



# MOTIVATIONAL INTERVIEWING FOR SUBSTANCE USE: FOUNDATIONS AND INTERVENTIONS

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# Learning Objectives

Explain the philosophy and foundations of the MI counseling method.

Describe at least five MI techniques useful for substance abuse treatment.

Identify at least two examples of implementing MI skills into personal clinical practice.

You are meeting with a new client. Your client has been referred by the court to complete required substance abuse treatment. At the first meeting, your new client says “This is stupid. I know how to stop using. I don’t need some counselor telling me how to get clean. I’ll come here but it won’t help.”

- What emotions and thoughts would you experience internally in response to this client’s statement?
- How would you respond to this client? Write exactly what you would say to him.
- What do you believe is the most helpful approach to use when working with clients who are resistant to change or mandated (court-ordered) to receive services?

# What is Motivational Interviewing (MI)?

A person-centered, directive method of communication for enhancing intrinsic motivation to change by helping clients explore and resolve ambivalence.

- Miller & Rollnick (2002)

# The MI Approach

- William R. Miller
- Therapist who was working with substance abuse clients. They were labelled by others as “difficult”, “unmotivated” and “resistant”.
- Dr. Miller began experimenting with skills of empathy and validation
- Grounded in a respectful stance
- Focus on building rapport in the initial stages
- Central concept is:
  - identification
  - examination
  - resolution OF
  - ambivalence about changing behavior

## Success Stories

- ❖ The Center for Drug Free Living (now Aspire Health Partners) in Orlando, FL **increased continuation rates to the fourth session by 27%** using MI-based approaches. They had counselors make audio or videotapes of sessions so they could review and discuss the use of MI techniques in staff meetings.
- ❖ Addiction Research and Treatment Services in Denver, CO **increased continuation rates through the first 30 days of treatment for their opioid maintenance outpatient population from 79% to 87% in a 3 month period.** They asked clinicians to focus on using MI techniques and strategies when scheduling the second session.

# Typical Steps in Traditional Provider Approaches

Video:  
One Approach

[https://youtu.be/\\_VIvanBFkvl](https://youtu.be/_VIvanBFkvl)

Find out what the issue is

Explain/persuade why the client should be doing the behavior

Give 3 benefits for change

Give advice about how to do it

Emphasize any negative consequences

Gain consensus about a plan

# Stages of Change



HANDOUTS:  
MI Prep Form,  
3 Questions,  
Sample Evocation Questions,  
10 Evocation Strategies,  
Involuntary Clients,  
DEARS

*A good teacher will lead the horse to water, an excellent teacher will make the horse thirsty first.*  
—Mario Cortes



# Change Talk: DARN-C

Activity:  
Do You  
Swear?

State	Instructional strategies
<b>Precontemplation</b> No intention of taking action in the next 6 months	<ul style="list-style-type: none"><li>Engage the individual with information about need for change</li><li>Provide personalized information about risks if no change and benefits of change</li></ul>
<b>Contemplation</b> Intends to take action in the next 6 months	<ul style="list-style-type: none"><li>Motivate and encourage the individual to set goals and make specific plans</li></ul>
<b>Preparation</b> Intends to take action in the next month and has taken some steps to change behavior	<ul style="list-style-type: none"><li>Help the individual create and implement specific action plans and set realistic goals</li></ul>
<b>Action</b> Has changed behavior for <6 months	<ul style="list-style-type: none"><li>Provide problem-based (action-oriented) learning experiences</li><li>Provide social support, feedback</li></ul>
<b>Maintenance</b> Has changed behavior for >6 months	<ul style="list-style-type: none"><li>Continue to provide social support, assist with problem-solving, positively address slips and relapses if necessary</li><li>Employ reminder systems/performance support tools</li></ul>

- Desire (I want to change)
- Ability (I can change)
- Reason (It's important to change)
- Need (I need to change)
- Consequences (If I don't change)



# **D**esire

(intrinsic)

- If you could change one thing about yourself, what would it be?
- If there is a small part of you that would like to be different, what does that part want?
- What kind of life do you eventually want for yourself and/or your family? How does this (problem behavior) fit into that life?

# **A**bility

(confidence)

- If you decided you wanted to change this, how would you go about it?
- If you decided you wanted to change this, how confident are you that you could succeed?
- If you decided you wanted to change this, what, if anything, might get in your way?
- When there have been occasions you were able to stop or decrease, how were you able to do this?

# **R**eason

(Benefits of Change)

- If you can imagine yourself succeeding eventually, how might your life improve if you did?
- If you did want to change this, how might this benefit your family?
- What do you imagine people who succeed at this report about their lives after they've succeeded?

# **N**eed

(Adverse consequences)

- You've mentioned what you like about \_\_\_\_\_. On the other hand, what is the down side?
- If you were to continue in the same way and look down the road, what do you see?
- If you don't change this, what's at stake?
- What would your family say they worry about?
- Down the road, what would be some signs that would cause you to reconsider \_\_\_\_\_?
- What are the best and worst case scenarios about how this could play out?

# The Spirit of MI

Video:  
Spirit of MI  
<https://youtu.be/APPoKvTPhog>

Develop  
Discrepancy

Roll with  
Resistance

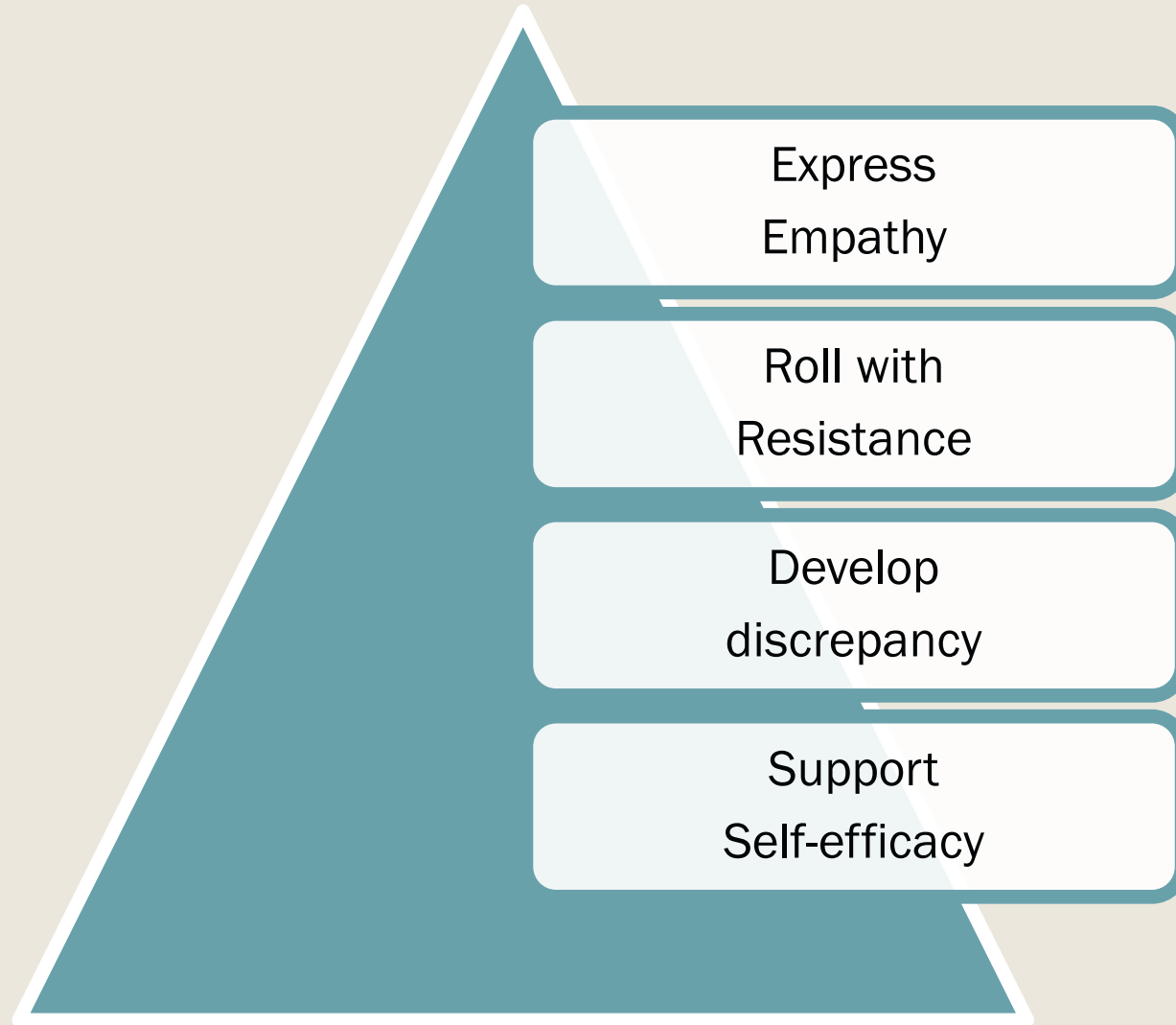
Express  
Empathy

Support  
Self-efficacy

Readiness  
Ruler

Query

# MI Principles




HANDOUT:

Skill Example:  
Rolling  
w/Resistance  
Script

# Principle 1: Express Empathy

- The crucial attitude is one of acceptance
- Skillful reflective listening is fundamental to the client feeling understood and cared about
- Client ambivalence is normal; the clinician should demonstrate an understanding of the client's perspective
- Labelling is unnecessary

# Example of Expressing Empathy



*You drink wine to help you sleep.*

*So you're concerned about not having a job.*

I am so tired, but I cannot even sleep... So I drink some wine.

...When I wake up...it is too late already... Yesterday my boss fired me.

...but I do not have a drinking problem!

## Principle 2: Develop Discrepancy

- Clarify important goals for the client
- Explore the consequences or potential consequences of the client's current behaviours
- Create and amplify in the client's mind a discrepancy between their current behaviour and their life goals

# Example of Developing Discrepancy

So drinking has some good things for you...now tell me about the not-so-good things you have experienced because of drinking.

I enjoy having some drinks with my friends...that's all. Drinking helps me relax and have fun...I think that I deserve that for a change...



Well...as I said, I lost my job because of my drinking problem...and I often feel sick.

## Principle 3: Roll with Resistance

- Avoid arguing against resistance
- If it arises, stop and find another way to proceed
- Avoid confrontation
- Shift perceptions
- Invite, but do not impose, new perspectives
- Value the client as a resource for finding solutions to problems



# Example of NOT Rolling with Resistance

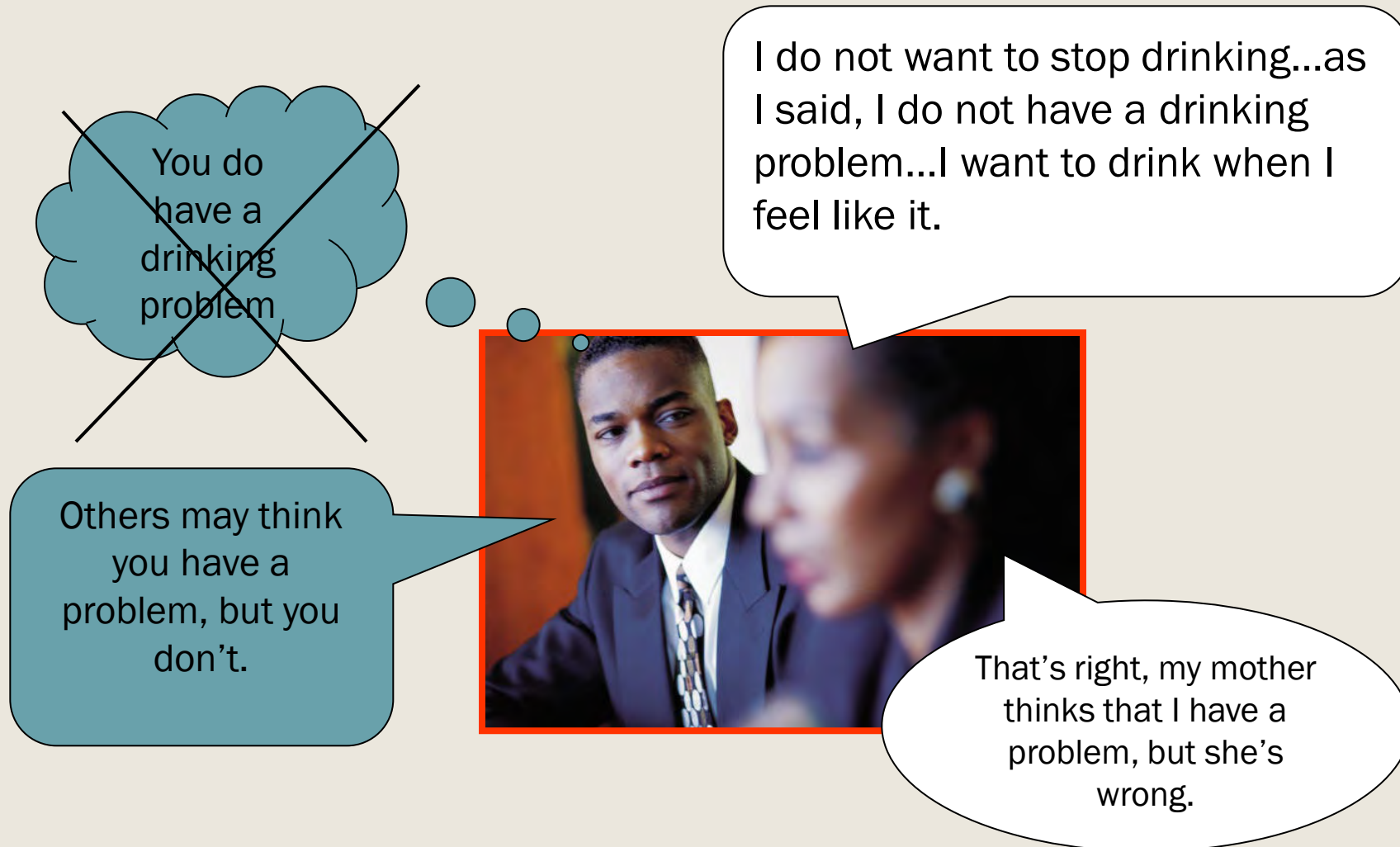
I do not want to stop drinking...as I said, I do not have a drinking problem...I want to drink when I feel like it.

But, Anna, I think it is clear that drinking has caused you problems.



You do not have the right to judge me.  
You don't understand me.

# Example of rolling with resistance



## Principle 4: Support Self-efficacy

- Belief in the ability to change (self-efficacy) is an important motivator
- The client is responsible for choosing and carrying out personal change
- There is hope in the range of alternative approaches available

## Example of Supporting Self-efficacy

I am wondering if you can help me. I have failed many times. . .

Anna, I don't think you have failed because you are still here, hoping things can be better. If you are willing to stay in the process, I will support you. You have been successful before and you will be again.



I hope things will be better this time. I'm willing to give it a try.

# R-U-L-E and O-A-R-S

HANDOUT:

OARS  
Components

## RULE

- Resist the reflex to 'right'
- Understand the client's motivations
- Listen with empathy
- Empower the client

## OARS

- Open-ended questions
- Affirmations
- Reflections
- Summaries

# OARS Approach

## Open-ended questions

- A question that invites the client to ponder and share information.
- “In what ways do you believe that your family is controlling you?”

## Affirming statements

- To support and encourage; recognize that which is good.
- “It’s great that you want to have a voice in your treatment.”

## Reflective listening

- Designed to clarify understanding and allow the client to hear what they have said.
- “It sounds like you’re not comfortable having Mary as a roommate.”

## Summarizing

- Reflections that pull together what a client has told you.
- “So far you have shared that you believe no one understands your addiction, and that it is too hard to stop using. You also said that every time you think of the sexual assault, you engage in drug seeking behaviors.”

# Elements of MI Conversation

Video:

<https://youtu.be/67l6g1I7Zao>

- Ask open ended questions- Why would you want to make this change?
- Listen with empathy, non-judgment , reflectively
- Validate- affirm
- If you decide to make this change, how might you go about it in order to succeed?
- What are the 3 best reasons for you to do it?
- Develop discrepancy- How important would you say it is for you to make this change on a scale from 0-10?
- Why are you at a X rather than Y? (lower) what would it take to get you from X to Z? (higher)
- Summarize- did I get it all?
- So what do you think you'll do?

# PACE

## Partnership

- Cooperative conversation and joint decision making process
- Patient is the 'expert' on their life and family perspective
- Partnership where both counselor and patient play a vital role

## Acceptance

- Absolute self worth or unconditional positive regard
- Autonomy
- Accurate empathy
- Affirmation

## Compassion

- Actively promote patient welfare
- Give priority to the patient needs
- Genuine value for the well being of the patient

## Evocation

- Evoke from the patient their own motivation and resources for decision making or health behavior change
- Evoke inherent ability to develop in a positive direction



# Assessing Readiness to Change

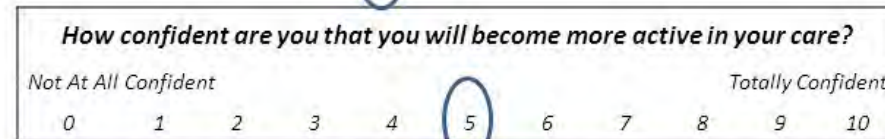
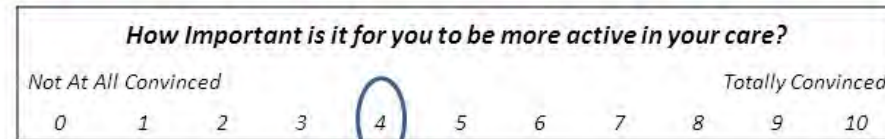
- On a scale of 0-10, how ready are you to think about\_\_\_\_\_?

0 1 2 3 4 5 6 7 8 9 10

- Backward question: Why a 5 and not a 3?
- Straight question: Why a 5?
- Forward question: What would it take for you to move from a 5 to 7?

# Importance Ruler


## Importance – Confidence Ruler



Why “4”? Why not “6”?

What would it take to move from a “5” to an “8”?

Importance/Confidence Score	Stage of Change
0-2 on either	Pre-Contemplation
3-7 on either or both	Contemplation
< 7 on either	Not motivated to change
8-10 on Conviction	Determination
9-10 on Confidence	Action or Maintenance



# Affirmation Examples

- “You have a real talent for inspiring others to have a goal of sobriety.”
- “It took courage to take this big step in coming here today.”
- “You’re clearly a resourceful person, to cope with such difficulties for so long.”
- You’re a warrior by fighting for a program that works best for you.”
- “I’m glad you came. I’ve enjoyed talking with you today.”

# Reasons to Talk About Spirituality

- Explore whether spirituality or religion is/was important to your client
  - *Example: “For many people, their spirituality and beliefs are an important part of who they are. What is important for me to understand about your beliefs as we work together?”*
- If not, move onto other topics.
- Explore whether they have a preference between spirituality and religion (blend is fine, too) or to describe in their own words
- Ask whether spirituality is related to their alcohol use (similar to previous page on values)
  - If yes, ask how it is related to their alcohol use and how spirituality might help them to overcome alcohol problems

# Case Study: Mary

Mary's MI counseling session:

<https://study.sagepub.com/sites/default/files/ch-24.pdf>

Mary is 27 years old; she has a history of alcohol dependence over several years. Mary has a daughter Kylie aged 3 years who displays signs of fetal alcohol syndrome. Social work services have been involved with Mary and Kylie since her birth, culminating in Kylie being looked after by the local authority because of Mary arriving to collect Kylie from the local nursery whilst significantly under the influence of alcohol. Mary has demonstrated ambivalence regarding her ability to control her alcohol use. Mary has referred herself to a local counselling agency as suggested by the social worker and her GP.

Video:

<https://youtu.be/PQzrx7JmUkM>

# In Summary

- Motivational interviewing is a technique used to explore ambivalence about a behavior, such as physical activity.
- Motivational interviewing uses open-ended questions, affirmations, reflections, and summarizations to help an older person self-analyze their behavior.
- To increase client success, avoid: judging/blaming, advice giving, the righting reflex, and assuming the role of expert.
- The effects of motivational interviewing may be greater if the clinician adheres to the core components of motivational interviewing.
- Practice incorporating 1-2 MI techniques each week.

# Helpful Resources

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THANK  
YOU

- Using MI Techniques in SMART Recovery: <https://www.smartrecovery.org/wp-content/uploads/2017/03>
- IRETA (MI Toolkit): <https://ireta.org/resources/motivational-interviewing-toolkit/>
- Talking About Health Risk Behaviors free module: <https://nida.nih.gov/nidamed-medical-health-professionals/ctn-dissemination-initiative/blending-initiative-motivational-interviewing-cmece-patient-simulation/talking-patients-about-health-risk-behaviors-module>
- ATTC (SAMHSA Addiction resources): <https://attcnetwork.org/regional-centers/content.aspx?rc=northwest&content=STCUSTOM2>
- Enhancing Motivation for Change in Substance Abuse Treatment: <https://www.mcstap.com/docs/Enhancing%20Motivation%20for%20Change.pdf>
- Motivational Enhancement Therapy Manual: <https://casaa.unm.edu/download/met.pdf>
- HABITS Lab (Transtheoretical Model of Change) resources: <https://habitslab.umbc.edu/>
- MI w/a Depressed Adolescent case study: [https://kdads.ks.gov/docs/librariesprovider17/general-provider-pages/training/motivational-interviewing/mi-case-studies/motivational-interviewing-with-depressed-adolescent.pdf?sfvrsn=c4823bee\\_8](https://kdads.ks.gov/docs/librariesprovider17/general-provider-pages/training/motivational-interviewing/mi-case-studies/motivational-interviewing-with-depressed-adolescent.pdf?sfvrsn=c4823bee_8)