

Discussing Substance Use in the Counseling Center Setting: Applying Motivational Interviewing Strategies



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The Spirit of Motivational Interviewing

- Motivation for change is elicited from the individual, and not imposed from without.
- It is the student's task, not the professional's, to articulate and resolve his or her ambivalence.

The Spirit of Motivational Interviewing

- Direct persuasion is not an effective method for resolving ambivalence.
- The style is generally a quiet and eliciting one.
- The professional is directive in helping the individual to examine and resolve ambivalence.

The Spirit of Motivational Interviewing

- Readiness to change is not an individual trait, but a fluctuating product of interpersonal interaction.
- The relationship is more like a partnership than expert/recipient roles.

OARS: Building Blocks for a Foundation

- Ask **Open-Ended Questions**
 - Cannot be answered with yes or no
 - Professional does not know where answer will lead
 - “What do you make of this?”
 - “Where do you want to go with this now?”
 - “What ideas do you have about things that might work for you?”
 - “How are you feeling about everything?”
 - “How’s the school year going for you?”

OARS: Building Blocks for a Foundation

- **Affirm**
 - Takes skill to find positives
 - Should be offered only when sincere
 - Has to do with characteristics/strengths
 - “It is important for you to be a good student”
 - “You’re the kind of person that sticks to your word”

OARS:

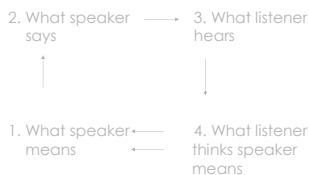
Building Blocks for a Foundation

- **Listen Reflectively**
 - **Effortful process: Involves Hypothesis Testing**
 - A reflection is our “hypothesis” of what the other person means or is feeling
 - **Reflections are statements**
 - Client: “I’ve got so much to do and I don’t know where to start.”
 - Professional: “You’ve got a lot on your plate.”
 - Client: “Yes, I really wish things weren’t this way” **or...** “No, I’m just not really motivated to get things started.”
 - “Either way, you get more information, and either way you’re receiving feedback about the accuracy of your reflection.” (p. 179, Rollnick, Miller, & Butler, 2008)

Reflective Listening: A Primary Skill

- “Hypothesis testing” approach to listening
- **Statements, not questions**
- **Voice goes down**
- **Can amplify meaning or feeling**
- **Can be used strategically**
- **Takes hard work and practice**

Hypothesis Testing Model



Types of reflections...

"I've been feeling stressed a lot lately..."

- **Repeating**
 - "You've been feeling stressed."
- **Rephrasing**
 - "You've been feeling anxious."
- **Paraphrasing**
 - "You've been feeling anxious, and that's taking its toll on you."
- **Focusing on emotional component**
 - "And that's taking its toll on you."

Motivational Interviewing Strategies

- **Reflection**

My partner won't stop criticizing me about my drinking.

Sounds like your partner is concerned about your drinking.

-- or --

You are annoyed by that.

-- or --

You're feeling like your partner is always on your case.

Motivational Interviewing Strategies

- **Amplified Reflection**

I don't see any reasons to change my drinking...I mean, I just like drinking alcohol.

Sounds like there are no bad things about drinking for you.

Motivational Interviewing Strategies

- **Double-Sided Reflection**

Client: I've been drinking with my friends in my room. My parents are always lecturing me about it. They're always saying that it makes my depression worse.

Professional: *Sounds like you get a hard time from your parents about how drinking affects your depression.*

Client: Yeah... I mean, I know that it affects my mood a little, but I don't drink that much and when I do, I really enjoy it, you know?

Motivational Interviewing Strategies

- **Double-Sided Reflection**

Professional: *What do you enjoy about drinking?*

Client: I like the fact that it helps me chill out with my friends.

Professional: *So on the one hand you enjoy drinking because you feel that it helps you chill out with your friends, and on the other hand it you've noticed that it has some effect on your mood.*

OARS: Building Blocks for a Foundation

- **Summarize**

- Periodically to...

- Demonstrate you are listening
- Provide opportunity for shifting

Building Blocks for a Foundation

Strategic goal:

• Elicit Self-Motivational Statements

- “Change talk”
- Self motivational statements indicate an individual’s concern or recognition of need for change
- Arrange the conversation so the individual makes arguments for change

Strategies for Eliciting Self-Motivational Statements

• Decisional Balance Exercise

Continuing the Status Quo		Making a Change	
+	-	+	-

• Using Extremes

- “What concerns you the most?”
- “What are your worst fears about what might happen if you don’t change (or keep going the way you’re going)?”

Miller & Rollnick (1991)

Strategies for Eliciting Self-Motivational Statements

- Looking Back
 - “Think back to before this issue came up for you. What has changed since then?”
- Looking Forward
 - “How would you like things to turn out for you?”
 - “How would you like things to be different?”
 - “What are the best results you can imagine if you make a change?”
- Exploring Goals
- Asking Provocative Questions (more on this at the end)

Miller & Rollnick (1991)

Using a Ruler

- “How strongly do you feel about wanting to get more exercise? On a scale from 1 to 10, where 1 is “not at all” and 10 is “very much,” where would you place yourself now?
- “How important would you say it is for you to stop smoking? On a scale from 1 to 10, where 1 is “not at all important,” and 10 is “extremely important,” what would you say?
- Then, ask why a lower number wasn’t given
- The answer = change talk!

Rollnick, Miller, & Butler, 2008

Key Questions: What Next?

- “So what do you make of all this now?”
- “What do you think you’ll do?”
- “What would be a first step for you?”
- “What do you intend to do?”

Rollnick, Miller, & Butler, 2008

Resistance Strategies

- Why is it important to pay attention to resistance?
 - Research relevant to resistance and client outcomes
 - Motivational Interviewing focuses on reducing resistance

Types of Resistance

- **Argument**
 - Challenging
 - Discounting
 - Hostility
- **Interruption**
 - Talking over
 - Cutting off
- **Ignoring**
 - Inattention
 - Non-response
 - Non-answer
 - Side-tracking
- **Denial**
 - Blaming
 - Disagreeing
 - Excusing
 - Reluctance
 - Claiming Impunity
 - Minimizing
 - Pessimism
 - Unwillingness to change

Four Guiding Principles related to care in a Health Setting

- **R: Resist the Righting Reflex**
 - We tend to resist persuasion if we're ambivalent
 - When a person says he or she is o.k., the temptation might be to make a more forceful point...
 - Practitioner: "If you did decide to drink less, you would do better in school and probably would feel better in the mornings. It's nice to wake up and not be hung over!"
 - Student: "Yeah, I know. But I can't help thinking that if I drink less, I'd miss out on some good social stuff. That's not good."

Adapted from Rollnick, Miller, & Butler (2008)

Four Guiding Principles related to care in a Health Setting

- **U: Understand Your Client's/Patient's Motivations**
 - Person's own reasons for change most likely to trigger behavior change
 - May be better off asking clients/patients **why** they would want to make a change and **how** they might do it rather than telling them that they should
 - "If you were to make a change, what would that look like?"
 - "What are the good things about drinking for you?...What are the 'not-so-good' things?...What would it be like if those 'not-so-good' things happened less often?"

Adapted from Rollnick, Miller, & Butler (2008)

Four Guiding Principles related to care in a Health Setting

- **L: Listen to Your Client/Patient**
 - When it comes to behavior change, the answers most likely lie within the client/patient
 - “If you were to make a change in your drinking, what are the most important benefits you’d see?”
 - “What risks would you like to decrease?”
 - “How important is it to you to make a change?”
 - “What might make those ‘not-so-good’ things we talked about earlier happen less often?”

Adapted from Rollnick, Miller, & Butler (2008)

Four Guiding Principles related to care in a Health Setting

- **E: Empower Your Client/Patient**
 - Outcomes are better when clients/patients take an active role
 - Help clients/patients explore how they can make a difference in their health
 - A client/patient active in this process is more likely to do something after a visit.
 - “How would you like things to turn out for you?”
 - “How would you like things to be different?”
 - “What are the best results you can imagine if you make a change?”
 - “What will help get you there?”

Adapted from Rollnick, Miller, & Butler (2008)

If you go the route of implementing BASICS...

- **Determining Assessment/Measures**
 - For BASICS feedback and evaluating outcome
- **Generating Graphic Feedback/ Personalized BAC cards**
- **Training of providers**
- **Supervision/Consultation**
 - Therapist drift (issues of fidelity)
 - Need for ongoing assessment and, if needed, training

If you don't go the route of implementing BASICS...

- You have a unique ability to impact student health
- Even if you're not the one who implements an intervention around substance use, your ability to reduce resistance will make for a more effective intervention once the student gets to the intervention

Thank you very much!

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