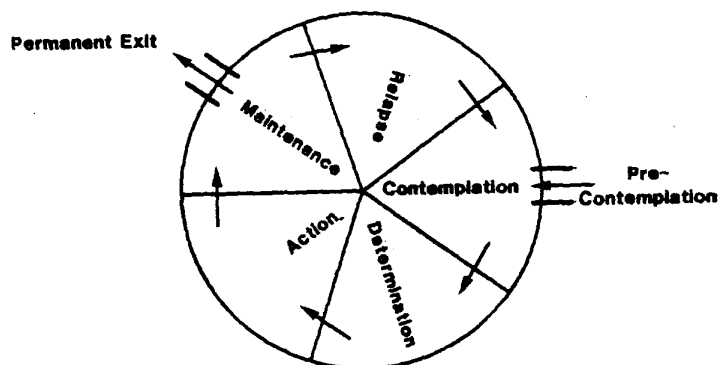


Motivational Interviewing

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Stages of Change (Prochaska & DiClemente)



Prochaska and DiClemente's six stages of change.

Stages of Change (Prochaska & DiClemente)

- reliable, predictable & well defined stages
- better predictor of outcome at 4 m of therapy than DSM III Diagnosis
- wheel: it's normal for patients to go around the cycle several times
- relapse is a normal occurrence, one step closer to recovery
- therapist should take stage appropriate approaches

≡ Check up Study

(Benefield, Miller, Tonigan 93)

- drinkers who to an advertisement about body check up
- Subjects: randomly assigned to receive 2 diff. styles of feedback
 - Conventional style: directive, denial was confronted using assessment results
 - Motivational interview: client-centred, eliciting and reflecting the person's own reactions to assessment results

Check up Study- Immediate Results

- Conventional style: associated with more resistance and denial
- Motivational style: more expression of concerns about their problems and acknowledging a need for change
- Conclusion: Motivation is a product of patient therapist interaction

Check up Study- Results after 18 months

- Overall, Use of alcohol decreased significantly
- The more the client was confronted, the more the client was drinking (40% of the variance)
- Conclusion:
 - brief intervention is effective
 - therapist style is a powerful factor determining motivation and outcome
 - Had this not been an experiment, one might have concluded that unmotivated clients evoke less support from therapist and were less likely to change

Relevancy to Primary health care practitioners

- See and treat the majority of substance abusers (10-20% prevalence in GP clinics Bradley 1992)
- Maintain contact with clients over a long period of time
- Effect of motivational style demonstrated in more than 14 nations (Holder 1991)
- Easier than imagined: avoid presenting good arguments for change, don't have to have all the answers
- Motivational approach suits clients in primary care setting; it is geared towards those who are ^{not} ready?to change precontemplators/contemplators)

Precontemplation

- **Cognition:** I have no problem, no need to quit
- **Behaviour:** Rejects new information
- **Completion:** Move to Contemplation
- **Objective:** Introduce ambivalence,
- **Strategy:** Create perception of risk, raise doubt

Contemplation

- **Cognition:** I want to quit, but I really like to continue, Yes, but...?
- **Behaviour:** Willing to receive new information
- **Completion:** Move to Preparation
- **Objective:** Resolve ambivalence in favor of cessation
- **Strategy:** Elicit personal concerns and perceived need for change, evoke reasons to change, risks of not changing

Preparation

- **Cognition:** I am ready to quit
- **Behaviour:** Request advice and information
- **Completion:** Move to Action
- **Objective:** Work out strategies for quitting
- **Strategy:** Assist person to determine the best course of action and to work out a plan

Action

- **Cognition:** I don't use it anymore
- **Behaviour:** Accepts new information
- **Completion:** Move to Maintenance
- **Objective:** Implementing the plan
- **Strategy:** Help in carrying out and complying to plan

Maintenance

- **Cognition:** I am a non-user
- **Behaviour:** Gives information to others
- **Completion:** Discover the truth about his/her life
- **Objective:** Eliminate triggers, promote personal grow and maturity
- **Strategy:** Assist person in identify and use strategies to prevent relapse

Relapse

- **Cognition:** I use it again
- **Behaviour:** Demoralized, tendency to give up
- **Completion:** Move to Contemplation and further on
- **Objective:** Avoid getting stuck in this stage
- **Strategy:** Help recycle the useful strategies developed before and modify if necessary

Critical Elements of Change

- Advice
- removing Barriers
- providing Choices
- decreasing Desirability
- practicing Empathy
- providing Feedback
- clarifying Goals
- Helping attitude

Critical Elements of Change

Advice:

- brief , systematic, clear, compassionate
- identify the problem areas
- explain why change is important
- advocate specific change

Critical Elements of Change

Removing Barriers.

- child care
- distance to travel
- waiting time
- reminder phone call (AA study)
- circle of friends and cultural context

Critical Elements of Change

Providing **C**hoices

- resistance will develop when a person perceives limit on freedom
- offering choices of alternative approaches may decrease resistance and dropout, and may improve compliance and outcome (Costell 1975, Sanchez-Craig 1990)

Critical Elements of Change

Decreasing **D**esirability

- identify all the factors on the cost-benefit balance
- removing weights from the status quo side of the balance
- increasing weights on the change side
- perceived picture rather than the fact
- change environment (family, work etc..) or awareness

Critical Elements of Change

Practicing **E**mpathy

- not just to identify with client's feelings
- specific and learnable skill for understanding another meaning through the use of reflective listening, whether or not you have the similar experience or not.
- requires sharp attention and continual generation of hypotheses as to the underlying meaning.
- the best guessed meaning is then reflected back to the client.

Critical Elements of Change

Providing **F**eedback

- expression from friends
- self-monitoring diary
- personalized feedback of assessment results, provide reference range for client to make his own interpretation

Critical Elements of Change

Helping attitude

- dealing with defaulters (phone call or letter)
- making referrals

Traps:

- Question Answer Trap: You are here to talk about your liver problem, right?
- Confrontation-Denial Trap: " Not serious! It's sheer luck that you haven't been arrested or killed someone driving after drinking"
- Expert Trap: Doctor, I want you to tell you what do.
- Labeling Trap: Do you think I'm an addict?
- The Blaming Trap: It's my wife's fault. She irritates all the time.

Overcoming traps

Question Answer Trap:

- long, questionnaire-like, leading (implying answer), leaving the client to play a passive role
- use open questions

Labeling Trap:

- Don't care about labels, instead, to determine how the use of alcohol is harming someone, and what one is wanting to do

Overcoming traps

- The Blaming Trap:
 - It seems that you are worrying about who's fault it is. Counseling has a "no-fault" policy. I'm not interested in who's responsibility it is, but what is troubling you and what you might be able to do about it.
- Expert Trap:
 - prescribe solutions
 - need to build patient's own motivation first
- Confrontation-Denial Trap:
 - detect a problem, go on to tell him that this is serious. Patient will deny the seriousness, or express that he don't want to change.

Dealing with resistance

- simple reflection
- amplified reflection
- double-sided reflection
- shifting focus
- agreement with a twist
- emphasizing personal choice, but reflect the consequences
- Reframing

SPOTLIGHT

Use of a body check-up and personalized motivational feedback as an early intervention for young substance users in Hong Kong

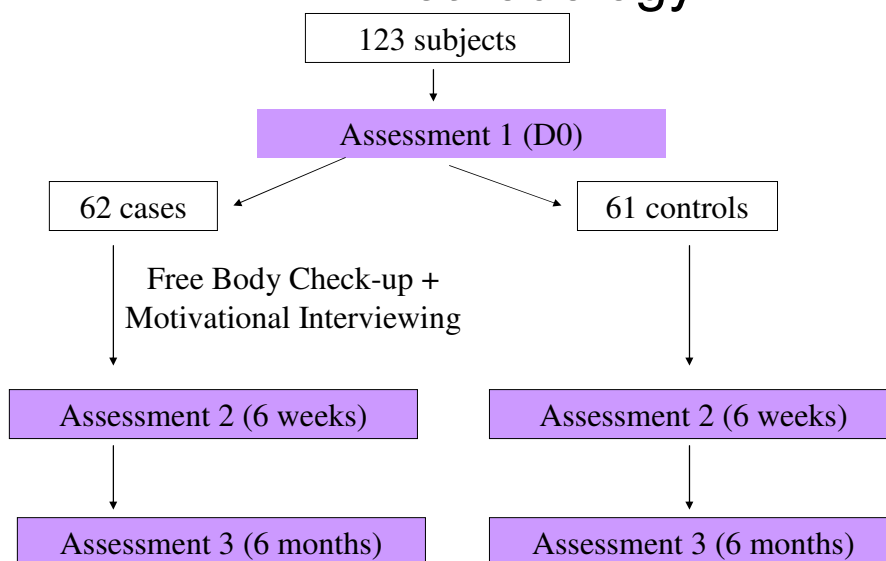
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Hypothesis

- “Free Body check-up” programme would be an attractive service for young drug users
- Brief motivational interviewing will enhance their readiness to change
- The effect will be significant and lasting

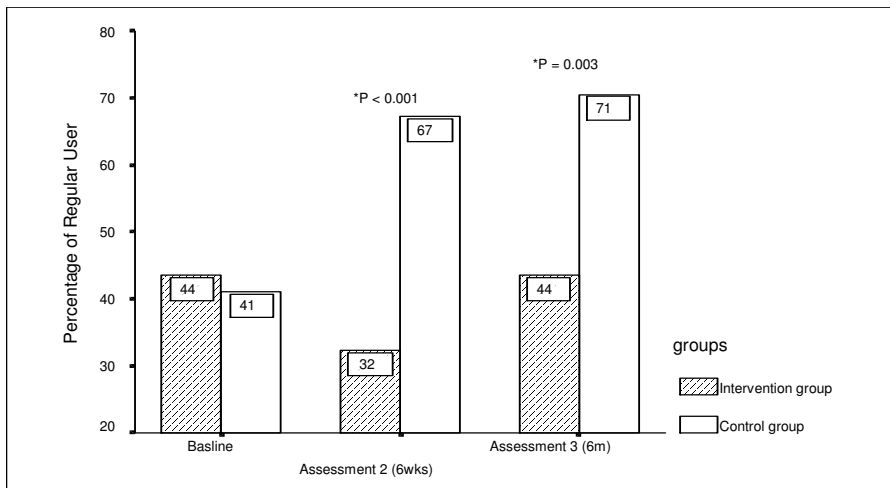
Methodology



% of Regular Users in both groups

Occasional user: < once per month

Regular user: ≥ once a month or more (Pentz MA. 1999)



**Scores for Smoking Frequency and Usage (SFU)*

