



Motivational Interviewing in Substance Abuse Treatment

with Scott Caldwell, MA CSAC
MINT member

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Thank you...

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Department of Health Services, Bureau of
Prevention, Treatment, and Recovery



Outline of this presentation:

- I. Brief review of MI evidence
- II. Practice update: *Motivational Interviewing – Third Edition*
- III. Identify learning methods and resources



I. The Evidence-Base of MI

(or What can MI do for you and your clients?)



Evidence-Base of MI

- Over 1,300 publications
 - Over 250 randomized clinical trials
 - Several meta-analyses



Evidence-Base of MI

- Over 1,300 publications
- Promotes positive behavior change
 - Top ranked for AODA treatment



Meta Analysis of Adult Alcohol Treatment Outcome: Rank Order

Miller & Wilbourne (2002, p. 272)

**#1 Brief
Intervention**

**#2 Motivational
Enhancement**

What does not work:

- #41 Standard treatment**
- #43 Confrontational counseling**
- #46 Education**

Table 3 Summary scores for treatment modalities with three or more studies.

All studies, regardless of population severity

Clinical populations only

Treatment modality	All studies, regardless of population severity						Clinical populations only			
	Rank order	CES	% +	N	Mean MQS	% MQS ≥ 14	% Clinical	Rank order	CES	% +
Brief intervention	1	280	68	31	12.68	48	48	1	136	73
Motivational enhancement	2	173	71	17	13.12	53	53	11	37	56
GABA agonist	3	116	100	5	11.60	20	100	3	116	100
Opiate antagonist	4	100	83	6	11.33	0	100	4	100	83
Social skills training	5	85	68	25	10.50	16	84	2	125	63
Community reinforcement	6	80	100	4	13.00	50	80	5	68	100
Behavior contracting	7	64	80	5	10.40	0	100	6	64	80
Behavioral marital therapy	8	60	62	8	12.88	50	100	7.5	60	63
Case management	9	33	67	6	10.20	0	100	7.5	60	67
Self-monitoring	10	25	50	6	12.00	50	83	18	-3	40
Cognitive therapy	11	21	40	10	10.00	10	88	9	41	50
Client-centered counseling	12.5	20	57	7	10.57	0	86	13	28	67
Disulfiram	12.5	20	50	24	10.75	17	100	10	38	50
Aversion therapy, apneic	14.5	18	67	3	9.67	0	100	15.5	18	67
Covert sensitization	14.5	18	38	8	10.88	0	100	15.5	18	38
Acupuncture	16.5	14	67	3	9.67	0	100	17	14	67
Aversion therapy, nausea	16.5	14	40	5	10.40	20	100	14	20	40
Self-help	18	11	40	5	12.00	20	60	12	33	67
Self-control training	19	9	49	35	12.80	51	63	20	-8	45
Minnesota model	20.5	-3	33	3	11.33	33	33	25	-22	0
Exercise	20.5	-3	33	3	11.00	0	33	21	-11	0
Stress management	22	-4	33	3	10.33	0	66	25	-22	0
Family therapy	23	-5	33	3	9.30	15	100	19	-5	33
Aversion therapy, electric	24.5	-13	40	20	10.55	67	100	22.5	-13	40
Twelve-Step facilitation	24.5	-13	33	3	15.67	0	100	22.5	-13	33
Antidepressant, SSRI	26	-16	53	15	8.60	0	53	25	-22	50
Lithium	27	-32	43	7	11.43	29	100	28	-32	43
Marital therapy other	28	-33	38	8	12.25	25	100	29	-33	38
Functional analysis	29	-36	0	3	12.00	33	66	27	-24	0
Hypnosis	30	-41	0	4	10.25	0	100	30	-41	0
Psychedelic medication	31	-44	25	8	10.12	0	100	31	-44	25
Calcium carbimide	32	-52	0	3	10.00	0	100	33	-52	0
Serotonin antagonist	33	-68	0	3	11.33	0	66	32	-46	0
Anti-anxiety medication	34	-80	29	14	8.36	0	100	35.5	-80	29
Relapse prevention	35	-87	30	20	11.85	30	85	34	-62	29
Metronidazole	36	-101	11	9	10.56	0	100	37.5	-82	11
Antidepressant, non-SSRI	37	-104	0	6	8.67	0	100	41	-104	0
Milieu therapy	38	-107	17	12	10.58	25	100	42	-107	17
Alcoholic anonymous	39.5	-108	14	7	10.71	29	86	35.5	-80	14
Video self-confrontation	39.5	-108	0	8	10.50	13	88	39	-84	0
Standard treatment	41	-130	13	15	9.20	7	87	43	-111	10
Relaxation training	42	-144	17	18	10.56	17	66	40	-98	17
Confrontational counseling	43	-190	0	11	10.73	27	73	37.5	-129	0
Psychotherapy	44	-225	11	18	10.94	22	88	45	-185	13
General alcoholism counseling	45	-239	10	20	11.15	20	85	46	-211	6
Educational lectures, films, groups	46	-343	27	23	8.74	13	38	44	-161	0



Motivational Interviewing is listed in

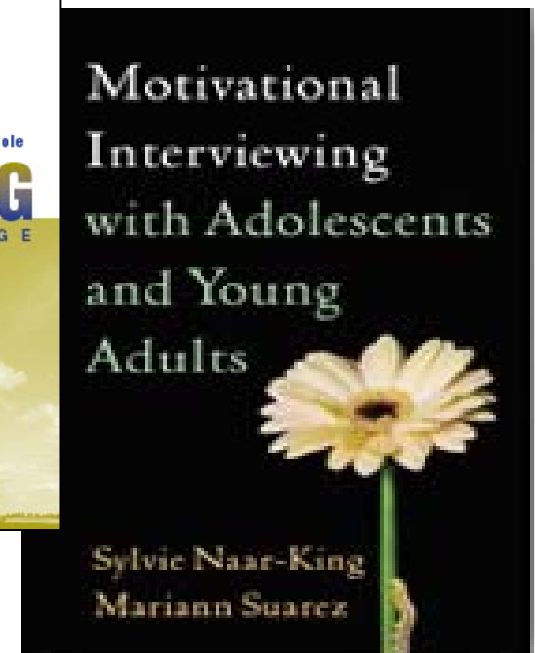
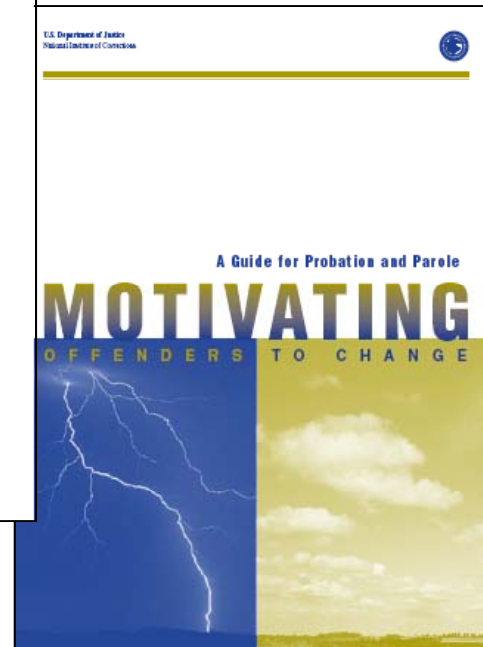
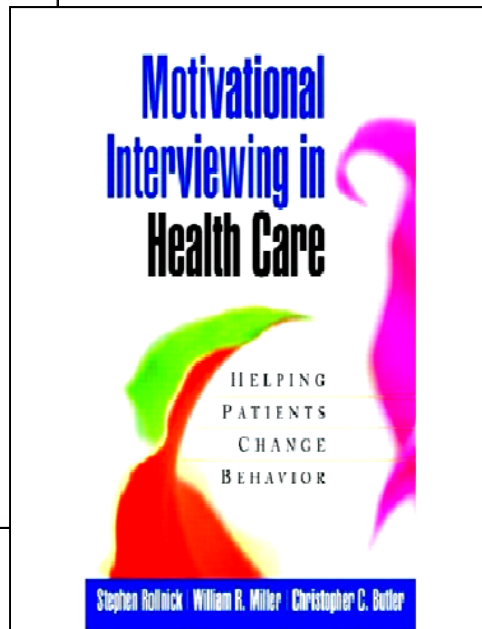
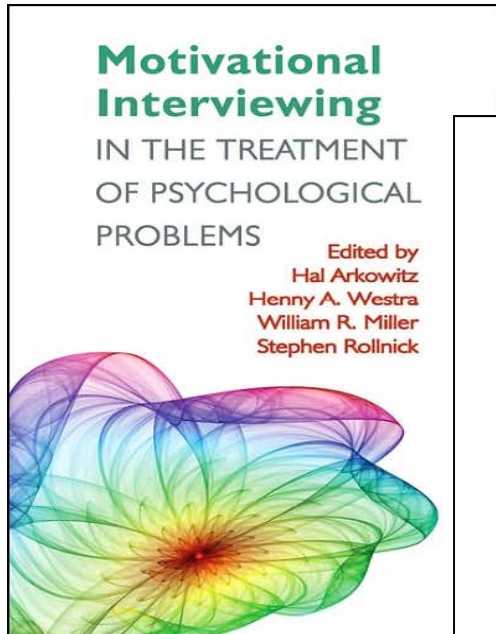


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Evidence-Base of MI

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- Promotes positive behavior change
 - Top ranked for AODA treatment
 - Effective across a range of populations, settings, and behaviors





Evidence-Base of MI

- Over 1,300 publications
- Promotes positive behavior change
 - Top ranked for AODA treatment
 - Effective across a range of populations, settings, and behaviors
 - **Lundahl et al. (2010) meta analysis of 119 studies: 50% some behavior change; 25% moderate or strong behavior change**



Evidence-Base of MI

- Over 1,300 publications
- Promotes positive behavior change
- Promotes service engagement and retention
- **Hettema et al. (2005) meta analysis of 72 studies: “robust and enduring effects when MI is added at the beginning of treatment”**



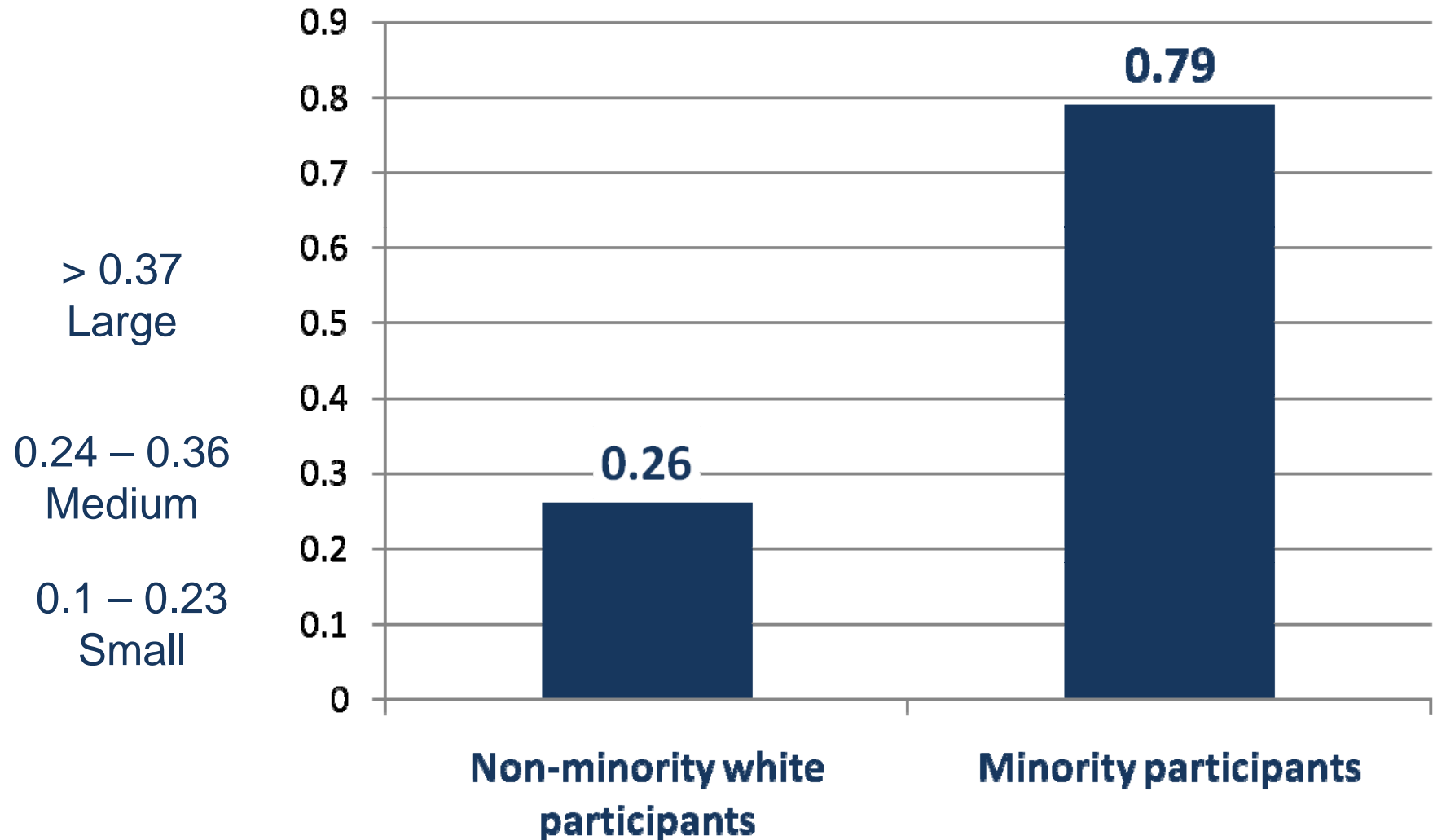
Evidence-Base of MI

- Over 1,300 publications
- Promotes positive behavior change
- Promotes service engagement and retention
- High levels of client satisfaction
- Culturally relevant



MI effect size by participant samples

Hettema, Steele, & Miller (2005)



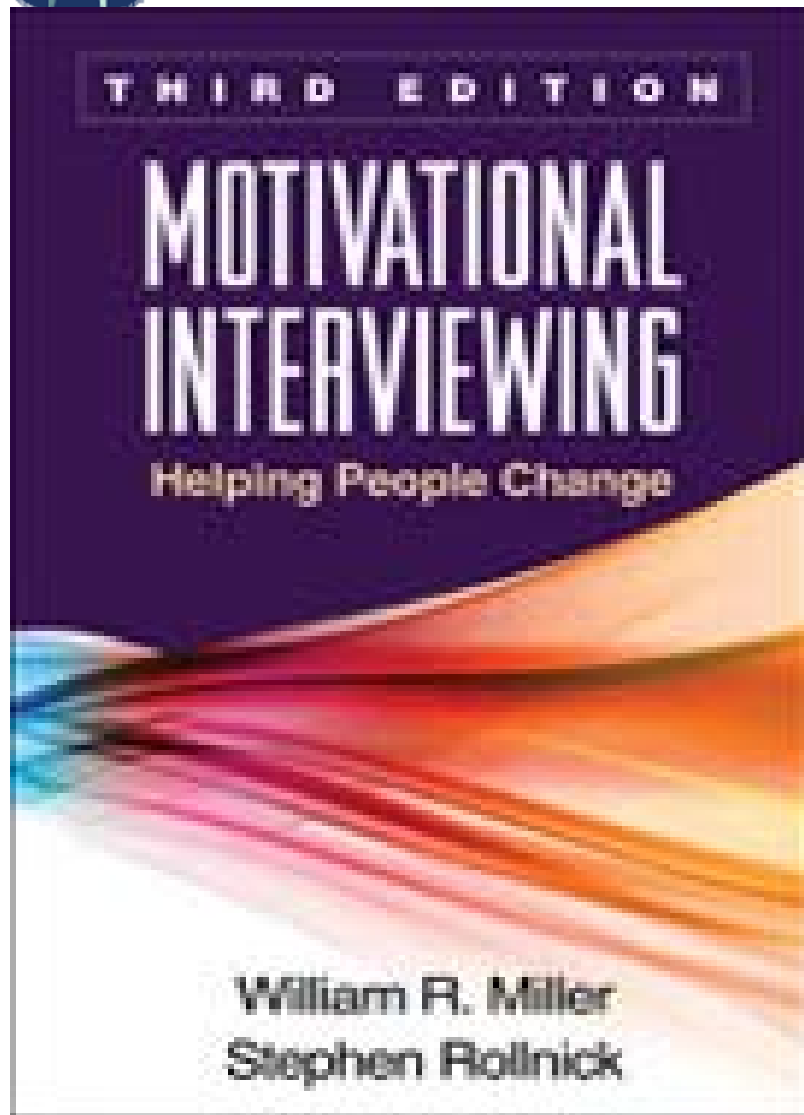


What can MI do for you and your clients?

- Well-established evidence-based practice with over 1,300 publications
- Promotes positive behavior change
- Promotes service engagement and retention
- High levels of client satisfaction
- Culturally relevant



II. Practice Update



1. Definition
2. Spirit
3. Change Talk
4. Skills
5. Sustain Talk/Discord
6. Processes



1. Three definitions of MI

Layperson's	MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
Practitioner's	MI is a person-centered counseling style for addressing the common problem of ambivalence about change.
Technical	MI is a collaborative, goal-oriented style of communication with particular emphasis to the language of change. It is designed to strengthen personal motivation for and commitment to a specific behavior by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.



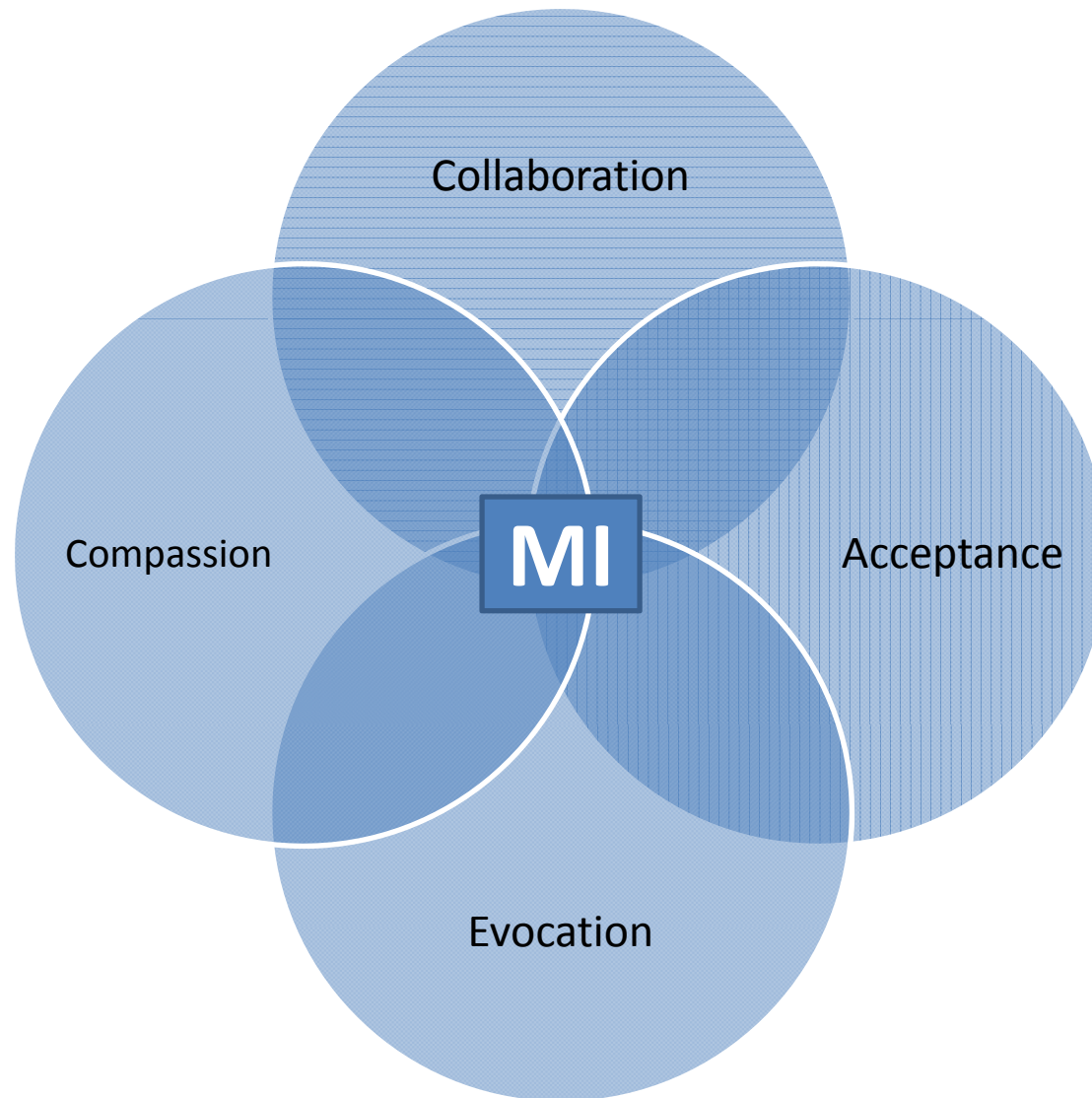
What MI is NOT

Miller & Rollnick (2009)

- Stages of Change
- A way of tricking people
- A technique or “tool in the tool box”
- Just client-centered counseling
- Easy to learn
- What you were already doing
- A panacea



2. Spirit





- **Collaboration** – partnership with the client; the client is the expert.
- **Evocation** – drawing out the client’s experiences, ideas, and goals related to change.
- **Acceptance** – accurate empathy, absolute worth, affirmation, autonomy support.
- **Compassion** – deliberate commitment to pursue the welfare and best interests of the other.



3. Change Talk

- Any client speech which favors movement in the direction of change on a particular substance (behavior)
- Shows up as natural language
- Several types



Types of Change Talk

DARN

Desire to change (want, wish, hope)

Ability to change (can, could)

Reason to change (if... then)

Need to change (have to, got to)

CAT

Commitment to change (I will, I'm going to)

Activation (I'm preparing, I'm ready)

Taking steps (I already...)



Where's the Change Talk?

1. I'd like to cut down a bit on drinking.
2. I'll drink no more than 3 drinks a day.
3. I'm not a very good parent when I'm high.
4. I don't want to be here, but I've got to do this assessment to get my license back.
5. I could stop smoking weed... easy; I just don't want to.
6. I'd probably save money if I stopped going to the bars so much.
7. After the DUI, I cut down on my drinking.
8. I'm not going to drink and drive again.

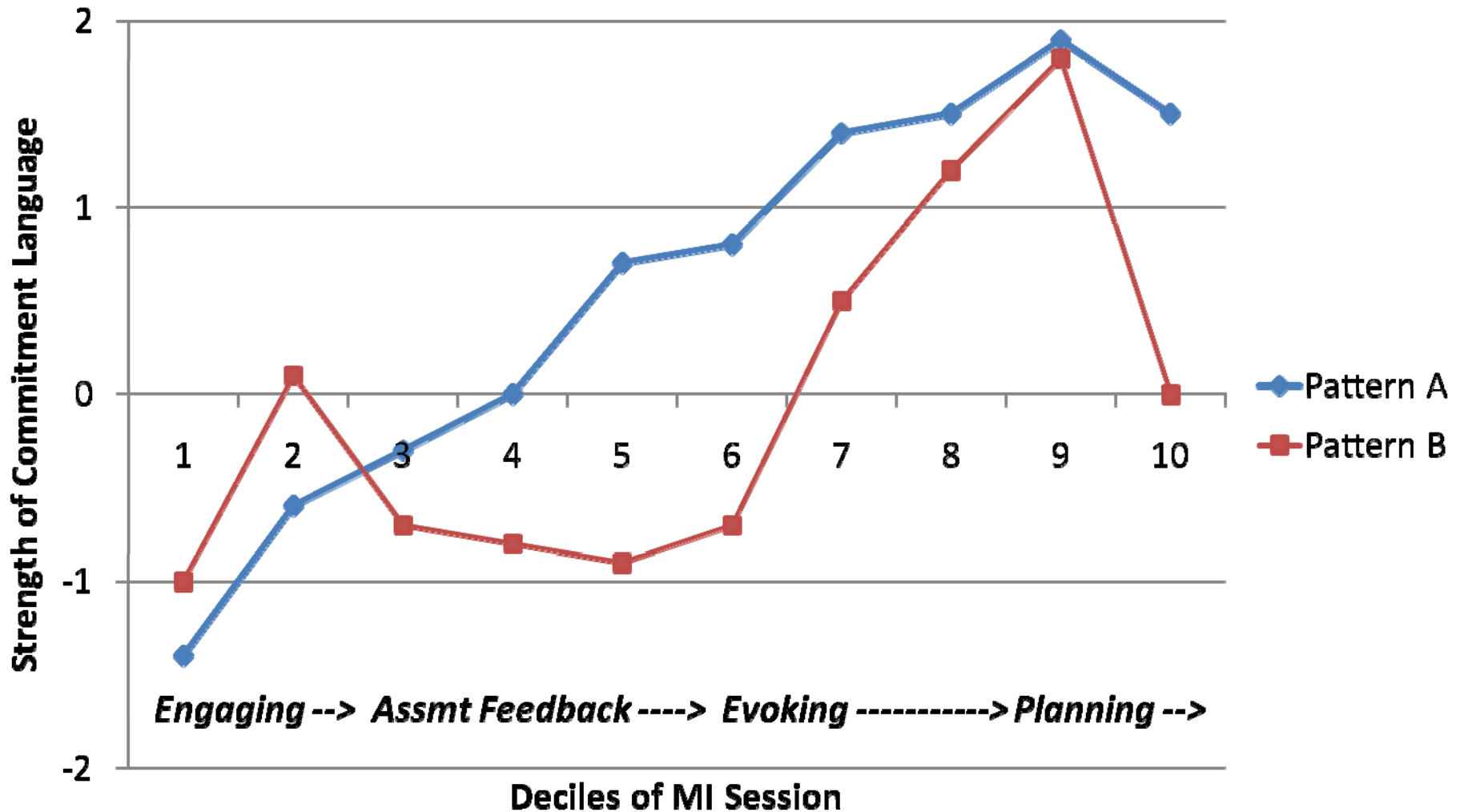


3. Change Talk

- Any client speech which favors movement in the direction of change
- Shows up as natural language
- Several types of Change Talk (DARN CAT)
- **Commitment language predicts behavior change**



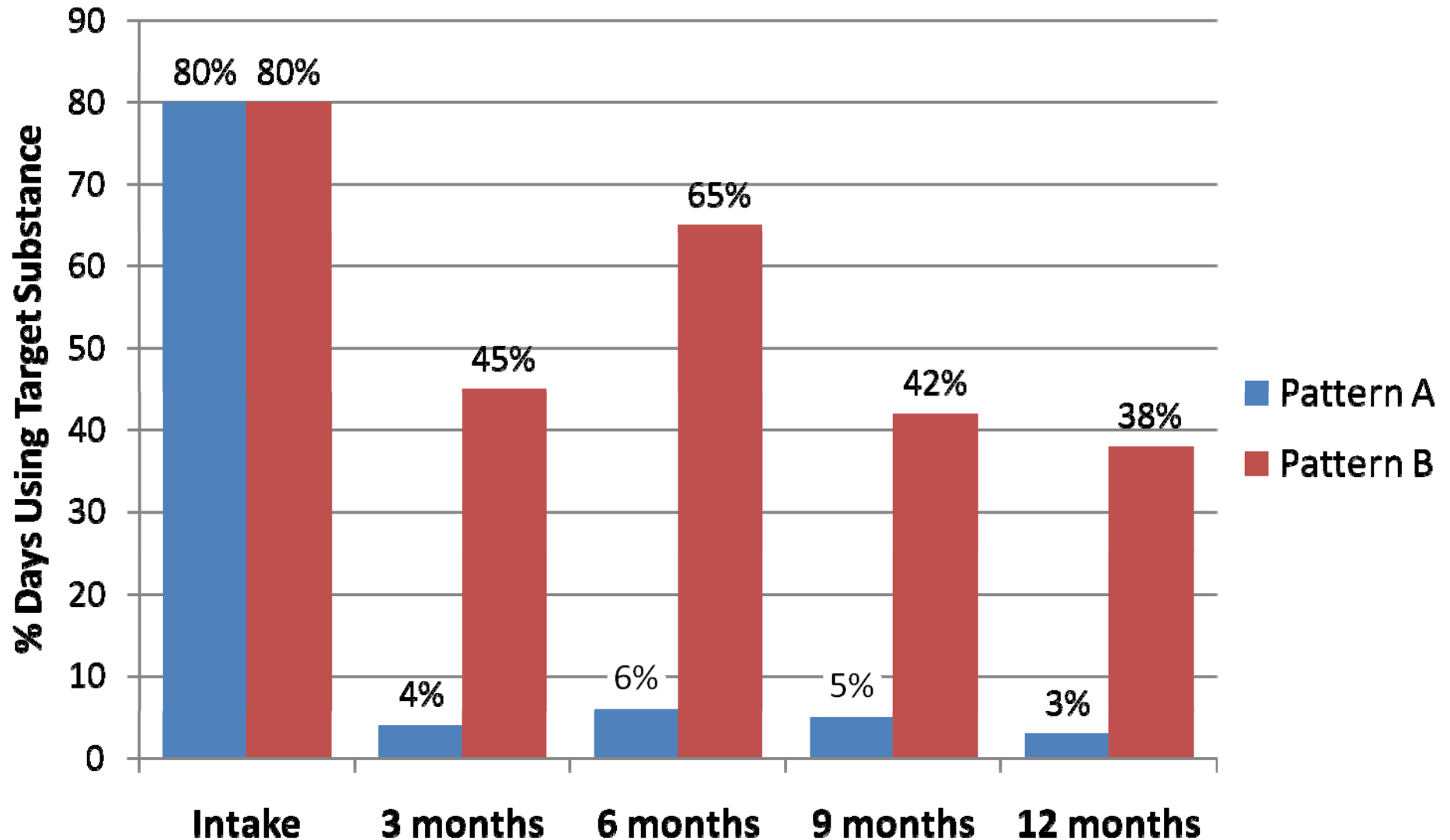
Commitment Language (Abstinence) during Intake Session for AODA Treatment



Amrhein et al. (2003). *Journal of Consulting & Clinical Psychology*, 71, 862-878.



Treatment Outcomes by Commitment Language Pattern





In MI, the counselor's task is to:

- a. recognize change talk
- b. proactively elicit it, and
- c. strategically respond to it.



Responding to Change Talk





4. OARS Skills

Open question

Affirmation

Reflective Listening; involves...

- careful listening
- making a guess about the person's underlying meaning
- choosing a direction
- sharing the guess as a statement



Reflective Listening

- I'd like to cut down a bit on drinking.
- I'm not a very good parent when I'm high.
- I don't want to be here, but I've got to do this assessment to get my license back.
- I could stop smoking weed... easy; I just don't want to.



4. OARS Skills

Open question

Affirmation

Reflective Listening

Summary



Measuring Fidelity of Practice

Draft Manuscript: Do Not Quote Without Author's Permission

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Revised Global Scales: Motivational Interviewing Treatment Integrity 3.1 (MITI 3.1)

T.B. Moyers, T. Martin, J.K. Manuel, W.R. Miller, & D. Ernst
University of New Mexico
Center on Alcoholism, Substance Abuse and Addictions (CASAA)

Author Note: The Motivational Interviewing Treatment Integrity (MITI) Code is an instrument-in-development. We are making it available now for use in research and scholastic endeavors, and we expect that many improvements will be needed before this coding system is complete. If you find errors, inconsistencies or have suggestions for improvement or other feedback, please contact us. We look forward to improving the MITI, with your help.

Theresa Moyers, Ph.D. (tmoyers@unm.edu)

- **Global Spirit ratings (1-5 scale)**
- **Skills behavior count**

http://casaa.unm.edu/download/MITI3_1.pdf

Revised 21 September 2009



Benchmarks of Practice

Miller & Rollnick (2013, p. 400)

	Basic Competency	Proficiency
Spirit rating (1-5) ave.	≥ 3.5	≥ 4.0
% Open questions of total Questions	$\geq 50\%$	$\geq 70\%$
% Complex reflections of total Reflections	$\geq 40\%$	$\geq 50\%$
Ratio of Reflection to Question	≥ 1.0	≥ 2.0
% MI-Adherent behaviors	$\geq 90\%$	$\geq 98\%$
% MI-Non adherent behaviors	$\leq 10\%$	$\leq 2\%$



5. The concept formerly known as “resistance”

Sustain Talk + Discord = Resistance

- Sustain Talk is about the target behavior.
- Discord is about the relationship.
- Both are signals to respond differently and are highly responsive to the relationship.



Sustain Talk (DARN!)

- I don't really want to change.
- I couldn't even if I tried.
- Nobody ever died from smoking too much weed!
- I have to drink to get to sleep at night.

Discord

- You can't make me.
- You're not being helpful.
- I don't know why I'm wasting my time coming to this stupid program.



6. Four fundamental processes

Planning

Evoking

Focusing

Engaging



- **Engaging** – establish the relational foundation and a good working relationship.
- **Focusing** – come to agreement on the target substance (behavior) and maintain direction.
- **Evoking** – draw out and respond to client Change Talk.
- **Planning** – collaboratively develop a specific change goal and supporting plan; build confidence.



Practice update summary:

- Expansion of MI Spirit
- Importance of Change Talk
- “Resistance” reframed
- Four fundamental processes



III. Learning Motivational Interviewing



Insights from MI training research:

- MI is simple, but not easy to learn.
- Self-perceived practice doesn't correlate with actual practice.
- “One-shot” workshops are a good start, but do not promote even basic MI proficiency.
- Educational attainment, degree, or experience doesn't correlate with competent MI practice.
- You don't have to be a specialist to effectively promote behavior change, e.g., the substance abuse counselor addressing mental health.



Learning Tools for Practitioners

- Self-study
 - Skill building workbook (Rosengren, 2009)
 - Code audiotaped samples
- Learning cycle

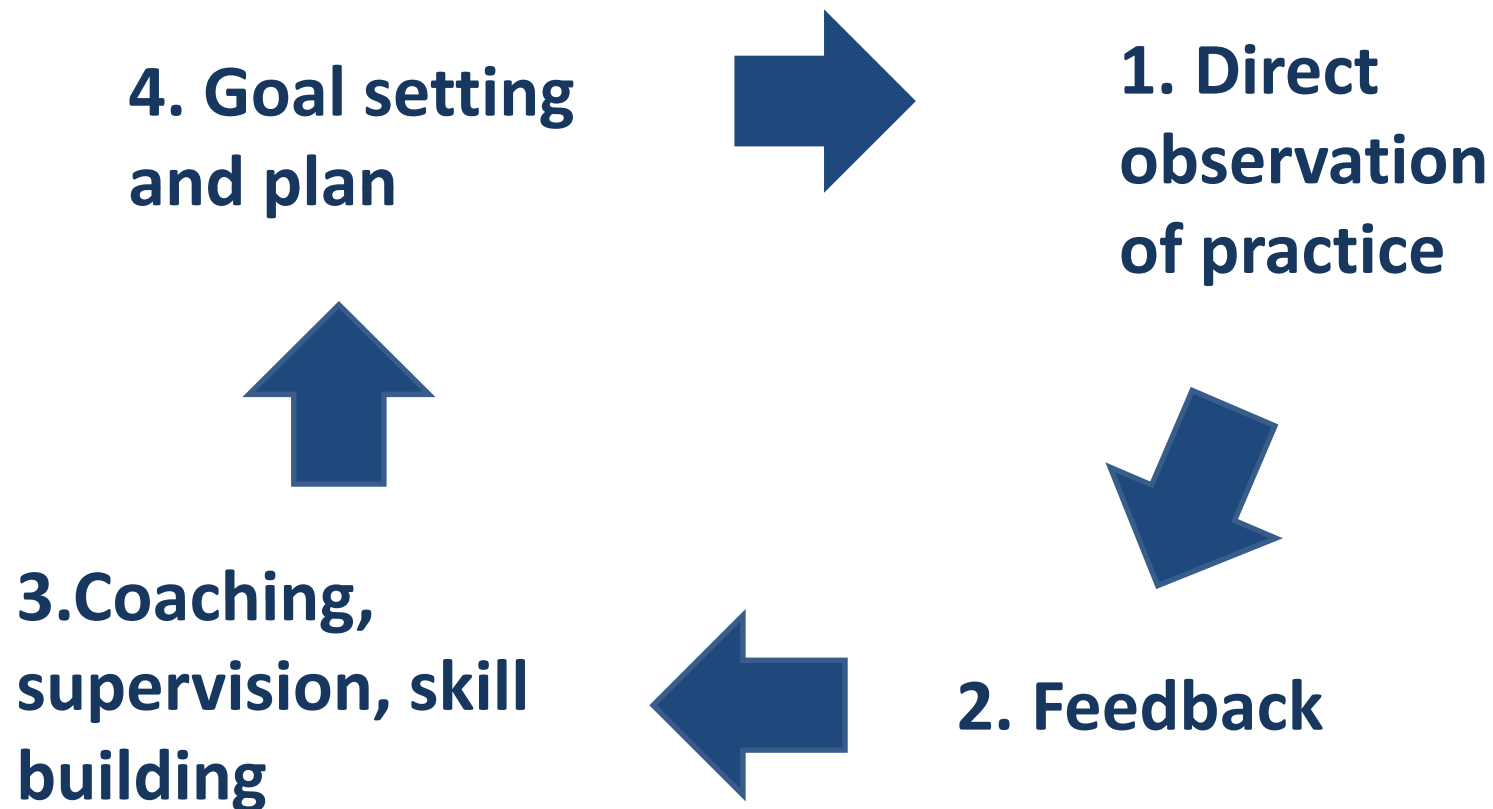


“We know of no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples.”

Miller & Rose (2009, p. 530)



MI Learning Cycle





Learning Tools for Practitioners

- Self-study
- Learning cycle
- Eight stages (Miller & Moyers, 2006)
- MI peer learning group
 - Audiotape review with peer coding
 - Structured feedback
 - Individual goal setting/learning plan
 - Skill building



Selected References & Resources

Foundational texts...

- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd edition)*. New York: Guilford Press.
- Miller, W. R., Rollnick, S., & Butler, C. (2008). *Motivational interviewing in healthcare*. New York: Guilford Press.

The evidence base...

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How clinicians learn MI...

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- Miller, W. R., Yahne, C. R., Moyers, T. B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology*, 72, 1050-1062.
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MI websites...

- <http://www.motivationalinterview.org/>
- <http://motivationalinterviewing.org/>



**What are your questions and
comments?**



Thank you.