Applying your Motivational Interviewing to Client Documentation

After trainings it is often a concern regarding how new skills can be incorporated into current documentation. Given our current documentation, here are some ideas around how to incorporate some of the concepts of MI onto the San Mateo County Behavioral Health and Recovery Services Client Treatment and Recovery Plan form.

San Mateo County Contractors and AOD services will have different treatment forms, and these concepts can be adapted to meet the needs of individual programs. If you have any questions, please check with Kristin Dempsey for technical assistance.

First of all, the form doesn’t have a place for the “stages of change”. Clinicians can include documentation about stage of change in the progress note. Remember, for each behavior, any individual might be at a different stage of change.

Program Goals - The left hand column. The following examples are goals that could be used for substance use. (Remember, in addition to goals related to substance use, the Client Plan must also have a goal related to the mental health diagnosis.) You can apply MI to any behavior in which change is desired, and similar stage-based goals can be created:

**Precontemplation**
- Discuss how substance use has affected others in their life in the next month
- Discuss their own substance use history with therapist in the next month
- Complete a cost/benefit analysis of substance abuse in the next month
- Identify any risky behavior that occurs while using substances currently
- Will engage in zero risky behaviors during substance use for the next month

**Contemplation**
- Will discuss current substance use with therapist at each session for one month
- Will discuss what they learned from educational materials with therapist at each session for one month
- Will talk to one person in recovery about their experience in the next month
- Visit one treatment program in the month
- View one video or movie that deals with substance abuse and discuss with therapist in the next month
- Identify reasons to continue and discontinue using substances
- Discuss any signs of risky behavior while using substance currently at each session for the next month

**Preparation Stage**
- Identify 3 different treatment programs that would be appropriate for your type of problem in the next month
- Discuss treatment options with clinician in each session for the next month
• Identify 3 numbers you could call to find out about meetings in your area in the next month
• Identify 3 persons who are able to support a clean and sober life style
• Identify 3 persons, activities, or situations that do not support a clean and sober life style
• Identify 3 strategies to avoid making contact with the persons, activities, or situations that do not support a clean and sober life style
• Identify at least adverse effect or interaction with a dual disorder in the next month
• Discuss connection between substance problem and mental health problem in at least one session with clinician in the next month

**Action Stage**
• Attend at least 2 recovery support meeting each week for the next 3 months
• Identify a sponsor in the next month
• Engage with a sponsor in the next two months
• Speak at meetings at least one time a week each week for the next 3 months
• Client will discuss progress in step work with therapist at each meeting for the next 3 months
• Client will discuss progress in step work with sponsor at each meeting for the next 3 months (as reported by client to clinician)
• Make contact with one of the 3 identified support persons each month for the next 3 months
• Use identified strategies to avoid making contact with the persons, activities, or situations that do not support a clean and sober life style
• Identify 3 recovery support meetings in your area in the next month

**Maintenance/Relapse Prevention**
• Identify 2 additional triggers to SA in the next 3 months
  - Identify 2 additional social or community triggers to SA in the next 3 months
• Report all episodes of craving to their therapist in the next 3 months
  - Maintain a journal of episodes of craving for each day for one month
• Identify 3 additional sources of sober support in the next 3 months
• Practice at least one positive coping strategy during an episode of craving
• Will contact sponsor during at least 5 episodes of craving during the next 3 months
• Identify 5 expectations in the following areas: parenting, working, living in the community, social/friendship, legal
• Identify 5 pleasurable activities compatible with a clean and sober life style
• Engage in 3 of the pleasurable activities that are compatible with a clean and sober life style in next 3 months
• Identify 5 personal strengths that are support a clean and sober life style in the next 3 months
• Utilize 3 of the identified personal strengths in social situations in the next 3 months
• Identify one long-range goal in one of the following areas: marital/family, vocational, educational, spiritual, social, legal in the next 3 months

Remember, goals should be specific and measurable. These examples are intended to be helpful guides; each goal needs to be written to address the needs of the individual.

**Interventions** – the right column of the Client Treatment and Recovery Plan is used to record interventions provided by the clinician and treatment team. Typical interventions that could be used with the goals above include: individual therapy, group therapy, rehabilitation, and case management.

**Progress Notes** – Here are a couple of ideas about how to record the services you provide to your co-occurring client:

• Be sure to discuss the client’s progress in reaching her goal, even if there is no progress to date
• It is also a good idea to report the type of specific therapeutic or rehab intervention you used in your work with the client. Here is a brief list of the techniques clinicians frequently use when working with clients around the goals of behavior change:

  Develop discrepancy
  o Roll with resistance
  o Empathic listening
  o Support, develop, reinforce self-efficacy
  o Develop, clarify values,
  o Encourage
  o Role play
  o Advise
  o Suggest
  o Reinforce
  o Set limits
  o Contingency management
  o Model skills
  o Teach and practice coping skills
  o Relaxation Training
  o Advocacy
  o Referral to supportive resources

Thanks to Pat Miles, Keith Clausen, and Holly Severson from the BHRS QI Team for their assistance in creating these guidelines.

11.07. kld, update 5.23.08.kld