



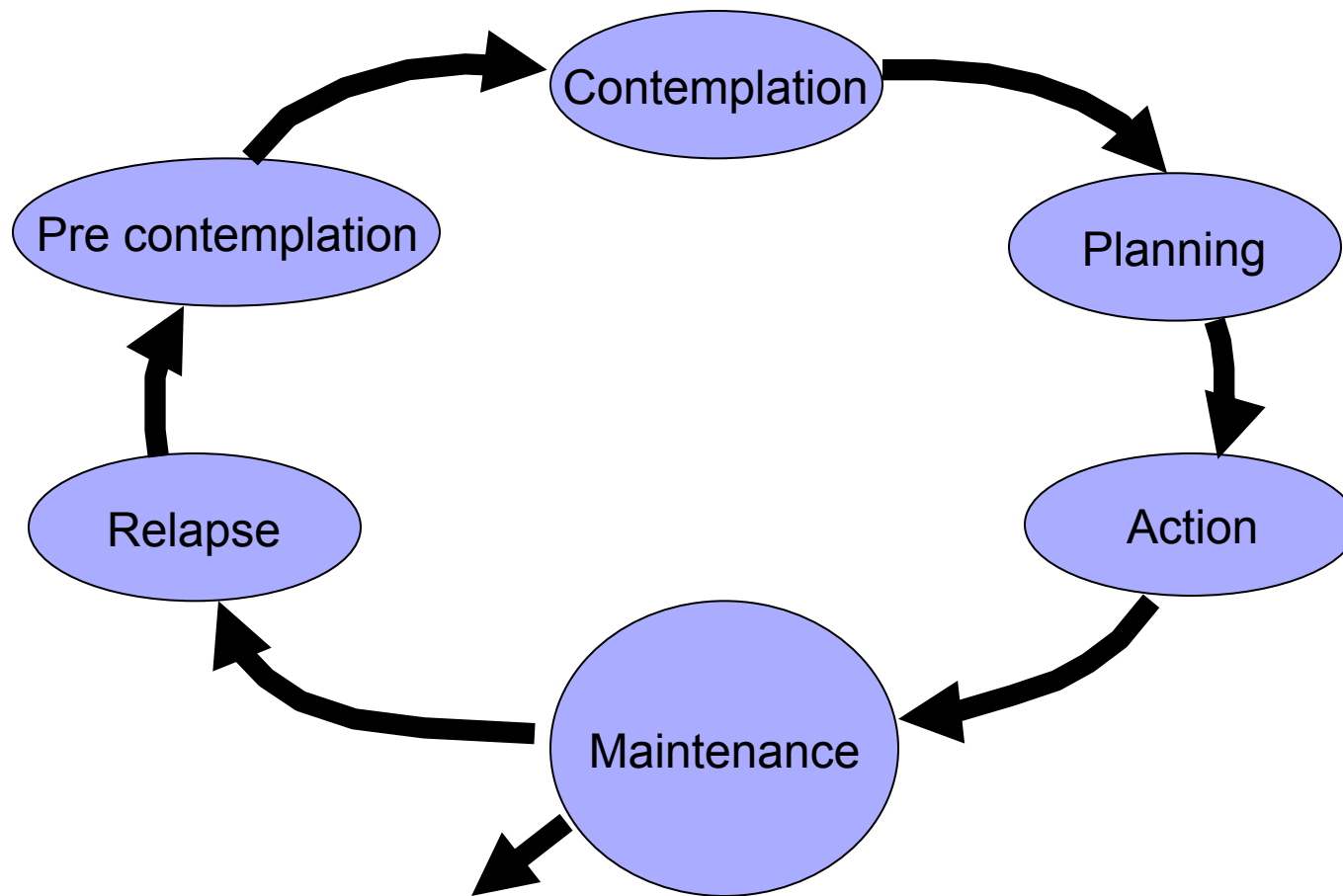
Advanced Motivational Interviewing: MET



Outline

- Transtheoretical Model of Change
- Motivational Interviewing
- Motivational Enhancement Therapy (MET)

Transtheoretical Model





Motivational Interviewing

- It is a client centered, yet directive form of interaction with a client



Principles of Motivational Interviewing

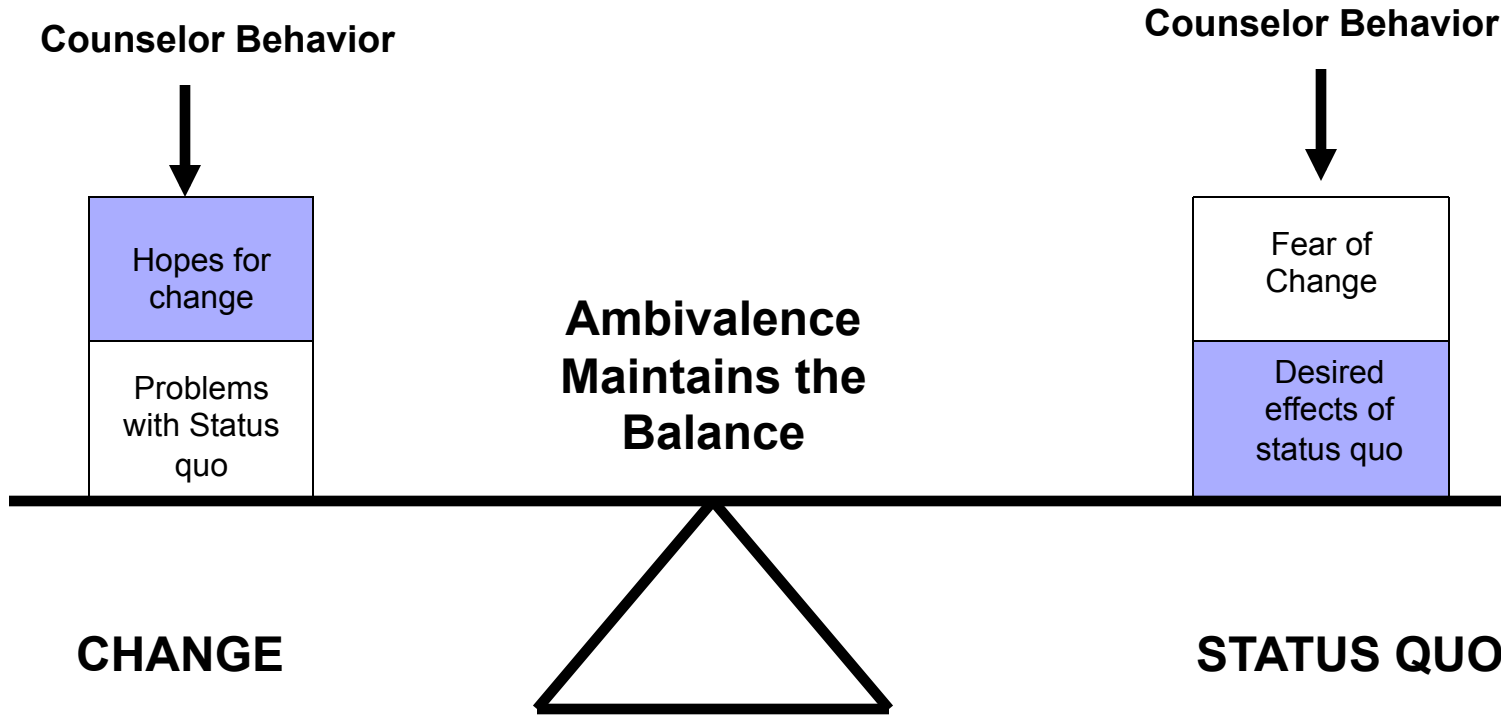
- We are trying to help our clients work through the phases of change
- This means we are working with client ambivalence and related motivation
- Every client is motivated
- Willing, able, and ready- we want to help raise importance and confidence



Principles Cont'd

1. Express empathy
2. Avoid Argumentation
3. Roll with Resistance
4. Support Self-Efficacy
5. Develop Discrepancy

Resistance



Counselor Behavior Assists
in Resolving Ambivalence,
OR Assists in Maintaining
It!!!!

Opening Strategies

- **Open Questions:**

Questions that do not elicit short answers

Give an example of an Open ended question you could use with a client with an alcohol or drug problem





Opening Strategies

■ Reflective Listening

*Making a guess as to what the speaker means and reflecting it back with a **statement***

1. The use of a statement is **crucial**- it encourages the client to actively engage in the conversation
2. Never ask three questions in a row- always break it up with reflection



Traps to Avoid

Premature Focus

Confrontation/Denial

Labeling

Blaming

Question/ Answer

Expert Trap



Opening Strategies Cont'd

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Reflective Listening and Open Question Learning Reflections

- Think about a behavior you changed and feel comfortable sharing. Try to get yourself in the frame of mind you were in when you changed this
- Take five minute turns using only reflection and open questions to discuss this change
- Remember the principles, try to remain in the spirit, break up your questions, and avoid the traps!



Discussion

- How did it feel to have someone talk with you like this about your issue?
- How did it feel to be the interviewer?
- How did your partner respond to reflections as opposed to questions?
- What was easiest for you to do? What was the most difficult?
- Did you fall into any of the traps? Were you tempted to?



Eliciting Change Talk

Types

- **Problem Recognition**
- **Concern**
- **Intention to Change**
- **Optimism for Change**



Eliciting Change Talk

- 1. Ask evocative questions**
- 2. Explore pros and cons**
- 3. Ask for elaboration**
- 4. Imagine extremes**
- 5. Importance Ruler**
- 6. Looking forward**
- 7. Looking back**



Types of Reflective Responses

- **Simple:** Reflect what the client is **communicating-** verbal and non-verbal
- **Amplified:** Restate the clients communication in a slightly exaggerated form
- **Double sided:** Reflect back both sides of the ambivalence



Other Resistance Responses

- **Shifting Focus:** avoid stumbling blocks
- **Reframe:** cast an observation with a new interpretation
- **Agree with a Twist:** agree with a portion, but give a slight change of direction
- **Emphasize Personal Control and Choice**
- **Coming Alongside:** paradox- not duping!



Motivational Enhancement Therapy (MET)

Derived from the **FRAMES** model

Feedback

Responsibility

Advice

Menu

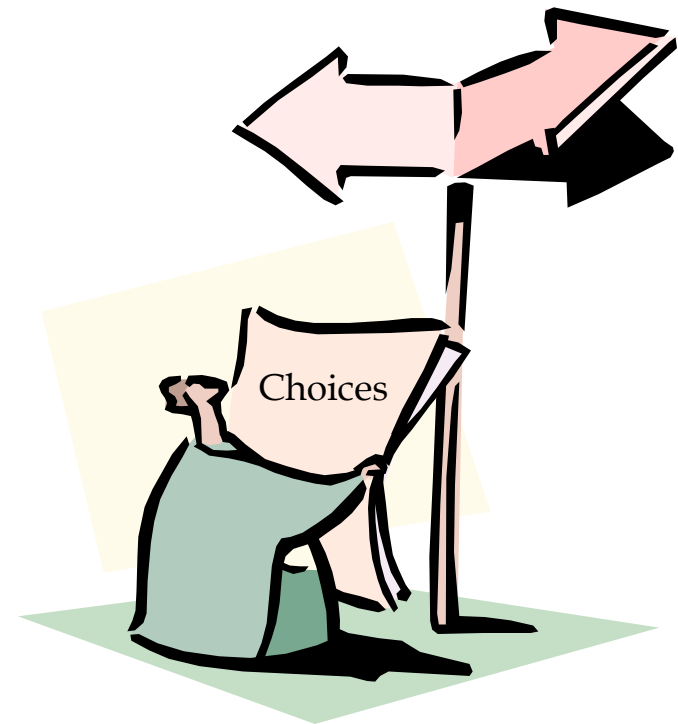
Empathy

Self-efficacy

Source: Miller & Sanchez, 1994

MET (continued)

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy
- Ensure client choice
- Convey optimism



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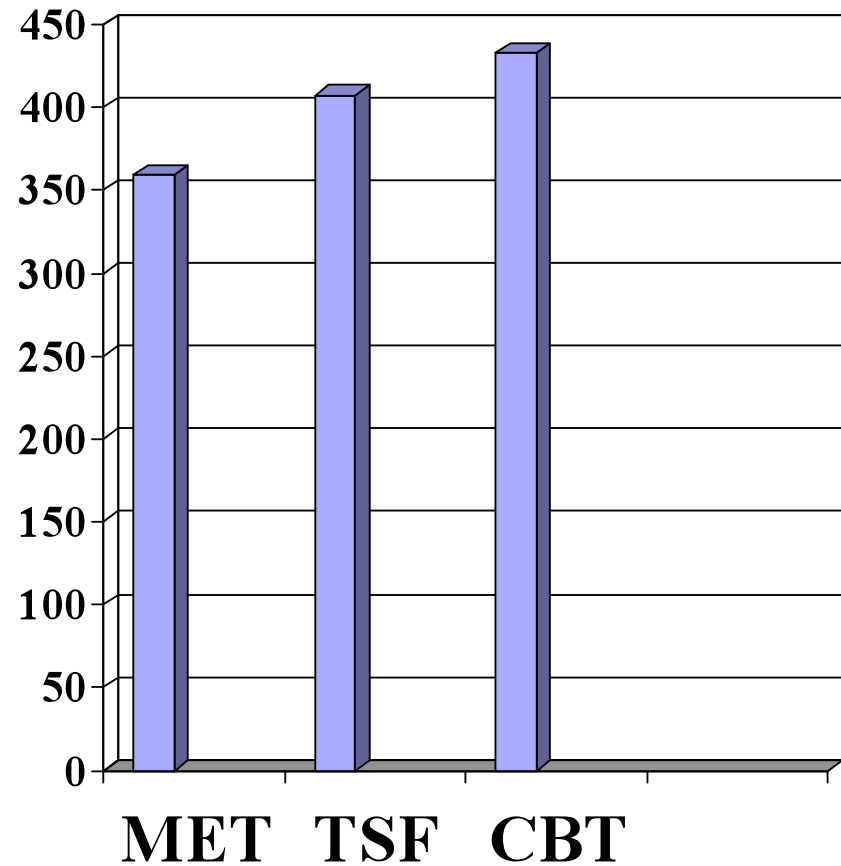
MET (continued)

- Phase I:
 - Establish rapport
 - Provide personal feedback
 - Build motivation
- Phase II:
 - Strengthen motivation
 - Develop specific change plan
 - Commitment
 - Move to action



MET (continued)

- Evidence suggests that MET is effective
- Evidence indicates that MET is cost-efficient





Screening/Assessment + MI = MET

- We use standardized screens or assessments to generate feedback
- This allows us to provide an objective perspective on the drug use while staying in the client centered style
- MET as used in Project MATCH followed this protocol



Screens and Assessments

<http://lib.adai.washington.edu/instrumentsearch.htm>

Screens/Assessments

- ASSIST
- AUDIT
- Alcohol TLFB/
■ TLFB-DCM
- DUDIT
- CAGE
- TWEAK
- T-ASI
- SDS

Other Aids

- Decisional Balance
Inventory
- Alcohol Consumption
Norms US:
[http://www.motivationalinterview.org/
library/MATCH.pdf](http://www.motivationalinterview.org/library/MATCH.pdf)
- Importance Ruler
- Confidence Ruler



Giving Feedback

- Elicit- What do you know about...?

It is up to you what you do with this info.

- Provide-Explain results

- Elicit- How do you feel about that?

What will you do now?

How concerned are you by this?

What concerns you most about this?



Low Risk

- Give Feedback Because:
 1. Increases info in the community
 2. Prevents increase in use
 3. Prevents return to use for those with a HX



Moderate Risk

Derived from the **FRAMES** model

Feedback

Responsibility

Advice

Menu

Empathy

Self-efficacy

Source: Miller & Sanchez, 1994



Moderate Risk

- May need to choose a drug of focus
- Review past week drug use
- Discuss positives and negatives
- Weigh them out (Decisional Balance)
- Determine level of concern (Ruler)
- Provide options (Menu)
- Elicit Goals for change
- Identify people that support them
- Invite a return visit



Moderate Risk

If they are not concerned and do not want feedback

- Give them the report card
- Offer additional written info
- Offer a return visit if their feelings change
- End session



High Risk

- Proceed as with moderate
- Provide treatment options more in line with the severity of the problem with the menu
- Keep in less intense options
- Be honest about your concern



High Risk injectors

- Use injection risk card similarly to report cards
- Elicit; Provide; Elicit
- Provide encouragement about TX effectiveness
- Invite them to return for another appointment



Transitioning

Signs of Transition Readiness

1. Decreased Resistance
2. Decreased Problem Discussion
3. Resolution
4. Change Talk
5. Questions About Change
6. Envisioning
7. Experimenting



Phase 2 Hazards

Underestimate Ambivalence

Over Prescription

Insufficient Direction



Phase 2

- **Recapitulation:** Take all of the clients self-motivational statements, ambivalence, objective evidence, and your own perception of the client situation and say it to them
- **Key Question:** after recapitulation, form an open question about what the client will do next
- **Giving Information or Advice:** to remain genuine we want to tell clients when we have ideas or knowledge about their change process



Negotiating a Change Plan

Set Goal

Elicit Options

Arrive at a Plan

Elicit Commitment



What Now?

- Sometimes clients act out the change plan on their own
- Sometimes we refer on to an action focused treatment
- Sometimes we begin to provide the action focused treatment



Assessing Fidelity

- Motivational Interviewing Treatment Integrity Code (MITI)
- Motivational Interviewing Skills Code (MISC)
- Helpful Responses Questionnaire (HRQ)



GOODBYE!!

- **Answer any closing questions**
- **Distribute Evaluations**
- **Distribute Certificates**