Motivational Interviewing and Related Techniques for Engaging Adolescents and Families in Behavior Change

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Adolescent Substance Use
Risk Factors

- Family History of Substance Abuse or Mental Health Disorder

- Early Dysregulation (affect, cognitive, behavioral)

- Environmental Problems
  - Family
  - School
  - Peers
  - Neighborhood
Developmental Pathways in Adolescence

Childhood Risk Factors

Substance Use

Impaired Self-Regulation

Emotional / Behavioral Disturbance

Substance-Induced Impairment

Adapted from NIDA, 1998
Normal Curve of Adolescent Problem Behavior

Rate of Problem Behavior vs. AGE
National Household Survey on Drug Abuse, 2002

Percent Using Drugs in Past Month

Age Group

<12  12-13  14-15  16-17  18-20  21-25  26-29  30-34  35-39  40-44  45-49  >50
Protective Factors

- Positive Parenting
  - High Monitoring/High Warmth
- School Success
- Positive Peer Relationships
- Maintaining Normal Developmental Pathway
- Delay Onset and Progression of Substance Use
Percentages of Persons Aged 12 or Older Reporting Past Year Abuse or Dependence for Alcohol or Any Illicit Drug,* by Detailed Age Categories: 2001
Population Estimates of Drug Use and Dependence

- Prevalence of Use
  - Alcohol 91.5%
  - Tobacco 75%
  - Other Drugs 51%
  - Marijuana 46%

- Proportion Addicted
  - Tobacco 32%
  - Heroin 23%
  - Cocaine 16%
  - Alcohol 15%
  - Stimulants 11%
  - Marijuana 9%

Serotonin Present in Cerebral Cortex Neurons

Control
2 weeks after Ecstasy
7 years after Ecstasy
Past Year Illicit Drug Dependence or Abuse among Adults, by Age at First Use of Marijuana: 2001

- At Age 14 or Younger: 12.0%
  - Illicit Drug Abuse: 4.0%
  - Illicit Drug Dependence: 8.0%
- At Age 15 to 17: 6.0%
  - Illicit Drug Abuse: 2.0%
  - Illicit Drug Dependence: 4.0%
- At Age 18 or Older: 1.0%
  - Illicit Drug Abuse: 0.0%
  - Illicit Drug Dependence: 1.0%
Percentages of Youths Aged 12 to 17 at Risk for Suicide During the Past Year, by Past Year Alcohol or Illicit Drug Use: 2000

- Any Alcohol: Past Year Use 19.6%, No Past Year Use 8.6%
- Any Illicit Drug*: Past Year Use 25.4%, No Past Year Use 9.2%
- Any Illicit Drug Other than Marijuana*: Past Year Use 29.4%, No Past Year Use 10.1%
Signs of Real Trouble with Substance Use

- Early Onset
  - < 5 for aggression
  - < 12 for substance use

- In trouble with the law
- In trouble in school
- Using marijuana more than alcohol
Signs of Trouble...

- Friends and family urge to cut down
- Using substances because of emotional problems
- Accumulation of Consequences
- Persistence Through Adolescence
- Absence of Protective Factors
Developmental Considerations

- Normative use of substances
- Normative increase in rule violations
- Simultaneous onset of multiple problem behaviors
Developmental Considerations

- Symptoms of substance use masked by developmental changes
- Youth experience different and potentially less observable negative consequences of substance use
- Youth are less likely to identify negative affect as a reason for substance use
Motivational Interviewing

Theoretical Foundations
Stages of Change

Pre-contemplation
Contemplation
Determination
Preparation
Action
Maintenance
DECISIONAL BALANCE

Current Behavior

Pros

Cons

Pros

AMBIVALENCE

NO CHANGE

Cons

CHANGE

AMBIVALENCE
Common Strategies of Brief Interventions
(Miller & Sanchez, 1993)

- Feedback
- Responsibility
- Advice
- Menu of Options
- Empathy
- Self-Efficacy
Principles of Motivational Interviewing

(Miller & Rollnick, 2002)
Avoid Argumentation

- Confrontation is counterproductive
- Client’s own recognition of need to change is most powerful
Express Empathy

- Genuine empathy builds trust with client
- Ambivalence is to be expected and when acknowledged leads to change
- Effective listening improves assessment
Support Self-Efficacy

- Hope is essential to change
- All efforts toward change should be reinforced
- Can increase accountability
Points of resistance are critical to understanding barriers to change.

Resistance when not reinforced is diminished.

Leads to more exploration of client’s perspective.
Develop Discrepancy

"Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be"
Applications of MI

- Substance Abuse Treatment
- Substance Abuse Pre-treatment
- Health Behavior Change
  - HIV Prevention
  - Cardiovascular Disease and Diabetes Management
  - Medication Adherence
  - Smoking Cessation
  - Diet and Exercise
- Adjunct to other Psychosocial Treatment
State of the Evidence for MI (Burke, Arkowitz & Menchola, 2003)

- Most Studies are of “Adapted MI”
- Widely Disseminated but Frequently Reported without Adherence and Fidelity Measures
- Adjunctive MI difficult to test without RCT.
State of the Evidence for MI (continued)

- Moderate to Strong Effects for Substance Abuse and Dependence, **Diet and Exercise**
  - Brief Duration
  - Pre or Stand-Alone Treatment
  - Sustained Effects

- Promising Effects in Adolescents and Young Adults
Motivational Enhancement Therapy

with Personalized Feedback
First thing is- Congratulations on finishing all of the paperwork and questions in the Drug and Alcohol Screening. It’s not always easy to talk about this stuff, but you thought it was important and followed through.

This paper gives you information about your drug and alcohol use that can help you decide if you need to do anything about it. Your counselor will go over all of this with you, but this is your copy to keep.

Risky Use

Some of the ways teenagers use drugs and alcohol are RISKY. That is they are more likely to lead to being in a treatment program for drug or alcohol dependency. These are some of the RISKY things that have happened to you because of drug and/or alcohol use.

<table>
<thead>
<tr>
<th>Risky Use</th>
<th></th>
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<tbody>
<tr>
<td>Started using drugs before 6th grade (12 or under)</td>
<td></td>
</tr>
<tr>
<td>Use more Marijuana than Alcohol</td>
<td>✓</td>
</tr>
<tr>
<td>Using drugs when you’re feeling down, angry, upset, etc.</td>
<td>✓</td>
</tr>
<tr>
<td>Trouble with the law related to drug use</td>
<td>✓</td>
</tr>
<tr>
<td>Trouble at school related to drug use</td>
<td>✓</td>
</tr>
<tr>
<td>Problems with friends related to drug use</td>
<td>✓</td>
</tr>
</tbody>
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Motivational Interviewing

with Concerned Others
Motivational Interviewing—Traps

Traps to Avoid

Question/Answer Trap
In this "trap" the counselor and client fall into a pattern of question/answer, question/answer, and so on. The problem with this pattern is that it tends to elicit passivity and closes off access to deeper levels of experience. Thus, clients are not encouraged to explore issues in depth, and the client-counselor relationship becomes increasingly hierarchical.

Confrontation/Denial Trap
Most counselors have had the experience of interviewing a client who is not yet ready to change, and who provides a reasonable argument in response to every statement the counselor makes. The counselor and client then engage in an argumentative, confrontation/denial trap, in which the client counters each argument for change with an argument for remaining the same. An example of a mild confrontation/denial trap is illustrated in the following conversation:
Dr.: Have you thought about trying to lose weight so your blood pressure comes down?
Pt.: Well yes, but it's not so easy, and I must say, I really like my food.
Dr.: But it's not a matter of depriving yourself of food. You just need to eat different, healthier foods, if you see what I mean.
Pt.: Yes, I know, I did try to eat less meat and more fruit and that sort of thing, but I never keep going for too long. I always have these binges when I break all my rules, and I just get fat.
Dr.: What about....?
Pt.: Yes, but....
(From Rollnick, Heather, & Bell, 1992, p. 25-26)
**Expert Trap**
In the "expert trap," counselors fall into providing direction to the client without first helping the client to determine his or her own goals, direction and plans. The problem with this approach is that clients may tend to passively accept the counselor's suggestions, and may only halfheartedly commit to the difficult work involved in changing. A counselor using the MI approach is not non-directive, that is, he or she will offer suggestions for change. However, this is done after the client's motivation is high, after initial exploration of multiple pathways to change, and only upon client's request, or when the counselor perceives that the client is in immediate danger if not given advice.

**Labeling Trap**
The labeling trap happens when a counselor attempts to convince a client that he or she is an "alcoholic," "addict," or some other label. As Miller and Rollnick state, "because such labels often carry a certain stigma in the public mind, it is not surprising that people with reasonable self-esteem resist them" (1992, p. 68). They also point out that "the Alcoholics Anonymous (AA) philosophy specifically recommends against such labeling of others" (p. 68). Despite this, some counselors believe that clients must accept a label or diagnosis in order to change their behavior. MI theory disagrees with this view, and suggests that counselors de-emphasize labels whenever possible.
Premature Focus Trap
Although the MI does not suggest that counselors simply "follow" the clients' lead as is done in Rogerian or Person-Centered therapy, MI also cautions counselors against focusing too quickly on a specific problem or aspect of a problem. Difficulties with premature focus include raising client resistance and focusing on an unimportant or secondary problem.

Blaming Trap
Clients may wish to blame others for their problems. Counselors may feel compelled to show the client how he or she is at fault for the difficulties encountered. In the MI approach, neither of these urges are seen as useful. Blame is irrelevant. Miller and Rollnick suggest establishing a "no-fault" policy when counseling a person, and commenting, "I'm not interested in looking for who's responsible, but rather what's troubling you, and what you might be able to do about it" (1991, p. 70).
Signs of Engagement

Problems

- Difficulty scheduling appointments
- Missed appointments
- Intervention plans are not being followed
- Goals of family contain little of substance
- Treatment progress is uneven
- Family members lie about important issues
How much do you think____________ is causing problems

Not at all

Life Threatening
How concerned are you about _________?
How does ______________impact the family?

Not at all

Tearing us Apart
How confident are you that you can do something to change________________? - Not at all 1 2 3 4 5 6 7 8 9 10 - 100% Sure I can do something
Motivational Interviewing
Basic Structure: OARS

- Open-ended questions
- Affirmations
- Reflective Responses
- Summary Statements
Elicit Change Talk

- Disadvantages of current behavior
- Advantages of change
- Optimism about change
- Intention to change
Reflective Listening

**Simple Reflections**

- **Repeat** - simply restate what was said
- **Rephrase** - replace one or more words with a synonym
Complex Reflections - change the statement but retain the gist

- **Amplify** - exaggerate, increase the intensity or overstate

- **Double-Sided Reflection** - both sides of ambivalence are contained in a single reflection

- **Continuing the Paragraph** - anticipate the next statement not yet expressed
Complex Reflections

- Metaphor and Simile

- Reflection of Feeling - identifying a feeling that may not have been expressed

- Reframe - suggest a different meaning—generally changing the tone from negative to positive
Tips for Teens

- Looking Forward/ Looking Back
- Imagine Extremes
  - From their viewpoint
  - From parent’s viewpoint
- Ask about Hassles
  - from Parents/Teachers/Girl or Boyfriends
- Ask about School
  - achievement, attendance
1. Ask about substance use in detail

"Tell me about your use of weed. What effect does it usually have on you?"

2. Ask about a typical day/ substance use episode

"So you went to his house and started smoking... what happened next?"

3. Ask about lifestyle and stresses

"You say weed helps you kick it and relax. What kind of things stress you out?"
4. Ask about (health/schoolwork/probation compliance) then substance use

"I wonder, where does your use of alcohol fit in here?"

5. Ask about the good things then the less good things (Pros and Cons)

"How much does that bother you?"

6. Ask about substance use in the past and now

"What's the difference between your use now compared to 8th grade?"
7. Provide Information and ask "What do you think?"

"I wonder, how does this apply to you?"

8. Ask about concerns directly

"What concerns (worries) do you have about smoking marijuana?"

9. Ask about the next step

"You said you want to stop getting high. How will this turn out? How are you going to hang with your friends without getting high?"
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<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
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<tbody>
<tr>
<td>Like the smell, taste</td>
<td>Costs $$</td>
</tr>
<tr>
<td>Kick it</td>
<td>Mom gets mad</td>
</tr>
<tr>
<td>Feel calm, relax</td>
<td>Skip school</td>
</tr>
<tr>
<td>Something to do with friends</td>
<td></td>
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