

Motivational Interviewing in an Intake for Treatment Engagement

Joy Chudzynski, Psy.D.

Semel Institute for Neuroscience and Human Behavior at UCLA
Integrated Substance Abuse Programs
Pacific Southwest Addiction Technology Transfer Center

What is Motivational Interviewing?

Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

"a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."







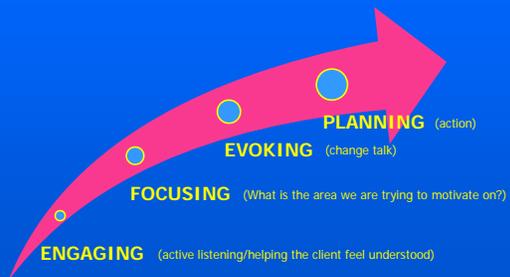
- ### MI - The Spirit: *Style*
- Nonjudgmental and collaborative
 - Based on patient and clinician partnership
 - Gently persuasive
 - More supportive than argumentative
 - Listens rather than tells
 - Communicates respect and acceptance for patients

MI - The Spirit: *Patient*

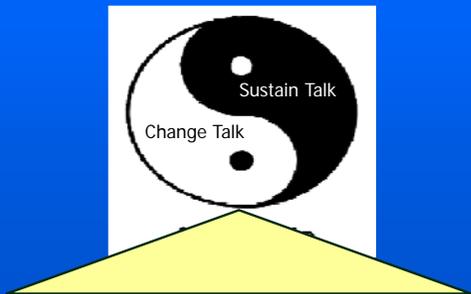
- Responsibility for change is left with the patient
- Change arises from within rather than being imposed from without
- Emphasis on patient's personal choice for deciding future behavior
- Focus on eliciting the patient's own concerns

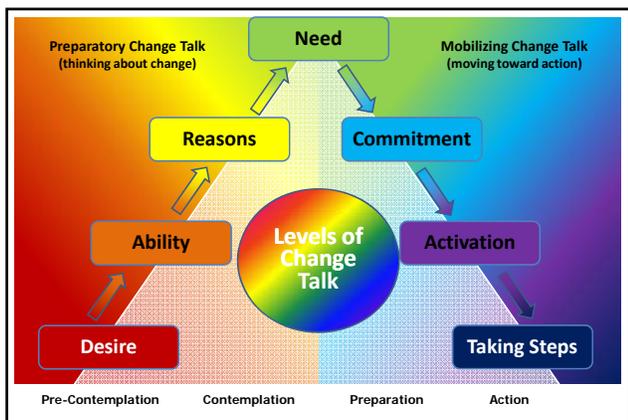


Four Processes of MI



Ambivalence





Roadblocks to Communication



Roadblocks to Communication

- Ordering, directing
- Warning or threatening
- Giving advice
- Persuading, arguing, lecturing
- Moralizing, preaching, telling clients what they "should" do
- Disagreeing, judging, blaming
- Praising prematurely or in excess
- Shaming, ridiculing, labeling
- Excessive reassuring, sympathizing, consoling
- Questioning or probing excessively
- Withdrawing, distracting, humoring
- Cultural/Racial roadblocks
- Organizational roadblocks
- Gender/Age roadblocks

Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



Open-Ended Questions

- Are difficult to answer with brief replies or simple "yes" or "no" answers.
- Contain an element of surprise; you don't really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

Open and Closed Questions Quiz

1. Don't you think your drinking is part of the problem? **C**
2. Tell me about when you were able to quit smoking? **O**
3. How is it going with managing your pain meds? **O**
4. Do you know you might die if you don't stop using? **C**
5. What do you want to do about your drinking? **O**
6. Can you tell me about what you know about your heart condition? **C**

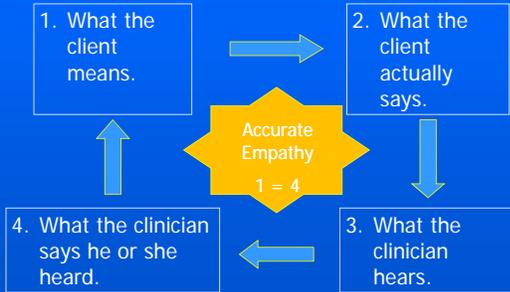
Open-ended Questions

- Ways to help you use open-ended questions:
 - Use these:
 - » How
 - » What
 - » Why (use with caution)
 - Instead of:
 - » Do/Did
 - » When
 - » Have

Converting Closed Questions

1. Do you think your drug use is a problem?
2. Do you have any health problems related to your drinking?
3. Have you considered getting some professional help?
4. Are you worried about dying?
5. Would there be any benefits to not smoking marijuana?

The Communication Cycle



Reflective Listening

Making your best guess about what a patient means.



Engagement

- Reflective Listening
 - Make a guess about what the person means
 - Statement vs. Question
 - » Beware of intonation
 - » Why not just ask people what they mean?
- What could it mean for a person to say, "I wish I were more sociable?"
 - "I feel lonely and want more friends."
 - "I get very nervous when I have to talk to strangers."
 - "People don't invite me to their parties."

What does the client mean?

I should stop using it.

Tell me about your marijuana use.



What does this client mean?

I know I shouldn't have. He just came by and I couldn't turn him away.

What made you decide to see him?



What does the patient mean?

What about it? What difference does it make?

How are things going with the medication?



Forming Reflective Statements

If you find it helpful, start your reflections with the following:

"It sounds like you..."

"You're feeling..."

"It seems that you..."

"So you..."

Reflections in the Round

1. Everyone writes down something a client might say about his/her substance use during an intake. Make it at least 2 sentences long.
2. Everyone sits in a circle.
3. One person is speaker. The others are interviewers. Speaker reads the client statement and interviewers, one right after the other, pose different reflective responses to the client statement.

Affirmations: Catching Someone Doing Something Right

- Recognition of Effort
- Appreciation of Strengths
- Positive Reframes

Recognition of Effort

Client: Well at least I cut back on my smoking. It took a little emphysema to get there, but I did it.

Clinician: You sure did and even with emphysema people don't always cut back or stop smoking. You did.

Appreciation of Strengths

Client: I drink when I am depressed, but I know that it hasn't helped me feel any better, and it has caused my mind to become even more foggy. My concentration is shot.

Clinician: Even though you've had trouble thinking, you've thought very carefully about how your drinking is making your depression worse.

Summary Statements

Collection

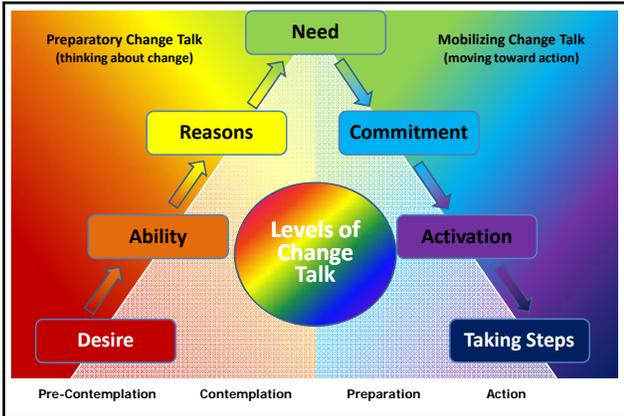


Linkage



Transition





- ### DARN - CAT
- Desire (want, like, wish ...)
 - Ability (can, could ...)
 - Reasons (if...then)
 - Need (need, have to, got to ...)
 - Commitment (intention, decision, promise)
 - Activation (willing, ready, preparing)
 - Taking Steps (early/preparatory actions)



Recognizing Change Talk

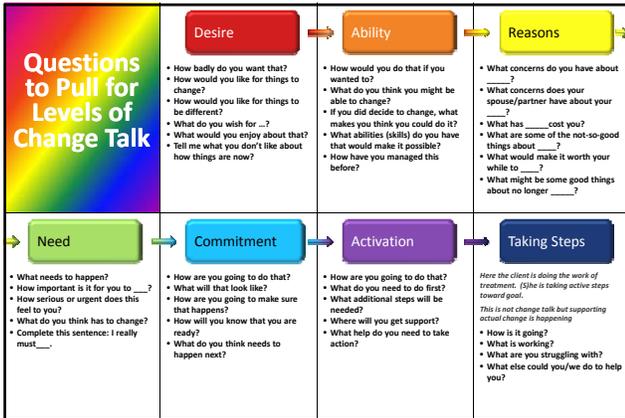
1. I don't need to stop drinking. I need to cut down on my drinking, for sure. But I don't need to stop.
2. I don't want to smoke. It is just that sometimes I have such a strong urge to smoke that I can't resist it, especially after eating.
3. I really want a liver transplant. I will not drink anymore.
4. I already eat healthy. I don't need to see a dietician. Besides, I've never met a dietician I've liked.
5. Look, I stopped smoking marijuana two weeks ago. But I'm warning you. Unless you find some other way to give me relief, I'm going to start smoking again when I leave this hospital.

Recognizing Change Talk (cont.)

6. That program might be good at helping some people, but not me. I can change by myself.
7. I've had enough of drug dealing. If I don't stay out of trouble, I'll be dead before I know it.
8. My blood pressure is still pretty high despite all of my efforts to eat better and exercise more. I've been fighting the idea of taking another medication, but if I have to, then I guess I will.
9. I don't ever want to end up in here again. Now I am really sick and tired of being sick and tired.
10. Okay, I get it. If I keep shooting dope, my heart might get re-infected. So what?

Evocative Questions

- **Desire**
How come you want to stop smoking?
- **Ability**
What have you done in the past to stay clean that you can try now?
- **Reasons**
What is the connection between your medical condition and your drinking?
- **Need**
How will your continued drug use affect your ability to see your kids?
- **Commitment**
What do you intend to do about your drinking?
- **Activation**
What plans do you have for taking your medications as prescribed?
- **Taking Steps**
What have you done so far to cut back your drinking?



Desire – What would one wants or hopes to do

“I wish I could kick this drug.”

■ Questions that pull for Desire:

- How badly do you *want* that?
- How would you *like* for things to change?
- What do you *wish* for your marriage?
- What would you *enjoy* about that?
- Tell me what you don't *like* about how things are now.

Ability – What one is able/unable to do

“I can quit smoking pot.”

■ Questions that pull for Ability:

- How would you do that if you wanted to?
- What do you think you might be able to change?
- If you did decide to change, what makes you think you could do it?
- What abilities (skills) do you have that would make it possible?
- How have you managed this before?

Reason – Reasons for doing/not doing behavior (*because...*)

“Using meth helps me numb out.”

- Questions that pull for Reason:
 - What concerns do you have about your drug use?
 - What concerns does your wife have about your drug use?
 - What has your drug use cost you?
 - What are some of the not-so-good things about ____?
 - What would make it worth your while to ____?
 - What might be some good things about quitting drinking?

Need – stresses the importance or urgency of change (need, must, have to)

“I need to get my kids back.”

- Questions that pull for Need:
 - What needs to happen?
 - How important is it for you to ____?
 - How serious or urgent does this feel to you?
 - What do you think has to change?
 - Complete this sentence: I really must____.

Mobilizing Change Talk

- Commitment (intention, decision, promise)
- Activation (willing, ready, preparing)
- Taking Steps

Commitment (intention, decision, promise)

"I promise."

"I will."

- Questions that pull for Commitment:
 - How are you going to do that?
 - What will that look like?
 - How are you going to make sure that happens?
 - What do you think needs to happen next?

Mobilizing Change Talk

- Activation (willing, ready, preparing)
 - "I'm willing to ..."
 - "I'm ready to..."
- Taking Steps
 - "I went to a meeting."
 - "I called three places about possible jobs."

Use OARS to respond to Change Talk

- Open-ended Questions - ask for elaboration, more detail, in what ways, an example, etc.
- Affirming – commenting positively on the person's statement
- Reflecting change talk
- Summarizing – collecting bouquets of change talk

Practice

- Speaker offers change talk statement
- Person to right asks for Elaboration
 - Speaker responds
- Next person Reflects
 - Speaker responds
- Next person Affirms
 - Speaker responds
- Next person Summarizes
 - Speaker Responds

Exchanging Information

- When asked
- With permission
- Be clear
- Support autonomy
- Check understanding

Elicit – Provide - Elicit

- **Elicit** - Ask what the patient knows or would like to know (*What do you know about ...?*)
- **Provide** - Tell the patient the information in a neutral, nonjudgmental manner (*What we know is ...*)
- **Elicit** - Ask the patient what he or she thinks about the information (*What are your thoughts?*)

Joy Chudzynski

joychud@ucla.edu

www.uclaisap.org

www.psattc.org
