Motivational Enhancement & Engagement Strategies

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Different Levels of Severity (ONDCP - 2010)

- Addiction ~ 25,000,000 (Focus on Treatment)
- "Harmful Use:" ~ 68,000,000 (focus on Early Intervention)
- Diabetes ~ 24,000,000
- Little or No Use (focus on Prevention)

In Treatment ~ 2,300,000
Screening, Brief Intervention & Referral to Treatment (SBIRT)

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with SUDS, as well as those who are at risk of developing these disorders.

- Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
SBIRT Activities

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.

- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

  (http://sbirt.samhsa.gov)
Is SBIRT Effective?

SBIRT research has shown that large numbers of individuals at risk may be identified through primary care screening. Interventions such as SBIRT have been found to:

- Decrease the frequency and severity of drug and alcohol use,
- Reduce the risk of trauma, and
- Increase the percentage of patients who enter specialized substance abuse treatment.

Screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits. Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.
History & Current Context

- 1992 – In Search of How People Change (Prochaska, DiClemente & Norcross)
- CSAT provided training and developed materials
- Growing recognition that untreated substance abuse is expensive: physical and mental health, social services and criminal justice systems
History & Current Context

- patients referred from other services with insufficient attention to motivation
- no specific arena to address ambivalence
- “Wait until they are ready”
- AOD programs: discharge for non-compliance with high expectations
- discovery that untreated substance abuse is expensive
Treatment Outcome Findings

- retention improves outcome
- enduring gains often require at least 6 months of treatment
- addiction treatment works as well as treatment for other chronic relapsing disorders (asthma, diabetes, hypertension)
- patient implementation of treatment recommendations is the key
Getting Motivated: Accumulating Consequences

- increasing dysphoria, emotional distress
- loss of important relationship(s)
- loss of job; interference with performance
- health problems
- financial problems
- legal problems
Enticements: Severely Mentally Ill

- help in obtaining food, housing
- access to entitlement programs
- help in avoiding legal penalties
- socialization, recreation, vocational opportunities
- relief from distressing symptoms
Harm Reduction

- Valuable approach that produces public health benefits
- Permits low threshold place to begin addressing AOD using behavior
- Many pitfalls for the clinician
- Clinician can make forthright recommendations and still work with patient’s goals
Negotiating an Abstinence Commitment

- Connect AOD use with presenting complaints
- Facilitate progress through initial decision making phases of change
- Blend careful inquiry, giving information, gentle confrontation
- Experiment with abstinence; sobriety sampling
- Enhance motivation, vs punish ambivalence
Reasons to Resist an Abstinence Commitment

- fear of failure
- addiction pattern in family of origin
- self medication
- trauma history
- survivor guilt
Motivational Enhancement Strategies

TIP 35
Enhancing Motivation for Change in Substance Abuse Treatment
Goals and Benefits

- Inspiring motivation to change
- Preparing clients to enter treatment
- Engaging and retaining clients in treatment
- Increasing participation and involvement
- Improving treatment outcomes
- Encouraging a rapid return to treatment if symptoms recur
Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
Motivational Interviewing

Principles

- expression of empathy
- development of discrepancy
- avoidance of argumentation
- rolling with resistance
- supporting self-efficacy
Basic Interventions

- Develop discrepancy between client’s goals or values and their current behavior
- Avoid argument and direct confrontation; roll with resistance
- Express empathy through reflective listening
- Adjust to client resistance rather than opposing it directly
- Support self-sufficiency; self-efficacy and optimism
Eliciting Self-Motivating Statements

- Ask evocative questions
  - In what way has drinking been a problem for you?
  - In what ways does it concern you?
- Explore pros and cons
- Ask for elaboration
- Imagining extremes
  - If you don’t stop drinking/using, what is the worst thing that could happen
Eliciting Self-Motivating Statements, Continued

- **Looking forward**
  - Think ahead 5 years, what would you like your life to be like?
  - How does what you are doing now fit into that?
  - What would it take for you to decide, “I have to do something?”

- **Looking back**
  - When was the last time things were going well and what was your life like then?
Opening Strategies

- Ask open-ended questions
- Listen reflectively
- Summarize periodically
- Affirm: comment on client resources, strengths, positive behaviors
- Elicit self-motivational statements; reinforce positive expressions
FRAMES Approach

- **Feedback** about risk/impairment is given following assessment
- **Responsibility** placed on client
- **Advice** given clearly in nonjudgmental manner
- **Menu** of options/alternatives is offered
- **Self-efficacy** or optimistic empowerment is promoted to encourage change
Precontemplation Stage

- Task is to raise awareness
  - Offer factual information
  - Explore events that brought the person in and the results of previous efforts
  - Explore pros and cons of drinking/using

(Jeanne L. Obert, MFT, Matrix Institute, Los Angeles)
Contemplation Stage

- Tasks is to resolve ambivalence about change and help client choose change
  - What does the client think the change will entail?
  - Level of self-efficacy and expectations
  - Continue exploration of pros and cons
  - Summarize self-motivational statements

(Jeanne L. Obert, MFT, Matrix Institute, Los Angeles)
Action Stage

- Task: select and implement change strategies; address relapse hazards
  - Discuss and select change strategies
  - Enlist social and family support
  - Identify high-risk situations and develop coping strategies
  - Find new reinforcers of positive change

(Jeanne L. Obert, MFT, Matrix Institute, Los Angeles)
Maintenance Stage

Task: develop new skills for maintaining recovery
- Identify and try alternative behavior (stress management, enjoyment)
- Develop an escape plan for high risk situations
- Set new short and long term goals

(Jeanne L. Obert, MFT, Matrix Institute, Los Angeles)
References


Resources

- Addiction Technology Transfer Centers: [www.nattc.org](http://www.nattc.org)
- Center on Alcoholism, Substance Abuse & Addictions: [http://casaa.unm.edu/](http://casaa.unm.edu/)
- NIDA Blending Initiative – partnership with SAMHSA to disseminate research findings: [www.nida.nih.gov/Blending/](http://www.nida.nih.gov/Blending/)
- NIDA Dissemination Library: [http://ctndisseminationlibrary.org/](http://ctndisseminationlibrary.org/)
- Download slides from: [www.ebcrp.org](http://www.ebcrp.org)