



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Motivational Interviewing for Pregnant Patients Living with Substance Use Disorder

forget

your

troubles

O.K.



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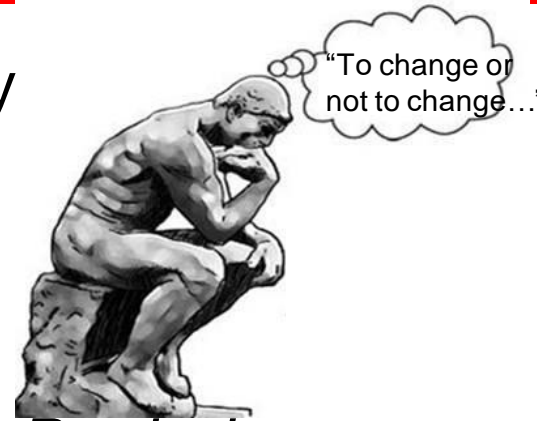
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Motivational Interviewing: A Brief History

- 1940s- Abraham Maslow: Humanistic Psychology
 - “Self actualization”
- 1950s- Carl Rogers: Person-Centered Therapy
 - “Unconditional positive regard”
- 1983- Miller article in *Behavioural and Cognitive Psychotherapy*
- 1991- Motivational Interviewing: Preparing People to Change Addictive Behavior (1st Ed.)
- 1990s-2000s- various “spinoffs”
- 2002- Motivational Interviewing: Preparing People for Change (2nd Ed.)
- 2013- Motivational Interviewing: Helping People Change (3rd Ed.)



“Adaptations” - Not MI

- **BI (SBRT)**
- **BNI**
- **MET**
- **BCC**

- **Coaching**
- **Classroom**
- **Parenting**
- **Etc., etc.**

MI in the Perinatal Population

- **Alcohol** (including pre-conceptional)
- **Tobacco** (including significant others)
- **Drugs** (“illicit”, “licit”, cannabis)
- **Caffeine**

- **STI risk behaviors**
- **Contraception**
- **Diet, sleep, exercise, stress reduction**
- **IPV**
- **etc.**

Motivational Interviewing: Definitions

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

Motivational Interviewing: Assumptions

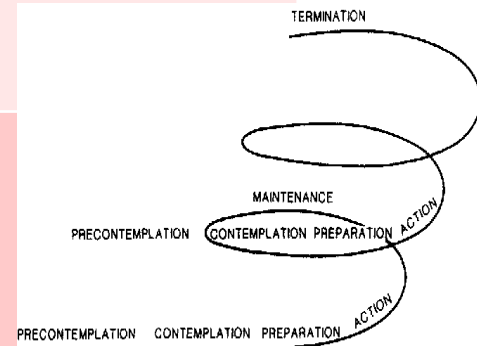


- **PEOPLE CAN CHANGE!!!!**
- **People have a tendency for + change**
- **Most people are ambivalent @ change**
- **Motivation...**
 - Is a state of readiness to change
 - Is specific to a behavior
 - May fluctuate from one time or situation to another
- **You cannot force individuals to be motivated or be motivated for them but you can help them to change.**

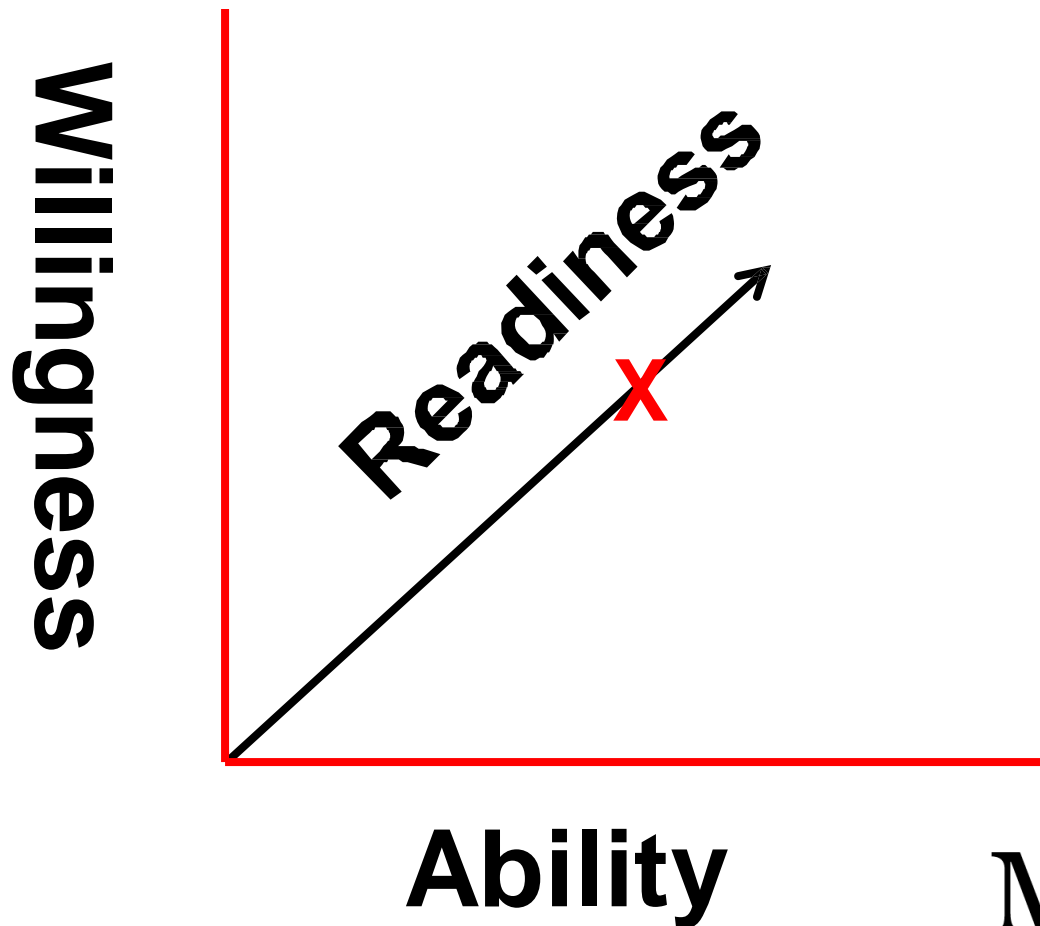
The Transtheoretical Model

("The Stages of Change")

Stages of Change	Associated Tasks
Precontemplation	Interested and concerned.
Contemplation	Risk-Reward Analysis and Decision making.
Preparation	Commitment and creating an effective/acceptable plan.
Action	Implementation of Plan and Revising as needed.
Maintenance	Consolidating change into lifestyle.



Readiness To Change



Why Don't People Change?

- Not convinced of the problem or the need for change — unmotivated
- Not committed to making a change — unwilling
- Feel they lack the ability to make a change — unable

How Do People Change?

- People change voluntarily only when:
 - They become *interested and concerned* about the need for change
 - They become *convinced* the change is in their best interest or will benefit them more than cost them
 - They organize a *plan of action* that they are *committed* to implementing
 - They *take the actions* necessary to make the change and sustain the change

Ambivalence

All change contains an element of ambivalence.

We “want to change and don’t want to change”

Patients’ ambivalence about change is the core of the intervention.

It is NOT PATHOLOGICAL



Reasons For Ambivalence

	CONTINUED USE	CESSATION OF USE
POSITIVE EFFECTS	Immediate Predictable	Often Delayed May be subtle
NEGATIVE EFFECTS	Often delayed Less predictable	More immediate Often acutely distressing/painful



" We never forget you have a choice. "

“Resistance”

- A normal part of change
- Not viewed as a “trait” of the patient
- An interpersonal phenomenon
 - “It takes two to have resistance”
 - Affected by therapist’s response
 - “Dissonance” between patient & therapist
- Exemplified by:
 - Arguing
 - Interrupting
 - Negating

Motivational Interviewing: Goals

- **RARARA**
- **Help the patient to:**
 - **Reduce the desirability of problem behavior**
 - **Address ambivalence**
 - **Recognize the cost of the problem behavior**
 - **Address barriers to change**
 - **(transition to Preparation Phase)**
 - **Recognize the benefits of change**
 - **Achieve a sense of self-efficacy**

Motivational Interviewing: Spirit

➤ Partnership/Collaboration

- Honors patient's expertise & perspective

➤ Acceptance

- Absolute Worth

- Accurate Empathy

- Autonomy Support

- Affirmation

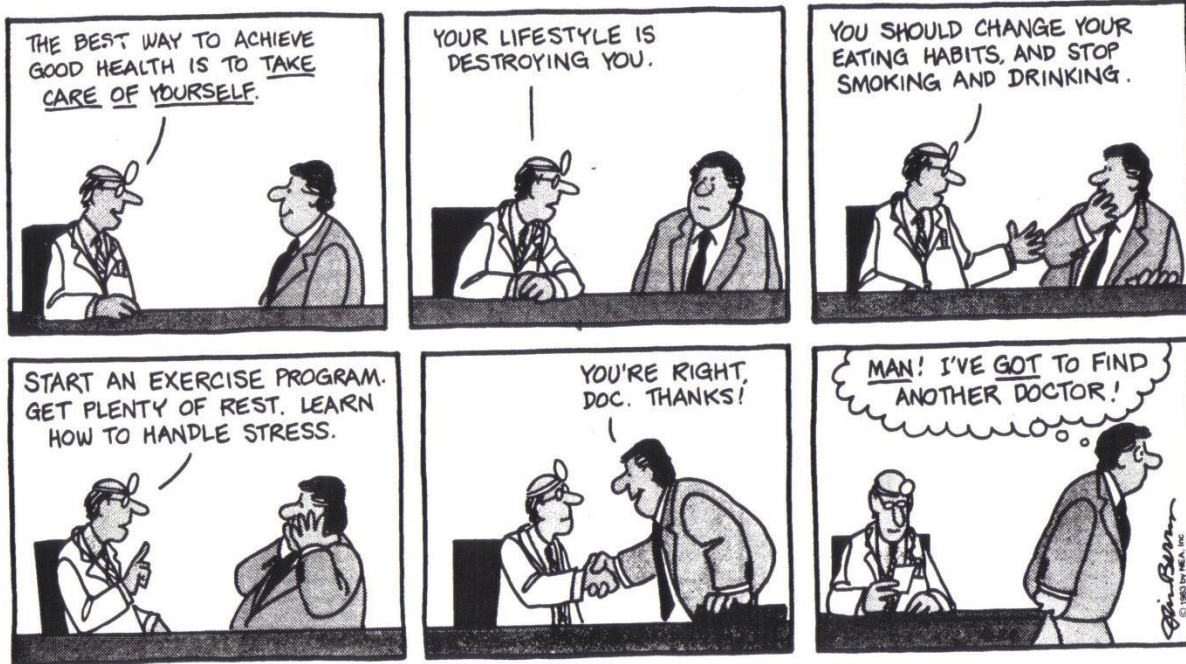
➤ Compassion

➤ Evocation

As opposed to “imparting”

Motivational Interviewing: Processes

- Engaging
- Focusing
- Evoking
- Planning



Motivational Interviewing: Principles

❖ READS:

- Roll with Resistance
- Express Empathy
- ~~Avoid Argumentation~~
- Develop Discrepancy
- Support Self-efficacy



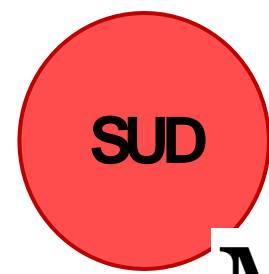
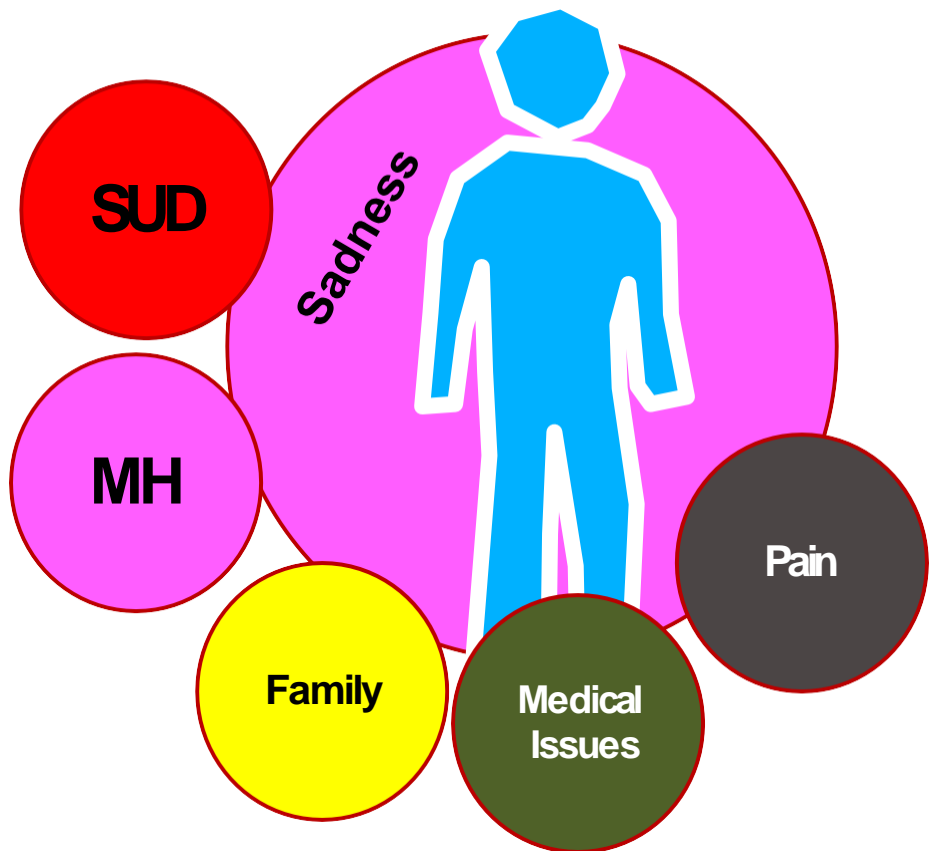
“What is your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Rolling with Resistance

To avoid this...



LET GO!!!



Motivational Interviewing: Principals #2

➤ **RULE**

- Resist the Righting Reflex
- Understand pt's Motivation
- Listen with Empathy
- Empower the patient

Motivational Interviewing: Techniques

➤ OARS

➤ Open ended questions

➤ Affirmations

➤ Reflective listening

➤ Summarizing

OARS: Open Ended Questions

- Closed ended questions...
 - Only elicits a “yes” or “no” answer
 - Leaves little opportunity to explore what is really going on for the patient
- Open ended questions...
 - Allow for longer answers
 - Gives you a chance to probe for further information
- *Note:* There are times to use each kind of question.

Examples of Open Ended Questions

- “What concerns you about this?”
- “Tell me a little more about ____.”
- “How does your substance use affect your relationships?”
- “What sort of connection do you see between your drinking and your _____(physical problems)?”
- “Why would you want to make this change?”
- “How might you go about it, in order to succeed?”
- “How important is it for you to make this change?”

OAARS: Affirmations



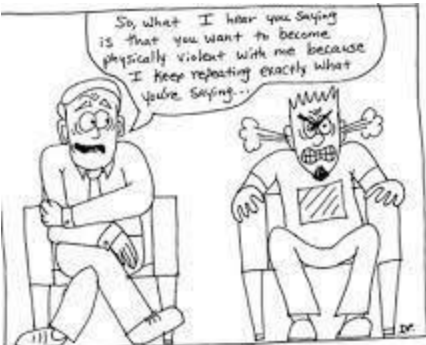
- Affirmations are statements and gestures that acknowledge people's strengths and behaviors that lead toward positive change.
- Affirmations are rarely given to individuals who use substances.
 - Help people build confidence in ability to change
 - Can be wonderful rapport builders
 - Are motivational
 - Must be congruent and genuine

Examples of Affirmations

- “It sounds like you haven’t been able to stop drinking, but it’s good you’ve been able to cut down.”
- “I appreciate you being open with me about your drug use today.”
- “You handled yourself really well in that situation.”
- “That’s a good suggestion.”

OARS: Reflective listening

- Purpose is to demonstrate to the patient that you are listening and trying to understand what they are saying.
- Also allows you and the patient to clarify meaning and to make sure you are understanding them correctly.



Types of Reflective Listening

- **Restating:** Repeating what the patient said
- **Paraphrasing:** Rephrasing by substituting synonyms or phrases, and staying close to what the speaker has said
- **Reflection of thoughts & feelings:** Emphasizing meaning and emotional aspects of communication

Examples of Reflective Listening

- If a patient said this:
 - “I know my drinking can get out of hand sometimes, but it’s what we all do - all my friends drink like that! If I stopped drinking, I don’t know who I’d go out with or what I’d do for fun. I’m worried about what would happen to my social life.”
- What would you say?

Possible Reflective Listening Responses

- “So you feel like you’d lose all of your friends if you had to change your drinking.”
- “It sounds like drinking is a big part of your social life.”
- “Your drinking seems to be getting out of hand sometimes but you’re not sure what would happen if you tried to change it.”
- “The idea of changing your drinking really scares you.”

OARS: Summarizing

- Very similar to reflective listening.
- In addition to building rapport and clarifying information with the patient, summaries are also helpful in calling attention to salient parts of the conversation and shifting attention or direction.
- Summaries help you steer the conversation

Examples of Summarizing

- “Let me see if I understand so far...”
- “Here is what I’ve heard. Tell me if I’ve missed anything...”
- “What you’ve said is important...”
- “Here are the salient points...”
- “Did I hear you correctly? ...”
- “We covered that well. Now let's talk about...”
- “In summary...”

“Change Talk”

- **Seen as “the opposite of resistance”**
- **“Self-motivational statements”**
- **Characteristics:**
 - **Disadvantages of the status quo**
 - **Advantages of change**
 - **Intention to change**
 - **Optimism about change**

“DARN CAT”

- **Desire** Statements about **preference for change.**
 - *“I want to ...”, “I would like to ...”, “I wish....”*
- **Ability** Statements about **capability to change.**
 - *“I could ...”, “I can ...”, “I might be able to . . .”*
- **Reasons** Specific **arguments for change.**
 - *“I would probably feel better if ...” “I need to have more-energy to...”*
- **Need** Statements about **feeling obliged to change.**
 - *“I ought to,” “I have to,” “I really should...”*
- **Commitment** Statements about **intent to change.**
 - *“I am going to ...”, “I promise ...”, “I intend to ...”*
- **Actuation** Statements about **willingness to change.**
 - *“I am ready to ...”, “I will start tomorrow...”*
- **Taking Steps** Statements about **action taken.**
 - *“I actually went out and.”, “This week I started ...”*

Ways To Evoke Change Talk

- **Asking Evocative Questions**
- **Using “Importance Ruler”**
- **Exploring the “Decisional Balance”**
- **Elaborating**
- **Querying Extremes**
- **Looking Back**
- **Looking Forward**
- **Exploring Goals & Values**

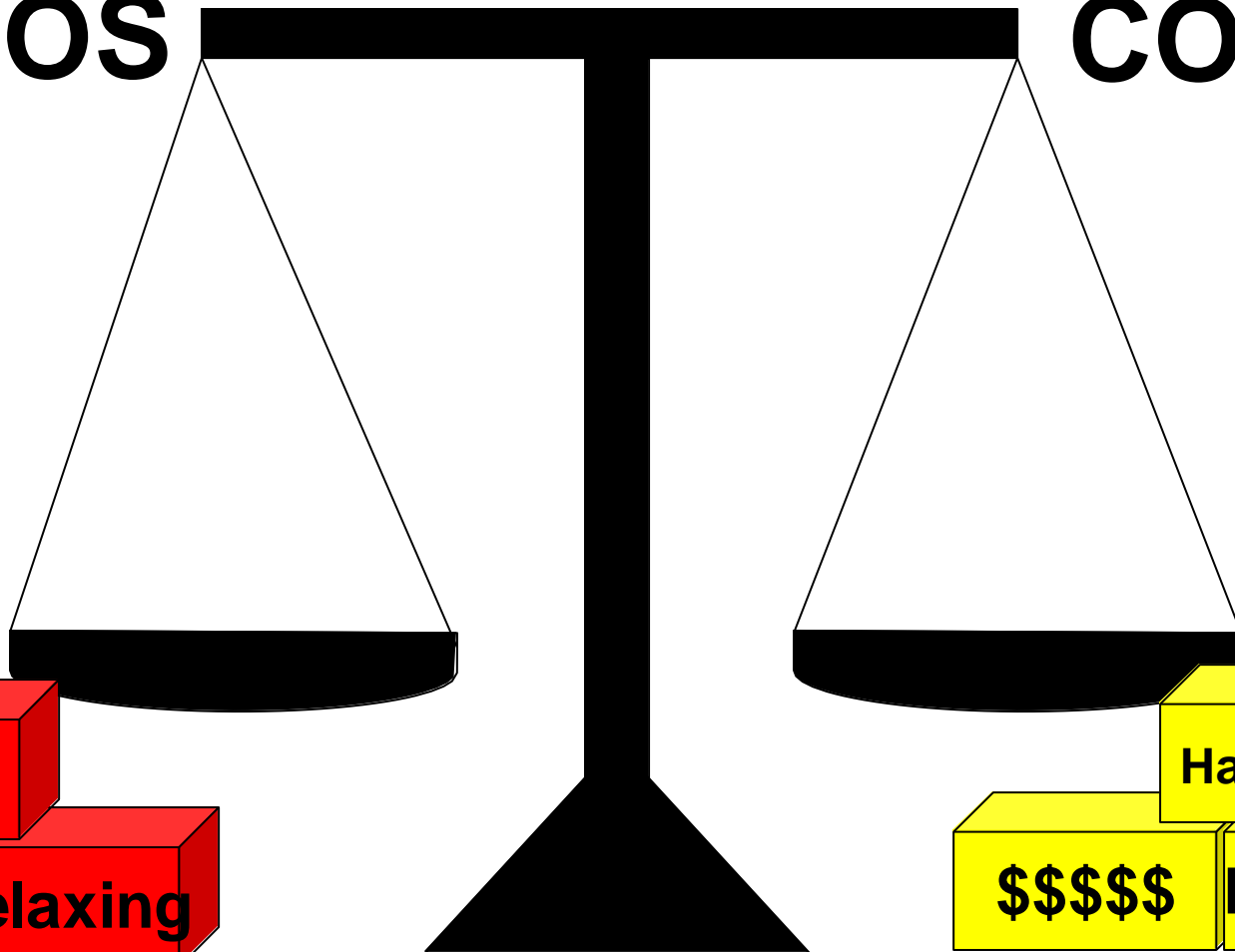
Readiness Ruler

Importance										
On a scale from 0 to 10, with 10 being <i>very important</i> , how important to you is it to change _____?										
0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Very			
Readiness for Change										
On a scale from 0 to 10, with 10 being <i>very interested</i> , how interested are you in changing _____?										
0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Very			
Confidence										
On a scale from 0 to 10, with 10 being <i>very confident</i> , assuming you wanted to change _____, how confident are you that you would succeed?										
0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Very			

Decisional Balance

PROS

CONS



Fun

Acceptance **Relaxing**

Hangovers

\$\$\$\$\$\$

Fighting

How to Explore Ambivalence

The good
things
about

The not-
so-good
things
about

The not-so-
good things
about
changing

The good
things
about
changing

**Avoid questions that
inspire a yes/no answer.**

Decisional Balance Sheet

CONTINUE CURRENT ALCOHOL USE		CHANGE CURRENT ALCOHOL USE	
PROS	CONS	PROS	CONS
<p><i>More social</i></p> <p><i>More accepted</i></p> <p><i>Easier to talk in front of people</i></p>	<p><i>Hangovers</i></p> <p><i>Lower grades</i></p> <p><i>More injuries</i></p> <p><i>Possible disciplinary action</i></p> <p><i>Possible DM</i></p> <p><i>Possible car crash</i></p> <p><i>Possible STDs</i></p> <p><i>Possible parenthood</i></p> <p><i>Cost</i></p>	<p><i>Fewer hangovers</i></p> <p><i>Improved grades</i></p> <p><i>Fewer injuries</i></p> <p><i>Save money</i></p>	<p><i>Less fun</i></p> <p><i>Fewer women</i></p>



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