Motivational Interviewing for Pregnant Patients Living with Substance Use Disorder

Christopher Welsh M.D.
Associate Professor
Department of Psychiatry
Division of Addiction Research & Treatment
University of Maryland School of Medicine
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 (SBIRT)
- 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 at 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”)

<table>
<thead>
<tr>
<th>Stages of Change</th>
<th>Associated Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Interested and concerned.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Risk-Reward Analysis and Decision making.</td>
</tr>
<tr>
<td>Preparation</td>
<td>Commitment and creating an effective/acceptable plan.</td>
</tr>
<tr>
<td>Action</td>
<td>Implementation of Plan and Revising as needed.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Consolidating change into lifestyle.</td>
</tr>
</tbody>
</table>
Readiness To Change

Willingness

Ability

Readiness
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

<table>
<thead>
<tr>
<th></th>
<th>CONTINUED USE</th>
<th>CESSATION OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POSITIVE EFFECTS</strong></td>
<td>Immediate</td>
<td>Often Delayed</td>
</tr>
<tr>
<td></td>
<td>Predictable</td>
<td>May be subtle</td>
</tr>
<tr>
<td><strong>NEGATIVE EFFECTS</strong></td>
<td>Often delayed</td>
<td>More immediate</td>
</tr>
<tr>
<td></td>
<td>Less predictable</td>
<td>Often acutely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>distressing/painful</td>
</tr>
</tbody>
</table>

"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:
Goal}s

- 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
  - Autonomy Support
  - Accurate Empathy
  - Affirmation

➢ Compassion

➢ Evocation
  As opposed to “impacting”
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?”
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?
“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 *very important*, how important to you is it to change ____?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>Very</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Readiness for Change

On a scale from 0 to 10, with 10 being *very interested*, how interested are you in changing ____?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>Very</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Confidence

On a scale from 0 to 10, with 10 being *very confident*, assuming you wanted to change ____ how confident are you that you would succeed?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>Very</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Decisional Balance

PROS
- Fun
- Acceptance
- Relaxing

CONS
- 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

<table>
<thead>
<tr>
<th>CONTINUE CURRENT ALCOHOL USE</th>
<th>CHANGE CURRENT ALCOHOL USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROS</strong></td>
<td><strong>CONS</strong></td>
</tr>
<tr>
<td>More social</td>
<td>Hangovers</td>
</tr>
<tr>
<td>More accepted</td>
<td>Lower grades</td>
</tr>
<tr>
<td>Easier to talk in front of people</td>
<td>More injuries</td>
</tr>
<tr>
<td></td>
<td>Possible disciplinary action</td>
</tr>
<tr>
<td></td>
<td>Possible DWM</td>
</tr>
<tr>
<td></td>
<td>Possible car crash</td>
</tr>
<tr>
<td></td>
<td>Possible STDs</td>
</tr>
<tr>
<td></td>
<td>Possible parenthood</td>
</tr>
<tr>
<td></td>
<td>Cost</td>
</tr>
</tbody>
</table>
Resources

Motivational Interviewing Network of Trainers (MINT)

Welcome to the

Motivational Interviewing Network of Trainers (MINT)

Resources for those seeking information on Motivational Interviewing

The Motivational Interviewing Network of Trainers (MINT), an international organization committed to promoting high-quality MI practice and training

MACS
Maryland Addiction Consultation Service for MOMs
All Services are FREE!!!

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders & chronic pain management
- Assistance with addiction & behavioral health resources & referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO™ Clinics: collaborative medical education through didactic presentations and case-based learning

1-855-337-MACS (6227) • www.marylandMACS.org • MACS@som.umaryland.edu