

Motivational Interviewing Refresher

Topic 2: Strategies for Clients Who Are Not Ready to Change

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Boston Children's Hospital

dsd ADOLESCENT

SBIRT

Screening, Brief Intervention & Referral to Treatment

by



NORC

at the
University of
Chicago

McPherson, T., Cohen, H., Storie, M., Harris, B.R., Calabrese, G., Drymon, C., Avripas, S., DeBroux, C., Sublett, F. (2023). Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT) Learner's Guide. Bethesda, MD: NORC at the University of Chicago

Motivational Interviewing Overview

Two key goals of MI that are directly addressed during a brief intervention are to:

- Help resolve ambivalence
- Encouraging “Change Talk”

Ambivalence: is having positive and negative considerations that have about equal weight and shift back and forth, keeping an individual from making a decision.

“Change talk” – statements said by an adolescent that favor changing unhealthy behaviors and describe the reasons for and advantages of changing.

Motivational Brief Intervention

Brief motivational counseling is not a set of techniques or tricks for getting an adolescent to do what you want.

It is “a skillful clinical style for eliciting from clients their own good motivations for making behavior changes.”

Adolescents either at-risk for or who already experience substance use related problems (e.g., school, health, and social) are **much more likely to change behavior** if you use an empathic, person-centered, strength-based, motivationally enhancing style, focused on identifying and solving the adolescent’s problems.

Strategies for Clients Who Are Not Ready to Change

Managing
Pushback



Managing Pushback

Changing behavior is never easy!

Even though some adolescents may express some readiness to change, it is likely that adolescents will exhibit some pushback to changing their behavior at some points.

Acknowledge and normalize ambivalence.

Pushback – responses that express opposition to an idea, observation, or plan. It may be relational or in defense of continuing a behavior.

Managing Pushback (cont.)

- ❑ The intensity of the pushback to change may be related to several factors, including the fact that the adolescent did not initiate the appointment for services or previously had an unfavorable experience.

- ❑ Research indicates that your response to adolescent pushback can either increase or decrease future pushback from the adolescent.

- ❑ **Use the pushback as an opportunity to discuss the adolescent's fears, concerns, and ambivalence about changing.**

Managing Pushback (cont.)

Miller & Rollnick identify 4 general types of behaviors:

Arguing – The adolescent contests the practitioner’s accuracy, expertise, or integrity.

Interrupting – The adolescent breaks in and interrupts the practitioner in a defensive manner.

Negating – The adolescent expresses an unwillingness to recognize problems, cooperate, accept responsibility, or take advice.

Ignoring – The adolescent shows evidence of ignoring or not following the practitioner.

Additional types of pushback:

False acquiescence – The adolescent falsely agrees to accept responsibility or take advice.

Responding to Pushback

Once the practitioner recognizes pushback, they can respond by taking care not to encourage more of it.

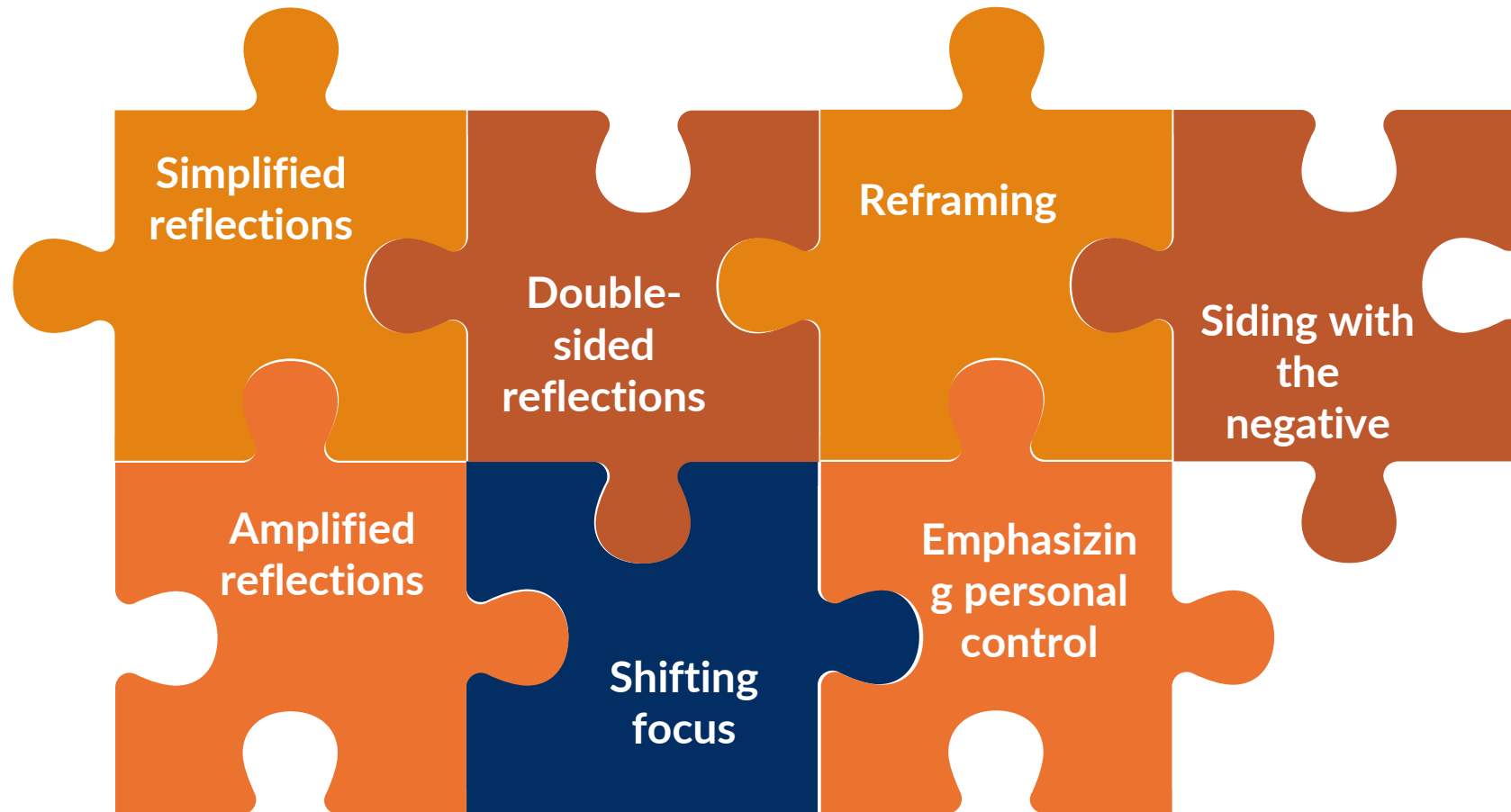


Dig through the noise of pushback and tune into what the adolescent is trying to convey.

Appropriate responses to pushback validates the adolescent's emotions while decreasing the intensity of the pushback.

Responding to Pushback (cont.)

Several strategies are useful in responding to pushback:



Responding to Pushback (cont.)

Simple reflection is acknowledging the adolescent's disagreement without causing defensiveness.

Amplified reflection is reflecting back what the adolescent has said in an exaggerated way. If done successfully, this encourages the adolescent to back off a bit and will elicit the other side of their ambivalence.

Double-sided reflection is acknowledging both sides of the adolescent's ambivalence. Utilizing "and" instead of "but" can help maintain a balanced emphasis on each statement.

For example:

Adolescent: *"I don't smoke marijuana any more than any of my girlfriends."*

Practitioner: *"I can see your point. You view your marijuana use as normal when compared to your friends. And earlier you mentioned that your smoking may be negatively impacting your relationship with your parents and younger sister. What do you think about this?"*

Responding to Pushback (cont.)

Shifting focus – Shift the adolescent’s attention away from the roadblock that is impeding their progress. Taking a “detour” can diffuse pushback, especially in difficult situations.

Adolescent: *“I wouldn’t be here if I hadn’t blown positive on that breathalyzer. I guess you are going to tell me to quit drinking or lose my shot at college.”*

Practitioner: *“Hey, I just met you. Why don’t we first begin by talking about what was going on that led up to the positive alcohol test?”*

Responding to Pushback (cont.)

Reframing – Acknowledge the validity of the adolescent’s perspective and observations and offering a new meaning or interpretation.

Adolescent: “I have always been able to handle my liquor. I could drink a 12-pack of beer in 1 night and most people would not know that I was drunk. No matter how much I drink, I can still handle my business.”

Practitioner: “That is an interesting perspective, and I can see how you would view that as a benefit. Being able to drink that much without others noticing indicates a high level of tolerance and may mean you have a very great risk for developing a serious alcohol problem.”

Responding to Pushback (cont.)

Emphasizing personal control – Communicate to the adolescent that it is their decision whether to make a behavior change. This frees you of control and puts the adolescent in charge.

Practitioner: “It is not my place to tell you what you can or cannot do. I am simply here to help you understand your options and to assist with any elements of this process that you find troubling. How you live your life, including whether you choose to follow the recommendations made by the doctor, is ultimately up to you.”

Responding to Pushback (cont.)

Siding with the negative – Agree with the adolescent that they may not need to change. Often when you take the negative side, adolescents will respond by presenting positive reasons to change.

Adolescent: “I don’t know if quitting all drugs will really make that much difference in my life.”

Practitioner: “Well, perhaps it won’t. You could keep using substances, or you could try stopping for a while and then see whether the problems in school and with your friends improve. Then you can decide whether you stay drug free.”

Pushback Responses to Avoid

| RESPONSES TO AVOID | EXAMPLE |
|---|--|
| <p>Arguing for change – Directly take up the pro-change side of ambivalence on a particular issue and try to persuade the adolescent to make a change.</p> | <p><i>“You have no idea how wonderful your life can be if you were to just give up drinking. You could spend more time with your family; you would not be hung over in the morning at school; you would lose weight; and think of all the money you would be saving each month!”</i></p> |
| <p>Assuming the expert role – Structure the conversation in a way that communicates that you “have all the answers.”</p> | <p><i>“I have been doing this for a long time. I can tell you for certain that you are not going to be able to stop smoking marijuana while you are still hanging out with that group of friends.”</i></p> |
| <p>Labeling – Propose acceptance of a specific label or diagnosis to characterize or explain the adolescent’s behavior.</p> | <p><i>“I think it is important for you to acknowledge that you are an addict before we can get anywhere in making you better.”</i></p> |
| <p>Claiming preeminence – Goals and perspectives override those of the adolescent.</p> | <p><i>“I’ve been in recovery a long time. You really need to listen to me. I’ve been where you are, and you need help.”</i></p> |

Peer Case Consultation

How's it going doing SBIRT?

What is going well?

Where do you feel stuck and need some assistance?

Practice

“What’s the use in trying that? Nobody gives me credit for trying, anyway.”

Change talk is the desire to get credit for trying.

Reflective Statement:

Open-Ended Question:

Practice

“I wish all of you would just leave me alone.”

Change talk is a reason for things to be different so people will not be closely monitoring the youth.

Reflective Statement:

Open-Ended Question:

Brief Intervention Overview

BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

| | |
|---|---|
| 1) BUILD RAPPORT | Tell me about a typical day in your life. Where does your current [X] use fit in? |
| 2) PROS & CONS Summarize | <p>Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]?</p> <p>So, on the one hand [PROS], and on the other hand [CONS].</p> |
| 3) INFORMATION & FEEDBACK Elicit Provide Elicit | <p>I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you?</p> <p>We know that drinking...</p> <ul style="list-style-type: none"> • 4 or more (F) / 5 or more (M) drinks in 2 hrs • or more than 7 (F) / 14 (M) drinks in a week • having a BAC of ____ <p>...and/or use of illicit drugs such as _____</p> <p>...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information].</p> <p>What are your thoughts on that?</p> |
| 4) READINESS RULER Reinforce positives Ask about lower # | <p>This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?</p> <p>You marked ____. That's great. That means you are ____ % ready to make a change.</p> <p>Why did you choose that number and not a lower one like a 1 or a 2?</p> |
| 5) ACTION PLAN Identify strengths & supports Write down steps Offer appropriate resources Thank patient | <p>What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]?</p> <p>What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?</p> <p>Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use?</p> <p>I have some additional resources that people sometimes find helpful; would you like to hear about them?</p> <ul style="list-style-type: none"> • Primary Care, Outpatient counseling, Mental Health • Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation • Shelter, Insurance, Community Programs • Handouts and information <p>Thank you for talking with me today.</p> |

Step 1: Engagement

Ask permission

Would you mind taking a few minutes to talk about your [X] use?

Before we go further, I'd like to learn a little more about you.

Day in the life

What is a typical day like for you?

Substance Use

Where does your [X] use fit in?

Explore Values

What are the most important things in your life right now?

| | |
|----------|---|
| C | Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using drugs or alcohol? |
| R | Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? |
| A | Do you ever use alcohol or drugs while you are by yourself, ALONE? |
| F | Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? |
| F | Do you ever FORGET things you did while using alcohol or drugs? |
| T | Have you ever gotten into TROUBLE while using, or because of using alcohol or drugs? |

Step 2: Pros and Cons

Explore Pros and Cons

Pros

- “good things”
- “things it does for you”
- “things you like about it”

Cons

- “not so good things”
- “things you don’t like as much”
- “the downsides, or drawbacks

I’d like to understand more about your use of [X]. What do you enjoy about it?

What do you enjoy less (or regret) about your use of [X]? _____

If NO con’s: Explore problems mentioned during the CRAFFT or other information you have.
“You mentioned that... Can you tell me more about that situation?”

Use Reflective Listening

It sounds like you.....

Summary

So, on the one hand you said [PROS], and on the other hand [CONS].

Step 3: Feedback & Information

Ask permission

I have some information on [X] use—
would you mind if I shared it with you?

Provide information

We know that drinking...

...Or using [X] *[insert drug information here]*

...can put you at risk for social and legal problems, as well as illness and injury.

It can also cause health problems like...
[insert relevant health issues here].

Elicit response

What are your thoughts on that?

Alcohol



Get the Facts

- Alcohol use can have lasting **effects on the developing brain**. Adolescent who drink can experience impaired memory and attention, slower reflexes, and reduced cognitive functioning.
- **Most youth don't drink**. Almost 82% of 12- to 20-year-olds haven't had a drink in the last month.
- Alcohol and other substance use during adolescence **increases the risk of negative personal, social, physical, and mental health outcomes** such as problems at school, relationship issues, physical and mental health concerns, sexually transmitted diseases, pregnancy, injury and car accidents, and legal problems. While intoxicated, teens are more likely to engage in unsafe behavior such as drinking and driving, unprotected sex, and aggressive or violent actions.

Sources:

https://store.samhsa.gov/sites/default/files/SAM_HSA_Digital_Download/PEP21-03-03-001.pdf

https://store.samhsa.gov/sites/default/files/SAM_HSA_Digital_Download/PEP21-03-10-007.pdf

Marijuana



Get the Facts

- **Marijuana affects your brain**. Tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects, affects brain cells throughout the brain, including cells in circuits related to learning and memory, coordination, and addiction.
- **Marijuana affects your self-control**. Marijuana can seriously affect your sense of time and your coordination, impacting things like driving.
- **Most teens aren't smoking marijuana**. In fact, only 6.5% of youth ages 12 to 17 said that they had smoked marijuana in the past month.
- Marijuana affects your **coordination and reaction time**, raising your risk of injury or death from car crashes and other accidents. Co-use of alcohol or other drugs heightens crash risks.

Source:

<https://store.samhsa.gov/sites/default/files/d7/riv/pep19-05.pdf>

E-Cigarettes



Get the Facts

- **E-cigarettes can contain harmful substances that are bad for your health**. The aerosol emitted can contain heavy metals such as lead, volatile organic compounds, and cancer-causing agents. The compounds can also lead to lung diseases such as bronchitis, heart disease, and pneumonia.
- **Over 86% of youth don't vape**—and among the minority who do vape, most are not regular users.
- E-cigarette use **harms the developing brain**. E-cigarettes typically deliver nicotine, a harmful drug to the youth brain and body. Teens are particularly vulnerable to the effects of nicotine since the brain is still developing.
- The nicotine in e-cigarettes and other tobacco products can also prime young brains for **addiction** to other drugs, such as cocaine and methamphetamine.

Sources:

<https://store.samhsa.gov/product/Tips-for-Teens-The-Truth-About-E-Cigarettes/PEP19-12>

<https://doi.org/10.1093/ntr/ntaa010>

Step 4: Assess Readiness

Ruler

On a scale from 1-10, with one being not ready at all and 10 being completely ready, how ready are you to change your [X] use?

Reinforce positives

You marked _____. That's great. That means you're _____% ready to make a change.

Envisioning Change

Why did you choose that number and not a lower number, like a 1 or 2?

Its sounds like you have reasons to change

1 2 3 4 5 6 7 8 9 10

Step 5: Negotiate Action Plan

| | |
|--|---|
| <p>Create down action plan</p> <ul style="list-style-type: none">• Ask client for ideas first | <p>What are some options/steps that will work for you?</p> <p>What are you willing to do for now to be healthy and safe?</p> <p>What will help you to reduce the things you don't like about using [X]?</p> |
| <p>Envision the future</p> <ul style="list-style-type: none">• Probe for goals | <p>What do you want your life to look like down the road?</p> <p>How does this change fit in with where you see yourself in the future?</p> |
| <p>Explore challenges</p> | <p>What are some challenges to reaching your goal?</p> |

Slide courtesy of Boston University: BNI-ART Institute

Step 5: Negotiate Action Plan (cont.)

Draw on Past Successes

- Identify strengths & supports

What have you planned/done in the past that you felt proud of?
Who has helped you succeed?
How can you use that (person/method) again to help you with the challenges of changing now?

Explore benefits of change

If you make these changes, how would things be better?

Step 6: Summarize and Thank

| | |
|------------------------------------|--|
| Reinforce resilience and resources | Those are great ideas!include some details |
| Ask permission | Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder? |
| Write down action plan | Let's summarize what we've been discussing, and you let me know if there's anything you want to add or change (review Action Plan) |

Slide courtesy of oston University: BNI-ART Institute

Step 6: Summarize and Thank (cont.)

| | |
|--|---|
| <p>Provide handouts</p> | <p>Give referrals if appropriate:</p> <ul style="list-style-type: none">• Suggest other services that might be useful• Make an “active referral” |
| <p>Give action plan & Thank client</p> | <p>This is an agreement between you and yourself. Thank you for sharing with me today.</p> |

Slide courtesy of Boston University: BNI-ART Institute