"Ideas for Treatment Improvement"

ADDICTION Messenger

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Using and Building Motivational Interviewing Skills - Part 1

MI Assessment

"The greatest motivational act one person can do for another is to listen"

~ Roy E. Moody ~

Written by Lynn McIntosh from University of Washington, ADAI and NFATTC.

Research clearly links positive outcomes to sufficient doses of substance abuse treatment delivered over a sufficient period of time. Yet, a large percentage of outpatient admissions on average drop out in the first 30 days of treatment. Some will return to treatment; others may not. Treatment practitioners, administrators, and policy makers need to be continually on the alert to explore ways to improve engagement and retention.

Motivational interviewing (MI) is one well developed and researched method for enhancing engagement and retention. Real-world tests of MI in community treatment settings with diverse populations recently confirmed that adding just a short MI-style intervention to a standard intake evaluation results in longer stays and greater engagement as compared to those who receive a standard "treatment as usual" assessment.

The aim of this Addiction Messenger series is to 1) help addictions professionals understand how a short MI interview added to an agency's regular assessment can significantly improve engagement and retention; 2) illustrate the importance of ongoing monitoring and feedback to the development of MI skills; and, 3) introduce a new toolkit produced by the NIDA/SAMHSA Blending Initiative called Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP).

What is Motivational Interviewing?

Motivational interviewing "is a client-centered, directive, method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." (Miller and Rollnick, 2002).

First described in 1983 (Miller, 1983), MI began as an intervention for alcohol use disorders but has since been widely and effectively applied to drug abuse and many other behavioral-change goals. It evolved from the client-centered counseling approach developed by Carl Rogers, yet differs from Rogers' approach in that it intentionally addresses the resolution of ambivalence, often in a particular direction of change, such as recovery from addiction.

Rather than being a group of techniques for moving people in a direction they don't want to go, MI is more about a way of being with people, a method of communication that elicits a person's intrinsic (or inner) motivation for change, even when that person is participating in treatment due to extrinsic factors like a court mandate.

In exploring a definition of MI, it is interesting to consider why Miller used the term "interviewing". Per Miller and Rollnick (2002): "One image that we use is of two people sitting side by side, paging through a family album of pictures – one telling stories, the other listening with friendly and personal interest. The storyteller turns the pages. The listener wants to learn and

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Northwest Frontier Addiction Technology Transfer Center

810 "D" Street NE
Salem, OR 97301
Phone: (503) 373-1322
FAX: (503) 373-7348

A project of
OHSU
Department of Public Health & Preventive Medicine

Steve Gallon, Ph.D., Principal Investigator

Mary Anne Bryan, MS, LPC Program Manager, Editor
bryanm@ohsu.edu

Be sure to check out our web page at:
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understand and occasionally asks politely about a particular picture or a detail not mentioned. It is a rather different image from examination, treatment, therapy, or expert consultation. It is an inter-view, looking and seeing together."

In MI you provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus) and use a supportive, warm, non-judgmental, collaborative approach. You convey empathic sensitivity through words and tone of voice, and you demonstrate genuine concern and an awareness of the client's experiences. You follow the client's lead in the discussion instead of structuring the discussion according to your agenda.

In summary, MI is a collaborative style, or way of being, that is client-centered, empathic, and directive. It emphasizes the importance of how a clinician interacts with clients. A counselor using MI helps a client explore discrepancies between their current behaviors and their personal goals. The interviewing style itself involves asking open-ended questions, listening reflectively and exploring ambivalence, expressing acceptance and empathy, offering affirmations in support of the client's self-efficacy and esteem, and handling resistance without direct confrontation.

Why MI-Assessment - What Research Shows

The National Drug Abuse Treatment Clinical Trials Network (CTN) partners researchers and community-based treatment providers (CTPs) to plan, conduct, and evaluate treatment protocols that have proven to be efficacious in highly controlled settings. The CTN knew that controlled studies featuring MI had 1) demonstrated positive effects on engagement and retention, a predictor of better outcomes, and, had 2) established efficacy in reducing substance use among alcohol and drug using clients. A meta-analysis of 72 empirical MI studies (Hettema, et al, 2005) yielded the following conclusions: "Robust and enduring effects (occur) when MI is added at the beginning of treatment". MI increases treatment retention and adherence, and staff-perceived client motivation.

The CTN designed one of the first clinical trials to test an MI-enhanced assessment in multiple community treatment settings with a diverse group of clients. Because only a handful of studies have evaluated the ability of clinicians to learn and implement MI, this study was seen as an important test of an evidence-based practice in the real world. A primary goal was to examine whether integrating MI as early as possible into a single intake assessment session would enhance client retention and improve substance use outcomes as compared to standard intake procedures.

MI Assessment Intervention Protocol

The protocol was designed for use by any treatment agency, in that the standard intake evaluation could be used, with data either collected or reviewed (in cases where agencies routinely collected it at an earlier point during intake). Therefore, the MI intervention fits well into the normal admission and clinical evaluation process of any outpatient treatment program and does not require the agency to alter how it gathers clinical information.

The goal of the MI intervention is to understand the motives clients have for addressing their substance use problems, and to gather the clinical and administrative information needed to plan their care, while building and strengthening their readiness for change. The intervention targets two important aspects of the clinical assessment: 1) obtaining needed administrative and clinical information from the client, for developing a treatment plan targeted to client needs and treatment readiness, and, 2) conducting the interview in a way that will result in the client returning for the next appointment.

The MI-assessment protocol can be conceptualized as an "MI sandwich" in which a more structured standard assessment process couched between two brief MI-style sessions, of 20-30 minutes each. Given the variability in program expectations, of what needs to be accomplished during the assessment session, the MI-enhanced assessment lasts somewhere between a minimum 90 and maximum 150 minutes.

Step 1 (Top of the MI Sandwich) - Building a Bond With the Client (approx. 20-30 minutes)

During the initial minutes of the interview, the clinician uses MI skills to build rapport and elicit a discussion of the client's perception of his/her problems. This might include greeting the client in a respectful and friendly manner, inquiring about how the client is feeling and what prompted the request for service, and otherwise working to develop good rapport. This is an ideal time to use the MI skills called OARS (Open-ended Questions, Affirmations, Reflective Listening, and Summary Feedback) to explore what the client wants from the agency, to assess the client's readiness for change, and to identify the nature of any ambivalence the client might be experiencing about participating in treatment.

Step 2 (Middle of the MI Sandwich) – Gathering Essential Information and/or Providing Feedback

This phase involves either conducting the agency's standard psychosocial assessment or reviewing existing assessment data. If the standard assessment is to be completed, the counselor gathers data in the usual manner during what typically is a semi-structured interview. The clinician might transition into Step 2 by saying something like, "We started out meeting today talking in an open-ended way about what brought you to treatment. Now for the next 30 minutes or so we need to shift gears a little to complete some of the clinic forms that will ask more specific information. When we are finished, we will shift back to a more open-ended discussion of what you want from treatment." During Step 2, the counselor gathers more information about the client's

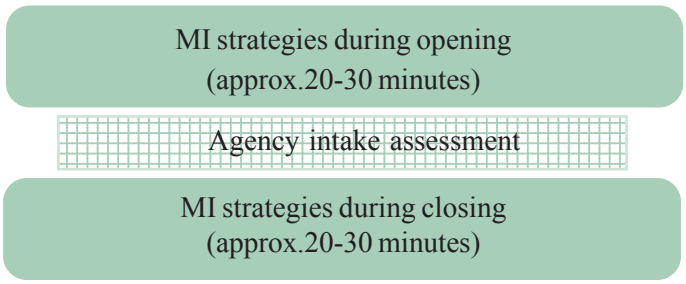
problems and treatment objectives, information that can be used in developing discrepancies and eliciting self-motivational statements later, in Step 3. When finished, the counselor can summarize the information obtained or go back to specific items to elicit further discussion, using an MI style to create a smooth transition to Step 3.

Step 3 (The Bottom Portion) - Summarizing and Reconnecting With the Client (approx. 20-30 min.)

Now the clinician lets the client know they will shift back to a more open-ended format in order to better understand what the client wants to achieve during treatment. In Step 3, the counselor utilizes strategies for eliciting change or dealing with resistance. The material obtained during the standard assessment provides the counselor with ideas about questions that might be asked to establish discrepancies and enhance motivation for change. The goal of Step 3 will depend very much on the readiness level of the client in terms of his or her perceived importance of the change and confidence in being able to make a change. Different MI approaches and techniques may be used depending on the client's readiness for change.

In summary, each of the three steps can be conceptualized as taking 20 – 45 minutes and be thought of as an MI sandwich in which a more structured standard assessment is sandwiched between two client-centered MI interventions. The MI assessment starts with an MI-style discussion of problems, (Step 1), then gently shifts to a more formalized assessment or review of an already completed assessment instrument (Step 2), and then moves back to an MI discussion of change (Step 3).

MI Assessment "Sandwich" Concept



Research Findings

The NIDA CTN clinical trials were conducted at five community-based treatment centers in Oregon, Virginia and New York. Clients that presented for outpatient treatment were randomized to get one session of the standard assessment or one session of the MI-enhanced assessment, then went on to receive the clinic's standard treatment. Their status was assessed at 4 weeks and then again at 12 weeks.

A demographic snapshot of participants reveals the following: an average age of 32, 40% female; 76% white; 21% married; 32% referred by criminal justice system; average 12 years of education; and a primary drug problem of alcohol (48%) followed by marijuana, cocaine, and stimulants. Out of 423 total clients randomized, 377 (89%) completed their assigned protocol session (either standard intake or MI assessment); of these 377, 323 completed the 4 week follow-up and 307 completed the 12 week follow-up.

The research yielded statistically significant results. Counselors using the MI-Assessment retained significantly more clients at the 4 week point: over 84% were retained in treatment, versus 75% for the standard intake clients (by the 12 week follow-up retention rates were slightly higher, but not statistically significant). During that same period, MI-assessed clients were more engaged, attending five treatment sessions versus four (also, for primary alcohol users receiving MI-assessment, there was a more pronounced difference in treatment sessions attended at 4 weeks [5.1 versus 3.3], which *was* maintained at 12 weeks).

In short, the CTN study demonstrated the powerful impact of using MI with diverse populations in real-world settings, the power of listening reflectively and being non-coercive; it demonstrated that even adding just two short MI-style segments to a standard intake assessment produces significant improvement in engagement and retention.

In the next issue we will examine how the clinical trials counselors learned MI and the factors associated with maintaining proficiency in the use of MI skills.

Next Issue:

"Clinical Supervision & Building Skills"

Source:

Martino, S, Ball, SA, Gallon, SL, Hall, D, Garcia, M, Ceperich, S, Farentinos, C, Hamilton, J, and Hausotter, W (2006), **Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency.** Salem, OR: NW Frontier ATTC, Oregon Health and Science University.

Carroll, K, Ball, SA, Nich, C, Martino, S, Frankforter, TL, Farentinos, C, Kunkel, LE, Mikulich-Gilbertson, SK, Morgenstern, J, Obert, JL, Polcin, D, Snead, N, and Woody, G (2006), **Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study**. *Drug and Alcohol Dependence*, 81, p. 301-312.

Hettema, J, Steele, J & Miller, WR (2005), **Motivational Interviewing**, *Annual Review of Clinical Psychology*, 1, p. 91-111.

Hester, R and Miller (2003), WR. **Handbook of Alcoholism Treatment Approaches: Effective Alternatives**, 3rd Edition. Boston:Allyn and Bacon, p. 136.

Miller, WR and Rollnick, S (2002), **Motivational Interviewing: Preparing People for Change**, 2nd edition. New York: Guilford Publications, p. 25.

Miller, WR, (1983), **Motivational Interviewing with Problem Drinkers**. *Behavioral Psychotherapy*, 11, p. 147-172.

Northwest Frontier ATTC
810 "D" Street NE
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