

BASIC VOLUME

Elements of Drug Dependence Treatment

Treat  net

Module 2

Motivating clients for treatment and addressing resistance



**Basic counselling
skills for drug
dependence
treatment**



**Special
considerations
when involving
families in drug
dependence
treatment**



**Principles of
motivational
interviewing**



Workshop 3

Principles of motivational interviewing

Training objectives

At the end of this workshop, you will be able to:

- ▶ Understand the nature of motivation as it influences behavioural change
- ▶ Understand the role of the clinician and the patient/client when using motivational strategies for behavioural change
- ▶ Understand the Stages of Change Model and be able to identify a minimum of 3 components
- ▶ Identify a minimum of 3 principles of motivational interviewing





change →

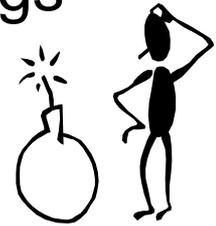
**An introduction to
motivational
interviewing:
Preparing people
for change**

Motivating clients: Definition

Motivational interviewing is a client-centred style of interaction aimed at helping people explore and resolve their ambivalence about their substance use and begin to make positive changes.

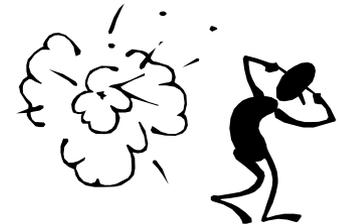
In other words...

Many people who engage in harmful substance use do not fully recognise that they have a problem or that their other life problems are related to their use of drugs and/or alcohol.



It seems surprising...

That people don't simply stop using drugs, considering that drug addiction creates so many problems for them and their families.



However...

People who engage in harmful drug or alcohol use often say they want to stop using, but they simply don't know how, are unable to, or are not fully ready to stop.

Understanding How People Change: Models

- ▶ Traditional approach
- ▶ Motivation for change



Traditional approach

- ▶ Change is motivated by discomfort
- ▶ If you can make people feel bad enough, they will change
- ▶ People have to “hit bottom” to be ready for change
- ▶ Corollary: People don't change if they haven't suffered enough

Traditional approach

If the stick is big enough, there is no need for a carrot.



You better!
Or else!..

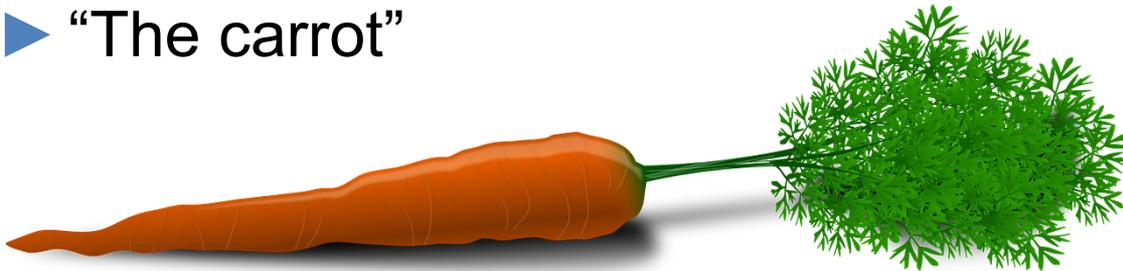
Traditional approach



- ▶ Someone who continues to use is “in denial”
- ▶ According to traditional approaches, the best way to “break through” the denial is direct confrontation

Another approach: Motivation

- ▶ People are ambivalent about change
- ▶ People continue their drug use because of their ambivalence
- ▶ “The carrot”



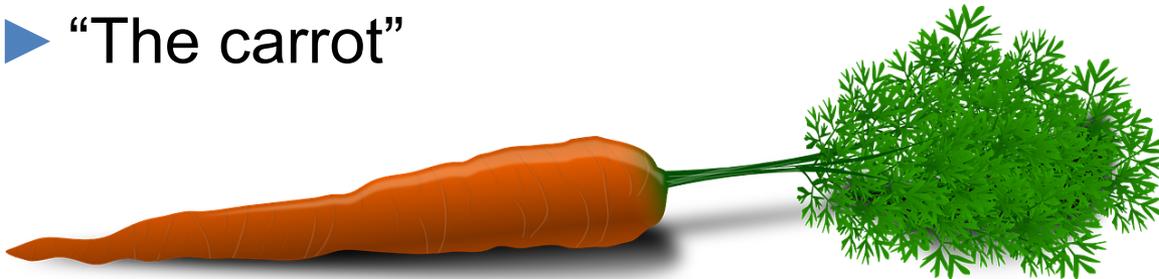
Ambivalence

Feeling two ways about something

- ▶ All change contains an element of ambivalence
- ▶ Resolving ambivalence in the direction of change is a key element of motivational interviewing

Another approach: Motivation

- ▶ Motivation for change can be fostered by an accepting, empowering, and safe atmosphere
- ▶ “The carrot”





**The process of
change**

Why don't people change?

You would think...

- ▶ That when a man has a heart attack, it would be enough to persuade him to quit smoking, change his diet, exercise more and take his medication
- ▶ That hangovers, damaged relationships, an auto crash, memory blackouts — or even being pregnant — would be enough to convince a woman to stop drinking
- ▶ That experiencing the dehumanizing privations of prison would dissuade people from re-offending

Why don't people change?

And yet...

Harmful drug and alcohol use persist despite overwhelming evidence of their destructiveness.



**Why don't people
change?**



What is the problem?

It is NOT that...

- ▶ they don't want to acknowledge they have a problem (or they are in denial)
- ▶ they don't care about the consequences of drug use

They are just in the early stages of change

How do people change?

Natural change

- ▶ In many problem areas, positive change often occurs without formal treatment
- ▶ Stages and processes by which people change seem to be the same with or without treatment
- ▶ Treatment can be thought of as facilitating a natural process of change

Faith / hope effect

- ▶ A person's perception of how likely it is that he/she can succeed in making a particular change is a good predictor of the likelihood that actual change will occur
- ▶ The effect of believing (placebo) often brings about 30% of the outcomes of treatment
- ▶ The doctor's/counsellor's/teacher's beliefs can become self-fulfilling prophecies

Brief intervention effect

- ▶ Brief interventions can trigger change
- ▶ 1 or 2 sessions can yield much greater change than no counselling
- ▶ A little counselling can lead to significant change
- ▶ Brief interventions can yield outcomes that are similar to those of longer treatments

Dose effect

It is reasonable to presume that the amount of change is related to the amount (dose) of counselling/treatment received.

...but this is not always the case!!!

It is possible that treatment adherence and positive outcomes are related to some other factor – such as motivation for change.

Where are we so far?



- ▶ What is MI?
- ▶ What are the two main approaches to change?
- ▶ Why it is hard for people to change?
- ▶ What can foster motivation?
- ▶ How effective can brief interventions be?

Break





BELIEVE

Motivation

The concept of motivation

“Motivation can be defined as the probability that a person will enter into, continue, and adhere to a specific change strategy”

Council of Philosophical Studies, 1981

- ▶ Motivation is a key to change
- ▶ Motivation is multidimensional
- ▶ Motivation is dynamic and fluctuating

The concept of motivation

- ▶ Motivation is influenced by the clinician's style
- ▶ Motivation can be modified
- ▶ The clinician's task is to elicit and enhance motivation
- ▶ “Lack of motivation” is a challenge for the clinician's therapeutic skills, not a fault for which to blame our clients

General motivational strategies



- ▶ Giving ADVICE
- ▶ Removing BARRIERS
- ▶ Providing CHOICES
- ▶ Decreasing DESIRABILITY
- ▶ Practising EMPATHY
- ▶ Providing FEEDBACK
- ▶ Clarifying GOALS
- ▶ Active HELPING

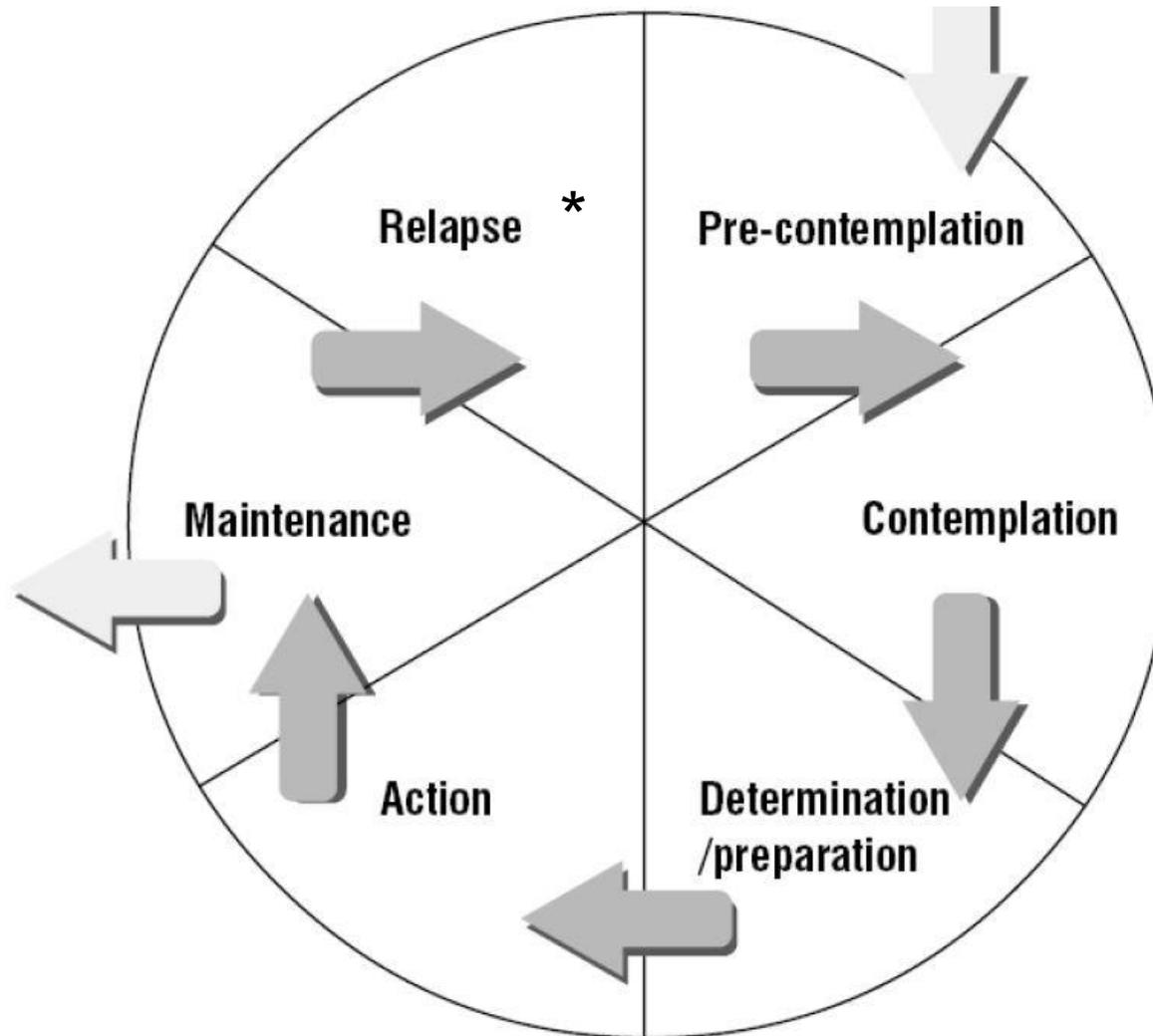
The concept of ambivalence

- ▶ Ambivalence is normal
- ▶ Clients usually enter treatment with fluctuating and conflicting motivations
- ▶ They “want to change and don’t want to change”
- ▶ “Working with ambivalence is working with the heart of the problem”



Stages of change

Stages of change



Let's reflect!



- ▶ Take some time to think about the most difficult change that you had to make in your life.
- ▶ How much time did it take you to move from considering that change to actually taking action?

Stages of change

- ▶ Recognising the need to change and understanding how to change doesn't happen all at once. It usually takes time and patience.
- ▶ People often go through a series of “stages” as they begin to recognise that they have a problem.

First stage: Pre-contemplation

People at this stage:

- ▶ Are unaware of any problem related to their drug use
- ▶ Are not too concerned about their drug-use (not making a connection between their drug use and the consequences)
- ▶ Ignore anyone else's belief that they are doing something harmful



Second stage: Contemplation

People at this stage are considering whether or not to change:

- ▶ They enjoy using drugs, but...
- ▶ They are sometimes worried about the increasing difficulties the use is causing
- ▶ They are constantly debating with themselves whether or not they have a problem



Third stage: Preparation / determination

- ▶ People at this stage are deciding how they are going to change
- ▶ They may be ready to change their behaviour
- ▶ They are getting ready to make the change
- ▶ It may take a long time to move to the next stage (action)



Fourth stage: Action

People at this stage:

- ▶ Have begun the process of changing
- ▶ Need help identifying realistic steps, high-risk situations, and new coping strategies



Fifth stage: Maintenance

People in this stage:

- ▶ Have made a change
- ▶ Are working on maintaining the change



Relapse

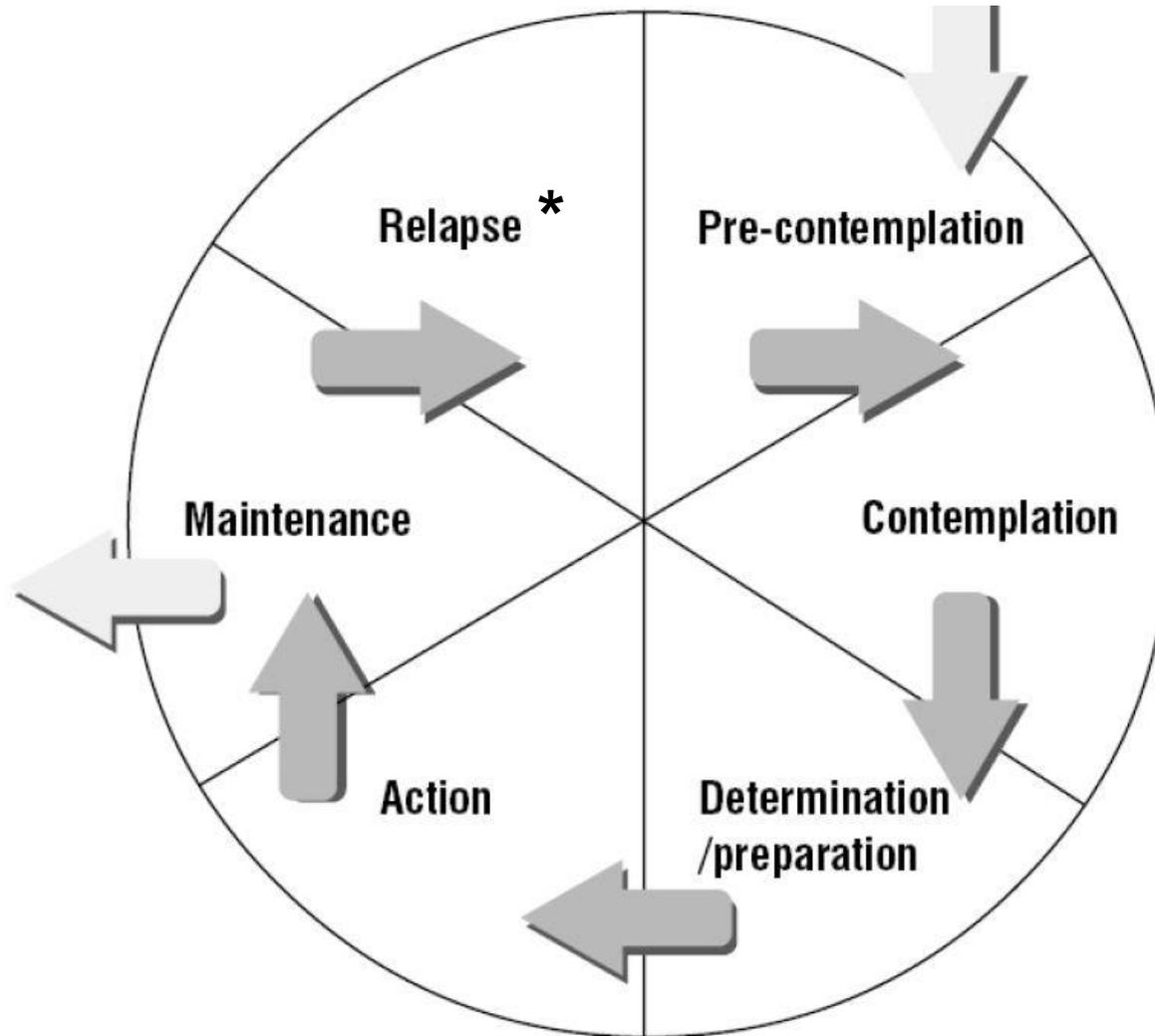
- ▶ People at this stage have reinitiated the identified behaviour
- ▶ Relapse is not usually a Stage of Change, but is often a part of recovery process
- ▶ People usually make several attempts to quit before being successful
- ▶ The process of changing is rarely the same in subsequent attempts. Each attempt incorporates new information gained from the previous attempts.

Relapse

- ▶ Someone who has relapsed is NOT a failure!
- ▶ Relapse is part of the recovery process



Stages of change



Helping people change

Helping people change involves increasing their awareness of their need to change and helping them to start moving through the stages of change.

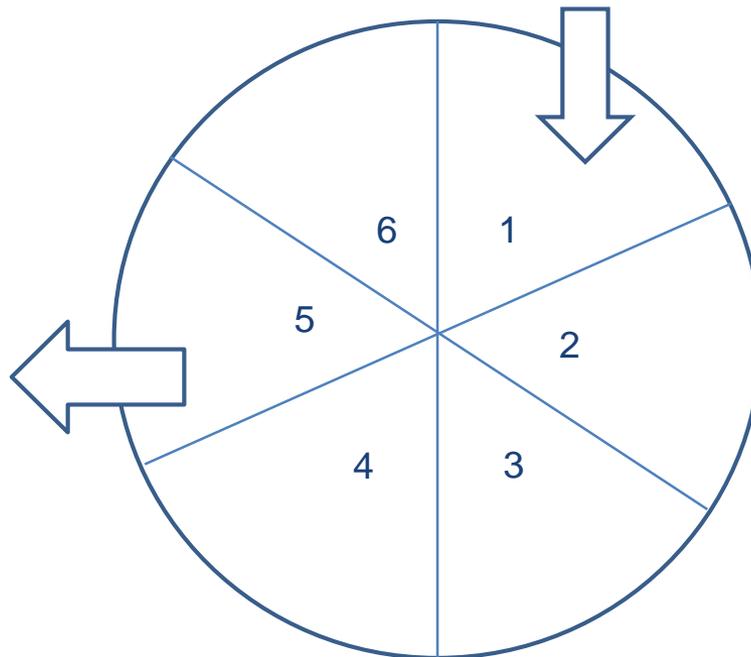
- ▶ Start “where the client is”
- ▶ Positive approaches are more effective than confrontation – particularly in an outpatient setting

Let's practice!



Stages of change

Restore the chart



Break





Introduction to motivational interviewing

Motivational interviewing

“People are better persuaded by the reasons they themselves discovered than those that come into the minds of others”

Blaise Pascal

Definition of motivational interviewing

Motivational Interviewing – MI

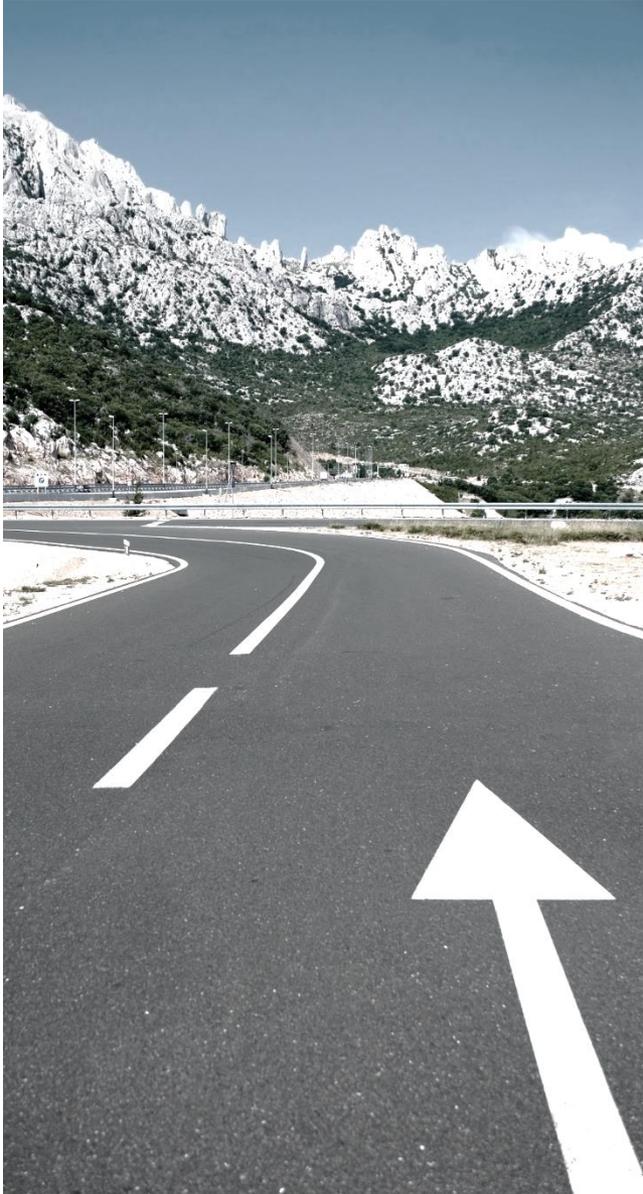
MI is a directive, client-centred method for enhancing intrinsic motivation for change by exploring and resolving ambivalence”

Miller and Rollnick, 2002

“MI is a way of being with a client, not just a set of techniques for doing counselling”

Miller and Rollnick, 1991

Strategic goals of MI



- ▶ Resolve ambivalence
- ▶ Avoid eliciting or strengthening resistance
- ▶ Elicit “Change Talk” from the client
- ▶ Enhance motivation and commitment for change
- ▶ Help the client go through the Stages of Change

MI spirit: clinician's style

The clinician's counselling style is one of the most important aspects of motivational interviewing:

- ▶ Non-judgemental and collaborative
- ▶ Based on client and clinician partnership
- ▶ Gently persuasive
- ▶ More supportive than argumentative
- ▶ Listens rather than tells
- ▶ Communicates respect for and acceptance for clients and their feelings
- ▶ Explores client's perceptions without labelling or correcting them

MI spirit: patient / client

- ▶ Responsibility for change is left with the patient/client
- ▶ Change arises from within rather than imposed from outside
- ▶ Emphasis on patient/client's personal choice for deciding future behaviour
- ▶ Focus on eliciting the patient/client's own concerns

Important considerations

The **clinician's counselling style** is one of the most important aspects of motivational interviewing:

- ▶ Use reflective listening and empathy
- ▶ Avoid confrontation
- ▶ Work as a team against “the problem”

Motivation for change



- ▶ Maintenance
- ▶ Determination/preparation
- ▶ Action
- ▶ Contemplation
- ▶ Pre-contemplation



Principles of motivational interviewing

Principles of motivational interviewing

Motivational interviewing is founded on 4 basic principles:

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

Principle 1: Express empathy

- ▶ The crucial attitude is one of acceptance
- ▶ Skilful 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
- ▶ Avoid labelling

Example of expressing empathy



Principle 2: Develop discrepancy

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

Example of developing discrepancy

1

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...

2

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

3

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 confrontation – obvious and very common

① 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.

② But, Anna, I think it is clear that drinking has caused you problems.

③ You do not have the right to judge me. You don't understand me!

Still confrontation yet subtle – not as easy to spot



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

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

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

Example of rolling with resistance

1 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.

2 ~~You do have a drinking problem~~

4 That's right, my mother thinks that I have a problem, but she's wrong.

3 Others may think you have a problem, but you don't.

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

Questions



Wrap-up



- ▶ How motivation can help change behaviour?
- ▶ What is the role of the clinician and client when using motivational strategies for behavioural change?
- ▶ What are the Stages of Change Model?
- ▶ What are the principles of motivational interviewing?

Post-assessment



Thank you for your time!

End of module 2

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