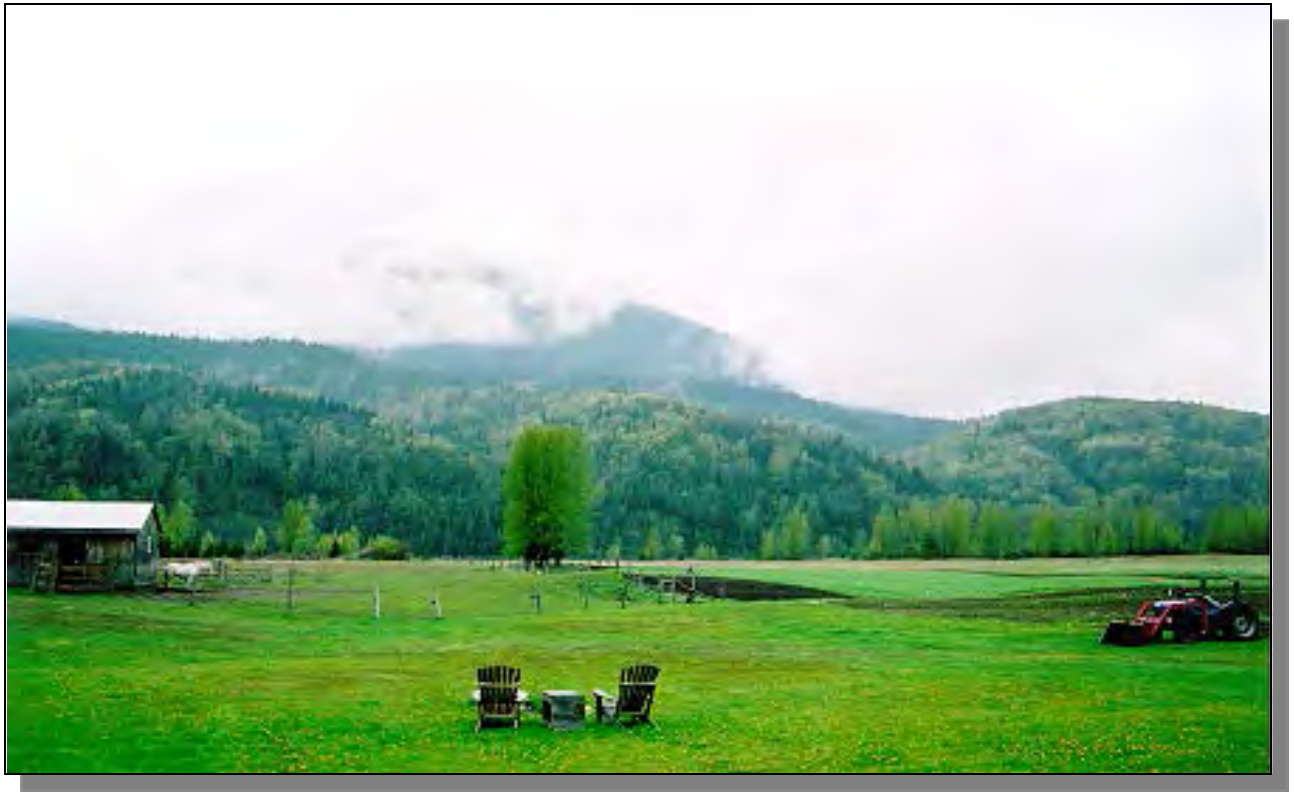
  Returning to previous pattern
- Therapeutic Tasks:

  Reconnect with supports

  Learn from lapse

  Review and modify relapse prevention strategies

Motivational Interviewing



Motivational Interviewing Definition

- A client centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Role of Motivational Interviewing

What it helps client to achieve:

- Express a desire to receive help
- Show distress
- Voice a need for counseling
- Comply with the treatment program
- Voice a desire to change

Motivational Interviewing

1. Assumes that people are ambivalent about change - and must work towards their own decision concerning the change

2. Aims to produce an internal drive to change, using non-confrontational techniques

3. Effects change by shifting the decisional balance (negative consequences of the behaviour are elicited from the client so that the client sees and accepts the advantages of change)

Why Interviewing?

- Not therapy - treatment - but a “learn from each other” interaction between two equals

Motivational Interviewing: Client-centered & Therapist-directed

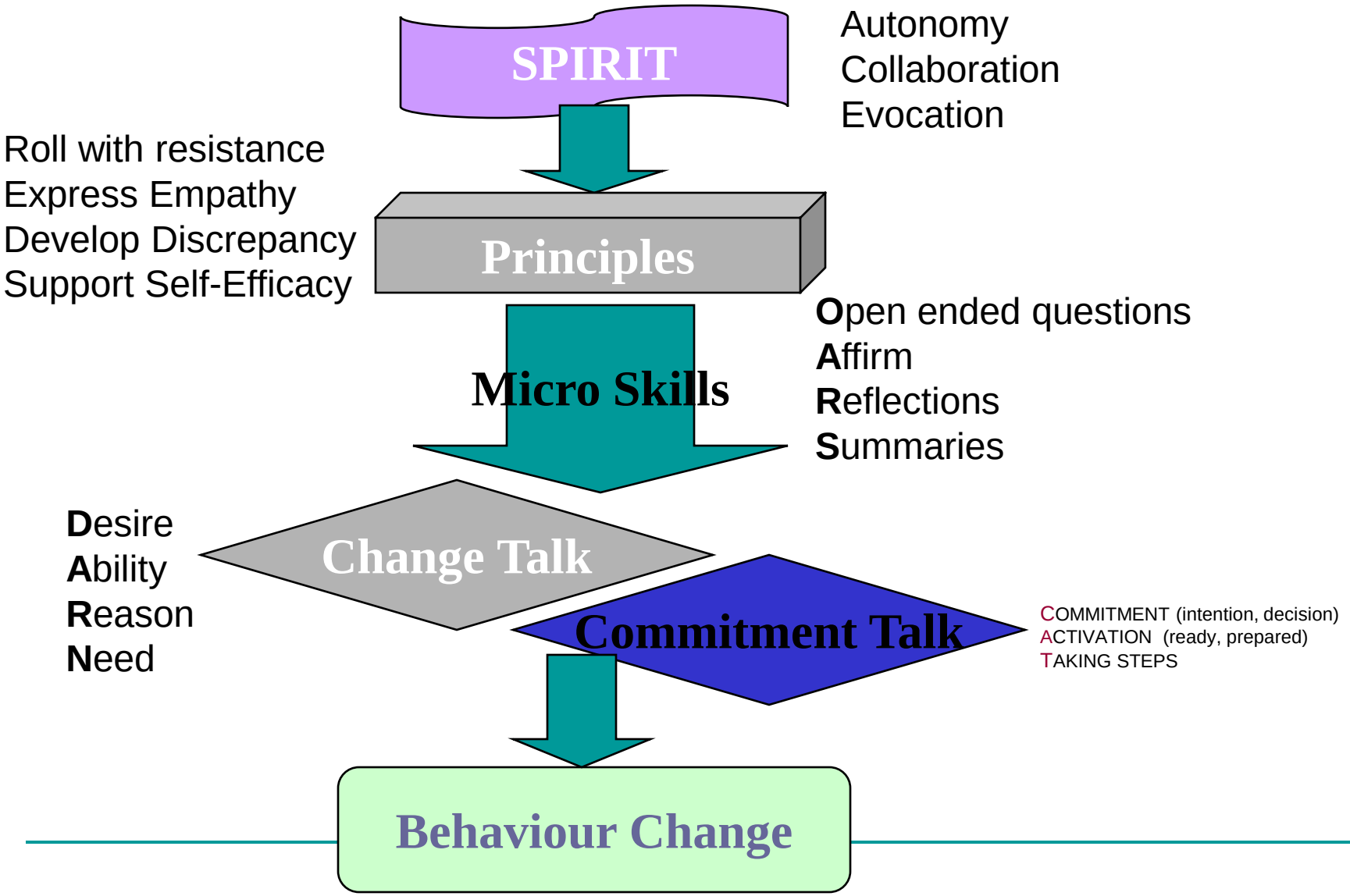
The therapist

- Sets the agenda (the process)
- Knows what areas need to be addressed
- Guides where the interview is going

The client

- Fills in the content (experience—work with it)
- Identifies their goals
- Reveals the gaps

MI Overview


SPIRIT
Autonomy
Collaboration
Evocation
Roll with resistance
Express Empathy
Develop Discrepancy
Support Self-Efficacy
Principles
Micro Skills
Open ended questions
Affirm
Reflections
Summaries
Desire
Ability
Reason
Need
Change Talk
Commitment Talk
COMMITMENT (intention, decision)
ACTIVATION (ready, prepared)
TAKING STEPS
Behaviour Change

The Spirit of MI

- Partnership and collaboration. ("you are the expert on yourself, I know about ways to help in this area"). A "partnership" (as opposed to confrontation.
- Evocative - therapists works to understand the countervailing forces influencing behavior. Attaining material from client. (as opposed to education)
- Autonomous Client's self direction is always respected.(as opposed to authority)

Principles of Motivational Interviewing

4 Principles of Motivational Interviewing

- Roll with resistance
- Express empathy
- Develop discrepancy
- Support self-efficacy

MI Principle 1: Roll with Resistance

- Avoid arguing for change
- Resistance is not directly opposed
- New perspectives are invited, not imposed
- The client is the primary resource in finding answers and solutions
- Resistance is a sign to respond differently

Resistance Strategies

- Simple reflection
- Amplified reflection
- Double-sided reflection
- Reframing

MI Principle 2: Express Empathy

- Acceptance facilitates changes
- Skillful reflective listening is fundamental
- Ambivalence is normal

Therapeutic Empathy

- Empathy is not:
  - Having had the same experience or problem
  - Identification with the client
  - Let me tell you my story
- Empathy is:
  - The ability to accurately understand the client's meaning
  - The ability to reflect that accurate understanding back to the client

Empathy in Addiction Counseling

- Counselors who show high levels of empathic skill have clients who are:
  - Less resistant
  - More likely to stay in treatment
  - More likely to recover
  - Less likely to relapse
- Empathy is the single best predictor of a higher success rate in addiction counseling
- Counselors who are in recovery themselves are neither more nor less effective than others

MI Principle 3: Develop Discrepancy

- The client, rather than the counsellor should present the arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important goals and or values.

MI Principle 4: Support Self-efficacy

- A person's belief in the possibility of change is an important motivator
- A client, not the counsellor, is responsible for choosing and carrying out the change
- The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy

Getting Moving: OARS

OPEN Questions (to elicit change talk)

AFFIRM the client appropriately (support, emphasize personal control)

REFLECT (try for complex reflections)

SUMMARIZE ambivalence, offer double-sided reflection

Open Questions:

- Open the door, encourage the client to talk
- Do not invite a short answer
- Leave broad latitude for how to respond

Closed Questions

- Have a short answer (like Yes/No)
  - Did you drink this week?
- Ask for specific information
  - What is your address?
- Might be multiple choice
  - What do you plan to do: Quit, cut down, or keep on smoking?
- They limit the client's answer options

Some Guidelines with Questions

- Ask fewer questions!
- Don’t ask three questions in a row
- Ask more open than closed questions
- Offer two reflections for each question asked

AFFIRMATIONS

- Emphasize clients strengths
- Notice and appreciate positive actions
- It’s a compliment (I like the way you said that)
- It’s an expression of caring, hope (I hope things go well for you this weekend)

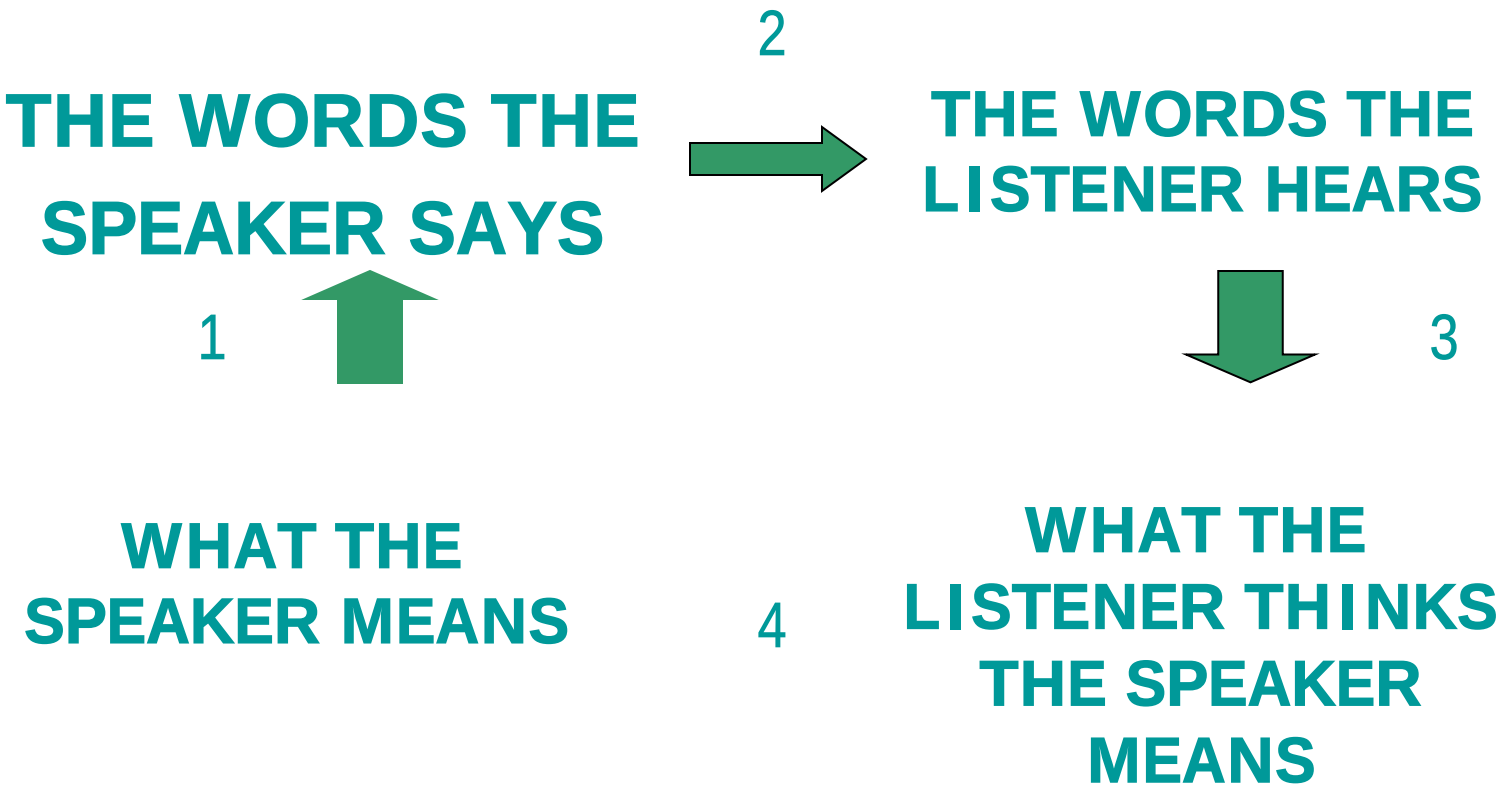
Affirmations Include:

- Commenting positively on an attribute
  - You're a strong person, a real survivor.
- A statement of appreciation
  - I appreciate your openness and honesty today.
- Catch the person doing something right
  - Thanks for coming in today!
- A compliment
  - I like the way you said that.
- An expression of hope, caring, or support
  - I hope this weekend goes well for you!

Reflective Listening
What Is It?

- This is a statement that shows you understand another's meaning.
- You generate a hypotheses to another's meaning (your best guess) and see the result.
- This is a process that checks the listener's perceived meaning against the speaker's own meaning.
- Good opening phrases are:
  - "it sounds like you"
  - "so you"

Reflective Listening Model from Thomas Gordon



Reflective Listening Model from Thomas Gordon (2)

Communication can go wrong because:

1. The speaker does not say exactly what is meant
2. The listener does not hear the words correctly
3. The listener gives a different interpretation to what the words mean

Reflective Listening

What it does:

- Increases the possibility of being seen as empathetic
- Increases the chances of establishing a good relationship with a client
- Selects a part of a statement that can be more deeply explored

Common Human Reactions to Being Listened to

- Understood
- Want to talk more
- Liking the counselor
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

What Good Listening Is *Not*
(Roadblocks: Thomas Gordon)

- Asking questions
- Agreeing, approving, or praising
- Advising, suggesting, providing solutions
- Arguing, persuading with logic, lecturing
- Analyzing or interpreting
- Assuring, sympathizing, or consoling

What Good Listening is *Not*
(Roadblocks, from Thomas Gordon)

- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Moralizing, telling what they "should" do
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Withdrawing, distracting, humoring, or changing the subject

Why are these "roadblocks"?

- They get in the speaker's way. In order to keep moving, the speaker has to go around them
- They have the effect of blocking, stopping, diverting, or changing direction
- They insert the listener's "stuff"
- They communicate:
  - One-up role: Listen to *me*! I'm the expert.
- *Roadblocks are not wrong. There's a time and place for them, but they are not good listening.*

Summaries can:

- *Collect* material that has been offered
  - So far you've expressed concern about your children, getting a job, and finding a safer place to live.
- *Link* something just said with something discussed earlier
  - That sounds a bit like what you told me about that lonely feeling you get

Summaries can:
Cont'd

- Draw together what has happened and *transition* to a new task
  - Before I ask you the questions I mentioned earlier, let me summarize what you've told me so far, and see if I've missed anything important. You came in because you were feeling really sick, and it scared you . . . . . .

Preparatory Change Talk

Four Kinds

DARN

- DESIRE to change (want, like, wish . .)
- ABILITY to change (can, could . .)
- REASONS to change (if . . then)
- NEED to change (need, have to, got to . .)

Critical Conditions of Change (Rogers)

- Accurate Understanding (Empathy)
- Unconditional Positive Regard (Warmth)
- Genuineness (Congruence)

What are Change Statements?

- Recognizing a problem exists
- Articulating concerns
- Expressing an intention to change
- Showing optimism about the possibility of change

How to Elicit Change Talk:

MI Becomes Directive

- Asking Evocative Questions
- Using The Importance Ruler
- Exploring the Decisional Balance
- Elaborating
- Querying Extremes
- Looking Back / Looking Forward
- Exploring Goals and Values

“I learn what I believe as I hear myself speak”

- Goal is to have the client hear him/herself say, “Something has to change!”
- Counsellor’s job is to organize the interview so that the client confronts him/herself
- The client should convince the counsellor that there are problems to be addressed

Motivational Interviewing

- The skills that are learned are divided into three phases. Although distinct, they often blend into each other and need to be used whenever it appears that the function is needed at the time.

Motivational Interviewing

Three Phases:

1. Eliciting problem recognition building commitment to change.

2. Dealing with resistance

3. Strengthening commitment to change making and adhering to a plan.

Goals of Motivational Interviewing

- Style of therapist is aimed to decrease client's resistance
- Self-confrontation is a goal
- Arguing and resistance do not result in change
- Ambivalence is normal—not "pathological" or client is in denial
- Helping clients to resolve ambivalence is a key to change

Motivational Interviewing Style: Client-centered, but therapist-directed

The client

- Shares thoughts and feelings
- Determines the destination

The counselor

- Listens and reflects client concerns & goals
- Looks to identify alternatives
- Encourages the possibilities of change

Mobilizing Change Talk

reflects resolution of ambivalence

- COMMITMENT (intention, decision)
- ACTIVATION (ready, prepared, willing)
- TAKING STEPS

How can we help in this process?

- More dancing, less wrestling
- Working collaboratively
- Acting like a guide rather than an interrogator
- Listening accurately
- Responding with forethought not being coercive
- Exercising restraint, not being overly persuasive

A recipe for MI success

- Begin with open questions, then follow up with reflective listening
- Use questions to “turn the corner” once an area has been explored.
- Sprinkle with *statements of affirmation and summary statements*