

# Basic Concepts of Motivational Interviewing for Alcohol and Other Substance Use Disorders



PRESENTED BY  
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# Disclosure Statement



I have no disclosures to declare. I have no conflict of interest in relation to this presentation.

# OBJECTIVES



At the end of the program, participants will be able to:

- Define Motivational Interviewing (MI) and understand key concepts in MI
- Describe the stages of change in recovery
- Target specific interventions to stages of change
- Facilitate a client's own motivation to change
- Know where to get additional training and supervision

# Prevalence of Substance Abuse



- 22.2 million people (8.5%) met DSM-IV criteria for substance abuse or dependence in the past year (2012).
- 2.8 million of these people met criteria for dependence or abuse of both alcohol and illicit drugs.
- 4.5 million were classified with abuse or dependence of illicit drugs (but not alcohol).
- 14.9 million met criteria for abuse or dependence on alcohol (but not illicit drugs).

Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013

# Substance Abuse Treatment



- An estimated 23.1 million people needed treatment for an alcohol or illicit drug problem.
- Of these people, 2.5 million received treatment at a specialty facility (inpatient hospital stay; mental health center, or alcohol or drug rehabilitation).
- 20.6 million people who needed treatment for an illicit drug or alcohol problem did not receive it.

Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013

## Most Important Reasons Given for Not Receiving Illicit Drug or Alcohol Treatment (12 years and older)



Reason	Percentage
Not ready to stop	40.4
No health coverage – could not afford cost	34
Possible negative effect on the job	12
Concern that receiving treatment might cause neighbors and community to have a negative opinion	11.6
Had health coverage , but did not cover treatment or did not cover cost	7.9

Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

# What's the Real Cost?



Economic costs related to the abuse of tobacco, alcohol, and illicit drugs add up to more than 600 billion dollars each year.

Costs: health care

lost productivity

crime

Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

# Primary Care Clinicians



*Are in a unique position to help patients cut down on their substance use*



# Role of Primary Care Clinicians in Substance Abuse



- You see patients over time and can intervene with substance abuse problems in the early stages.
- You can ask about substance use when you're asking about other routine lifestyle issues like diet and exercise.
- You are privy to patient information that other clinicians may not be.
- You truly are trusted.

# MI Can Save Time



Reflective listening actually can save you time. If you have only a few minutes with a patient and you're hoping to see a change in the patient's behavior, MI can be very useful in engaging the patient.



# What is MI?



## Practitioner's definition:

“Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.”

# What is the spirit of MI?



## MI approach

Counselor genuinely respects and honors the client's expertise

Creates an environment that facilitates change

Sees the client as already having the motivation for change and works to draw out the client's *own* values and goals to facilitate the change

Affirms the client's inherent right and capacity for self-direction and supports the client's own choice

## Confrontational approach

Counselor overrules the client's distorted perspectives by forcing awareness and acceptance of that which the client either refuses to acknowledge, admit, or cannot see

Views the client as not knowing any better and lacking the necessary insight or know-how to make changes. The counselor takes it upon him or herself to inform or enlighten the client .

Comes right out and tells the client what to do

# What is the spirit of MI?



- A method of communication and a style that evokes change in people
- A way of approaching people that honors and values their autonomy
- A way of being with and guiding people
- A collaborative and person-centered approach

# What is the spirit of MI?



You feel like  
you are waltzing with the  
client, not like you are  
in a tug of war.



# Four Principles of MI



- Express accurate empathy
- Develop discrepancy
- Roll with resistance
- Encourage self-efficacy



# Basic Principles of MI



## ❑ Expressing empathy is key in MI.

The foundation of clinical skillfulness in MI is built on reflective listening or accurate empathy – and is woven throughout MI.

There is an attitude of acceptance (not necessarily agreeing with the client's perspective).

Ambivalence is viewed as a **normal** part of change, and it is where most patients get stuck.

Counselor uses reflective listening to understand the client's feelings and does not judge, blame, or criticize.



# Basic Principles of MI



## ❑ Developing discrepancy

Unlike non-directive, client-centered, “Rogerian” counseling, MI is directive in that it hones in on ambivalence in order to facilitate change.

It is designed to help people move beyond ambivalence by emphasizing personal choice:

Ex: Client says: “I really enjoy smoking a joint with my friends.”

Counselor says: “Maybe now is not the best time for you to stop.”

The client argues for change, not the counselor.

Developing discrepancy is used to create distance between where patients are and where they want to be in life.

# Basic Principles of MI



## ❑ Roll with resistance

The worst-case scenario is for the counselor to be encouraging the client to change while the client is arguing against it. It is human nature for the client take the opposite side of the argument and start defending his/her position. Client resistance is a sign of discord in the therapeutic relationship.

Working with a client is far more effective and pleasurable than working against a client.

Instead of opposing resistance, the counselor goes with the flow.

# Basic Principles of MI



- ❑ Support self-efficacy is another key element.

This has to do with, “Can I do what I set out to do?”

It’s a pretty good predictor of treatment outcomes.

The patient needs to be ready, willing, and able to change. Self-efficacy is the “able.” In MI, it is not the counselor who changes the client. It is the client who does the changing.

Counselor – Instead of “I will change you,” the counselor conveys, “I can help you change that behavior, if you’d like.”

# Basic Principles of MI



- Motivation fluctuates and changes over time.
- It's an interpersonal process, not a personality trait.
- The relationship and interactions between client and therapist impact motivation.

# Basic Principles of MI



- Understanding the fundamental and overriding spirit of MI along with the basic principles and assumptions is essential to learning MI.
- MI is a skillful clinical method (a set of integrated interviewing skills), not as simple as learning a set of techniques.

The counselor evokes the client's own intrinsic motivation and resources for change.

The client has what it takes to change, and the counselor's job is to release the potential and facilitate the natural change processes that exist within the client.

It's about freeing people from the ambivalence that has them stuck in repetitive cycles of self-defeating and self-destructive behavior.

MI is designed to resolve motivational issues that inhibit positive behavior change. Helping the person get unstuck is an important component of MI.

# Basic Principles of MI



- There is a place for the expert role and that is when the patient is asking for the primary care clinician's expertise. "Doctor, what's causing these night sweats?"
- The expert role works great in diagnosing acute medical problems.
- But the expert role doesn't work so well when it comes to behavior. It becomes counterproductive. Behavioral change calls for building the client's intrinsic motivation to change.

# Unhelpful Counselor Responses

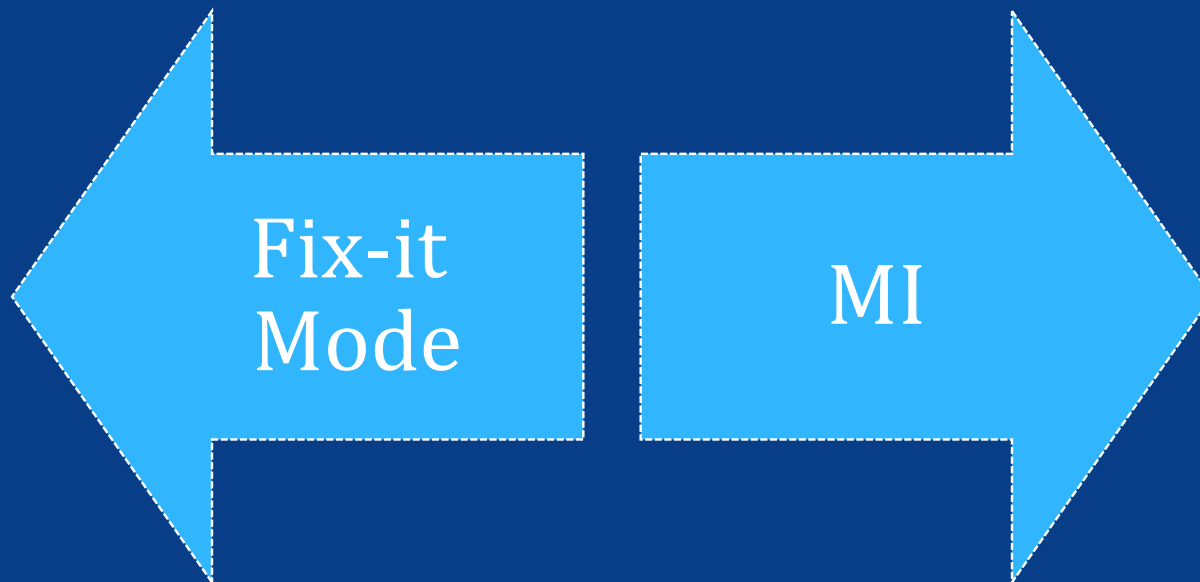


- Assuming the expert role – you know what is best for the client
- Assessment trap – “Dives into an intake and a whole bunch of other forms” and asks many closed-ended questions
- Labeling – “Alcoholic” or “Addict”
- Criticizes, shames, and blames – looks at the status quo in negative terms
- Being in a hurry – if you have a few minutes, you may think you need to tell or instruct the client.

# Unhelpful Counselor Response



“Righting Reflex” is the urge to rush in and fix the client’s problems. The problem is that it has the opposite effect. By resisting the righting reflex, we increase the likelihood that the client will change.





# Basic Principles of MI



Align with client and join forces, so to speak:



As opposed to a “top down approach”

# Building Motivation to Change a Behavior



Is done in two phases, the first is building intrinsic motivation for change. The second involves strengthening the commitment to change and planning how to do it.

# Building Motivation to Change a Behavior



- Phase 1 – laying the groundwork for change to happen
- The most important thing here is to resolve ambivalence and build motivation to change. The amount of time spent on this depends on where the client is starting from.
- If the client comes to you ready to change his/her drinking or drugging behavior, you don't spend much time here.

# Building Motivation to Change a Behavior

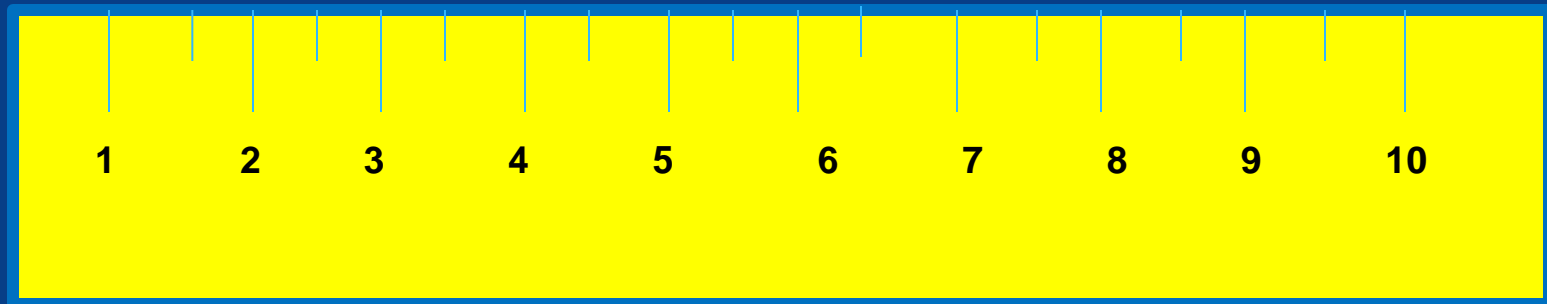


Phase 1 involves learning about how important, confident, and ready the client is to make a change. Understanding the client's level of ambivalence is very helpful.

# Importance Ruler



One method used in MI is the importance ruler:



Not important  
at all

Somewhat  
important

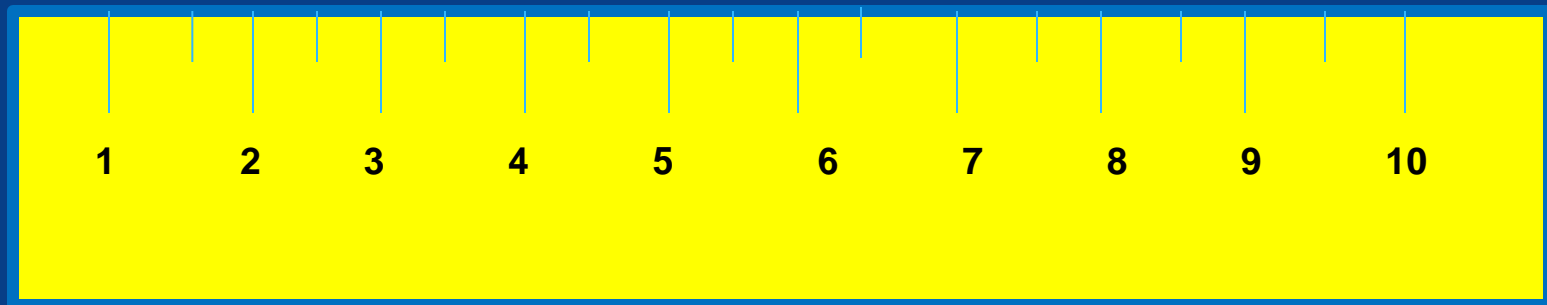
Extremely  
important

How important is to you to quit drinking? On a scale from 1 to 10, with 10 being “really important” and 1 being “not important at all,” how would you rate it? Follow up question: Why did you rate it a 4 and not a 2?

# Confidence Ruler



One method used in MI is the confidence ruler:



Not confident  
at all

Somewhat  
confident

Extremely  
confident

If you did decide to quit drinking, how confident are you that you could actually do it? On a scale from 1 to 10, with 10 being “really confident” and 1 being “not the least bit confident,” how confident would you say you are? Follow-up question: Why did you rate it a 6 and not a 3?

# Building Motivation to Change a Behavior



**OARS**



Are used skillfully  
*throughout* the session

# Building Motivation to Change a Behavior



Open-ended questions

Affirmations

Reflective Listening

Summaries





# Building Motivation to Change a Behavior



- Ask open-ended questions



Early in MI, you encourage the client to do most of the talking. You do this by asking questions that do not call for one-word, brief answers. Open-ended questions help clients explore their concerns and establish an accepting and trusting relationship. This is very important because part of what you do in MI is to elicit and selectively reinforce certain kinds of client speech.

# Building Motivation to Change a Behavior

## Open-ended questions

Tell me about your drug use.

What do you like about cocaine?

What concerns you most about it?

## Closed questions

Are you still using?

Have you thought about the negative consequences?



# Building Motivation to Change a Behavior



- Reflective listening

Is one of the fundamental skills that underlies all of the processes in MI. It shows the patient that you are listening and conveys accurate empathy.

# Building Motivation to Change a Behavior



## Reflective listening:

- Is a skill that people can learn
- Uses statements that make a guess about what the person means
- Statements not questions – statements are used instead of questions because they lead the patient to explore further. The patient is likely to get defensive.

# Building Motivation to Change a Behavior



Learning how to reflect

Consider the following:

You're not sure why you were referred here? (voice turns up at the end)

You're not sure why you were referred here. (voice goes down)



# Building Motivation to Change a Behavior



- Reflective listening

The general rule of thumb is to ask an open question and follow it up with one or two reflections. Be careful not to fall into the question-answer trap.

# Building Motivation to Change a Behavior



- Reflective listening statements come in different shapes and sizes:
- Simple reflections are statements that add very little, if anything, to what the client says.  
Ex: Client says: “I feel lousy.”  
Counselor says: “You don’t feel well.”
- Complex reflections add something to what the client says.  
Ex: Client says: “I’m not looking forward to this weekend.”  
Counselor says: “You don’t want to feel alone again.”

# Building Motivation to Change a Behavior



- Affirmations

The counselor hones in on the client's inherent worth as a human being and emphasizes the positive.

Affirmations help to engage the client. Affirming can reduce defensiveness and increase treatment retention.



# Building Motivation to Change a Behavior



## How do you affirm?

Genuine statements that show appreciation for the client and the client's strengths; should not be confused with praising

Accentuate the positive

Best when tied to specific behaviors or actions

Begin with "You" rather than "I"

Very important in substance abuse treatment



# Building Motivation to Change a Behavior



- A patient comes for his annual physical exam. When you ask about substance use, he explains that he did well for a while, but he recently resumed drinking and wants to know if you will refer him once again to the substance abuse clinic.
- Affirmation: You really don't give up. You're willing to persevere.
- Thank you for coming in today.

# Building Motivation to Change a Behavior



- A summary is a string of reflections that you pull from what the client has shared with you.

Summaries are affirming, because they send a message to the patient that not only are you paying attention to what he/she said, but you also are trying your best to put it all in a neat framework and understand what he/she has said.



# Building Motivation to Change a Behavior



- Summaries



A summary is like handing a client a bouquet of flowers. You select the information that you want to feedback to the client.

Like reflections, summaries come in all different shapes and sizes.

# Basic Processes in MI



- Engaging
- Focusing
- Evoking
- Planning

# Basic Processes in MI



- Engaging

Engaging the client is the building block of the therapeutic relationship – how comfortable the client feels in the consultation is affected by you and the client (time pressures, paperwork to be filled out, client may arrive ready to get into a struggle).

- The best outcome is that the patient returns (can't do anything without the patient!).
- Engagement leads to a good working relationship, a predictor of retention, and a positive outcome.

# Basic Processes in MI



- Engaging gets interrupted by:

Delving into assessment

Focusing too early on a goal without sufficient rapport with the client

Arguing about the diagnostic label

# Basic Processes in MI



- Focusing

Focusing helps to set the agenda and clarify direction in which to move in. Counselor goals may be different from the client's. Engaging is very helpful in focusing on setting the agenda.



# Basic Processes in MI



- Evoking

Evoking is the process by which we elicit the client's own motivations for change. It is at the core of MI. It is the exact opposite of the expert approach (ex: "Take this antibiotic for the next 7 days"). As a goal, personal change is very different in that it requires the patient's participation in the change process. The counselor nurtures the patient's own intrinsic motivation to change.



# Basic Processes in MI



- Planning

At some point, the balance tips, and people start thinking about change and talking more about it. The person reaches a threshold of readiness, and the balance tips. Planning paves the way to change talk.



# Basic Processes in MI



- Evoking:

Change talk is any statement that the client says in favor of change:

- ✦ Desire – “I want to stop using.”
- ✦ Ability – “I can stop if I want to.”
- ✦ Reasons – “I would have more money if I didn’t smoke pot.”
- ✦ Need – “I need to stop drinking or my partner is going to leave.”
- ✦ Commitment – “I need to stop.”
- ✦ Activation – “I’m ready to quit.”
- ✦ Taking steps – “I volunteered to make the coffee at AA.”

# MI



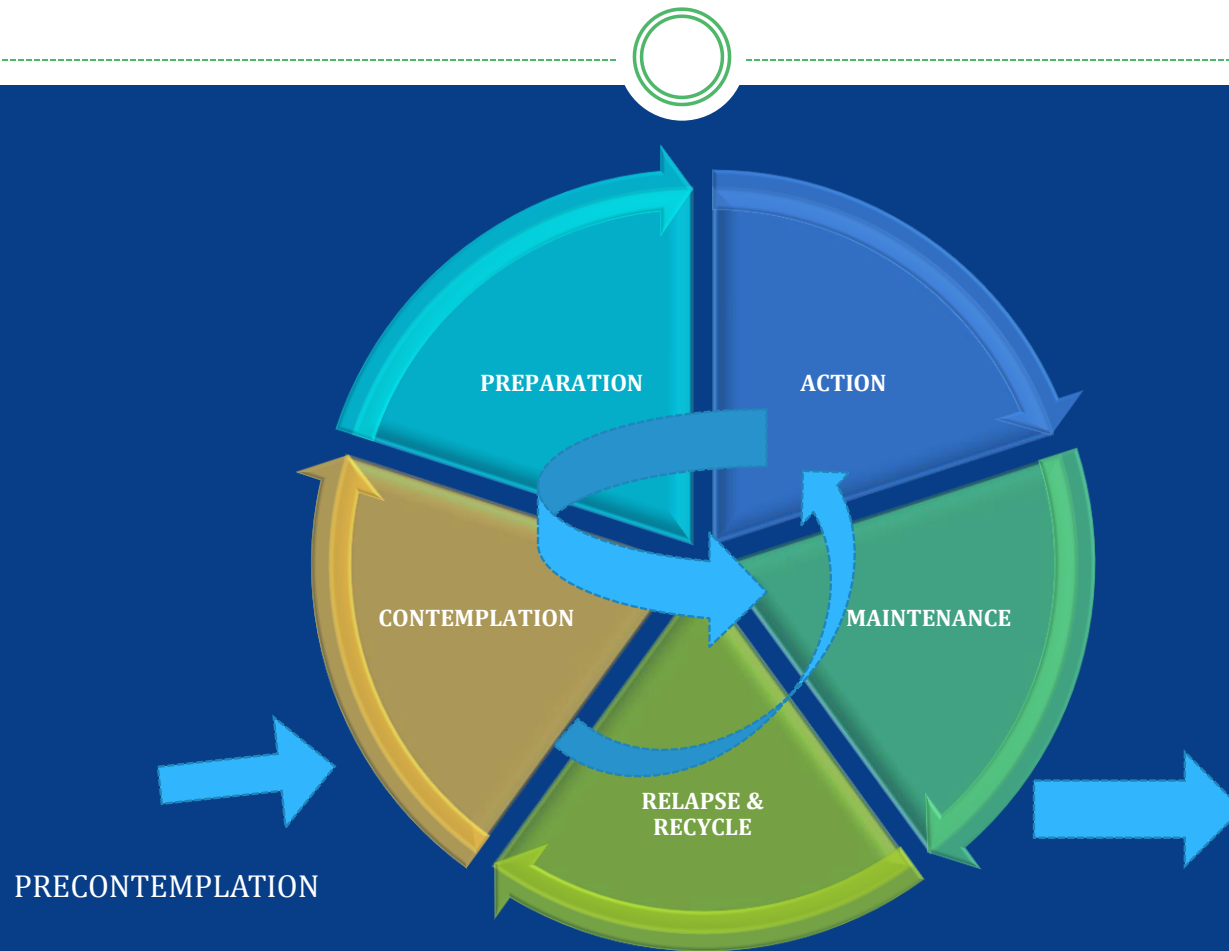
## Change Talk

- I want to stop drinking.
- I could stop if I wanted to.
- I have good reasons to cut down.
- I'm going to stop drinking.

## Not Change Talk

- I don't want to stop drinking.
- I don't think I can stop drinking.
- I won't make as many sales if I don't have a drink with my customers.

# STAGES OF CHANGE



Prochaska, J. O., & DiClemente, C. C. (1983)

# PRECONTEMPLATION



- No intention whatsoever of changing
- Does not think there is a problem
- Clueless
- Ignorance is bliss
- Going along their merry way

# PRECONTEMPLATION



- Mandated
- Medical transport
- Urgent Care

**I don't have a drinking problem. I'm okay. My wife grew up with a father who was an alcoholic, so she thinks everyone has an alcohol problem.**

**I'm doing fine.**

# Precontemplation



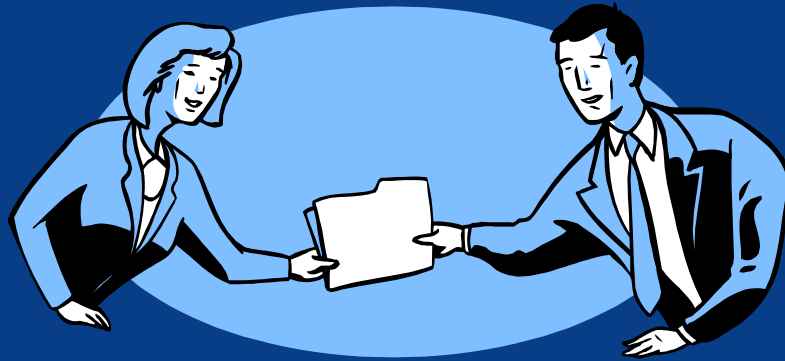
- Impart education
- Provide personal feedback
- De-normalize behavior
- Involve them in a staging exercise
- Ask them to describe a typical day



# Sharing Information



- Elicit



- Provide

- Elicit

# CONTEMPLATION



- **Aware that there is a problem**
- **Maybe thinking of quitting**
- **Not yet committed to action**
- **On the fence**

# Contemplation



Sometimes  
prompted  
by an  
incident

**I know I drink too much  
at times, but I always  
show up for work. Maybe  
I should start thinking  
about my drinking.**

# Contemplation



- Ask about who is concerned
- Pros and cons
- Decisional-balance exercise
- Identify values and how they conflict with behavior
- Values card sort
- How is behavior affecting others (relationship exercise)
- Problem solving
- Setting a goal
- Preparing to change

# Contemplation



## Decisional Balance Exercise

- Pros and Cons
- What are the good things about using alcohol/drugs?
- What are the negative things?
- Assign weights



# PREPARATION



- Intends to take action soon
- Starts making plans to act
- May already have taken steps to change (set a date to stop/New Year's resolution)
- Makes a commitment to change
- Is more open to seeing the benefits of cutting down or quitting drugs.

# Preparation



**I've been thinking about going to AA. In fact, I've called around and learned there is a meeting on Monday nights at the church on Lincoln Street.**

# ACTION



- Quits drinking
- Avoids high-risk situations
- Has a clear commitment to change
- Puts effort into changing



# Action



I haven't used in a month.  
Instead of partying on Friday  
nights, my partner and I now go  
see a movie instead.

# Action



- Identify high-risk situations
- Avoid triggers
- Recognize stress
- Learn viable coping skills
- Relaxation/Mindfulness/Meditation



Instead of going to meet for drinks after work, I am taking a dance class on Friday nights.

**Action**

# MAINTENANCE



- No use for a long period of time
- New behavior takes hold
- Old behavior replaced by new

# Maintenance



- Client says:

When I get an urge, I start doing something. It's been so long, I don't even think about using. I'm able to talk myself through the drink and think of all the negative consequences that would occur.

# Maintenance



I keep a list of high-risk situations, I talk with my sponsor regularly, and attend AA meetings. I have replaced my drinking habits with healthier ones.

**Maintenance**

# Maintenance



- Identify positive behaviors
- Reward themselves for success
- Learn effective communication skills
- Use “urge surfing”
- Remind self of reasons for changing
- Enjoy a substance-free life

# RELAPSE AND RECYCLE



Client uses alcohol or other drugs



# Relapse and Recycle



- Client says:

“I can’t believe it.  
Two years down  
the drain!!!! I  
never learn.”

# Relapse and Recycle



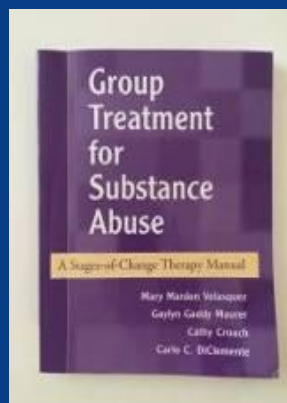
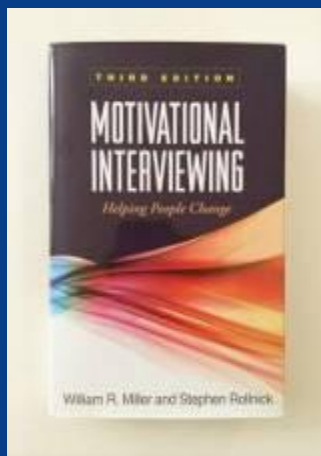
- Reframe a slip
- Learn from relapse
- Get back on track by going through the stages again

# MI Crosses Cultures



- Relatively easy to adapt to other cultures
- Desires, abilities, needs, and reasons are universal, but you have to understand how they are expressed
- Don't have to apply MI differently with Blacks, Hispanics, Whites, etc.
- Empathy crosses cultures
- Respect for autonomy crosses cultures
- MI stance: I need you to tell me who you are and what it is you want from life. I don't know you. I can't and will not assume I do.

# Resources



# To learn more about MI



## Recommended Reading:

- Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick – 3<sup>rd</sup> ed., New York: Guilford Press, 2013.
- Motivational Interviewing: Preparing People for Change by William R. Miller and Stephen Rollnick – 2nd ed., New York: Guilford Press, 2002.
- Read and complete the exercises in Building Motivational Interviewing Skills: A Practitioner Workbook by David B. Rosengren, New York: Guilford Press, 2009
- Try it with your clients
- Attend workshops on MI
- Seek supervision and coaching from the Motivational Interviewing Network of Trainers (MINT) by accessing [www.motivationalinterview.org](http://www.motivationalinterview.org)

# Free Resources



- Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, Number 35. DHHS Pub. No. (SMA) 08-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999. Order from [www.samhsa.gov](http://www.samhsa.gov)
- Center for Substance Abuse Treatment. A Guide to Substance Abuse Services for Primary Care Clinicians: Concise Desk Reference. Based on Treatment Improvement Protocol (TIP) Series, Number 24. HHS Publication No. (SMA) 09-3740, Reprinted 2009. This publication can be downloaded or ordered in both English and Spanish from [www.samhsa.gov/shin](http://www.samhsa.gov/shin) or from the Knowledge Application Program website at [www.kap.samhsa.gov](http://www.kap.samhsa.gov)
- Helping Patients Who Drink Too Much: A Clinician's Guide Updated 2005 Edition, U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, NIH Publication No. 07-3769, Reprinted 2007
- Rethinking Drinking: Alcohol and Your Health, National Institute on Alcohol Abuse and Alcoholism, NIH Publication No. 09-3770, printed September 2010
- For the online version of the Rethinking Drinking booklet and access to interactive features and additional resources, go to [www.RethinkingDrinking.niaaa.nih.gov](http://www.RethinkingDrinking.niaaa.nih.gov)
- National Institute on Alcohol Abuse and Alcoholism, [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Clearinghouse for Alcohol and Drug Information, [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)
- Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. To download a copy of the publication, go to <http://store.samhsa.gov/home> or call 1-877-726-4727 (both English and Spanish versions are available)

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Thank you very much  
for attending!





# Questions and Comments