

Motivational Interviewing

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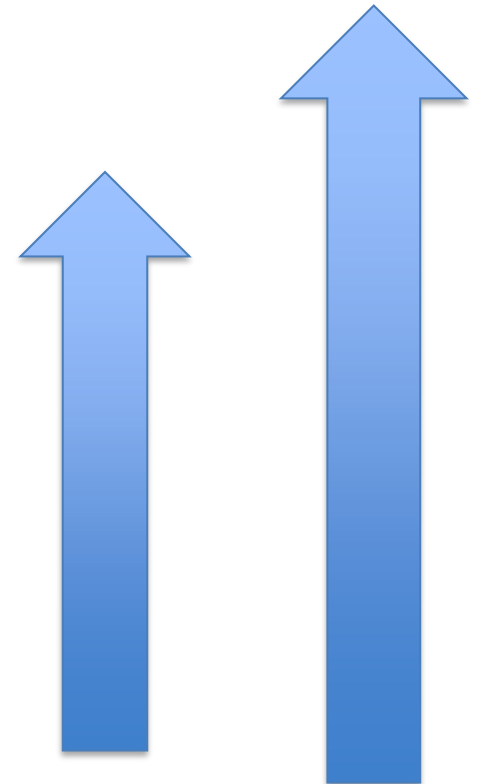
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Alcohol and Public Health

- Deaths related to alcohol use **more than doubled** from 1999 to 2017.
- Alcohol-related deaths increased more for women (by **85%**) than men (35%)
- Alcohol-related harms are increasing at multiple levels:
 - e.g., emergency department visits and hospitalizations;
 - 88,000+ Americans die yearly from excessive drinking.



A Trend Worsened by the Pandemic

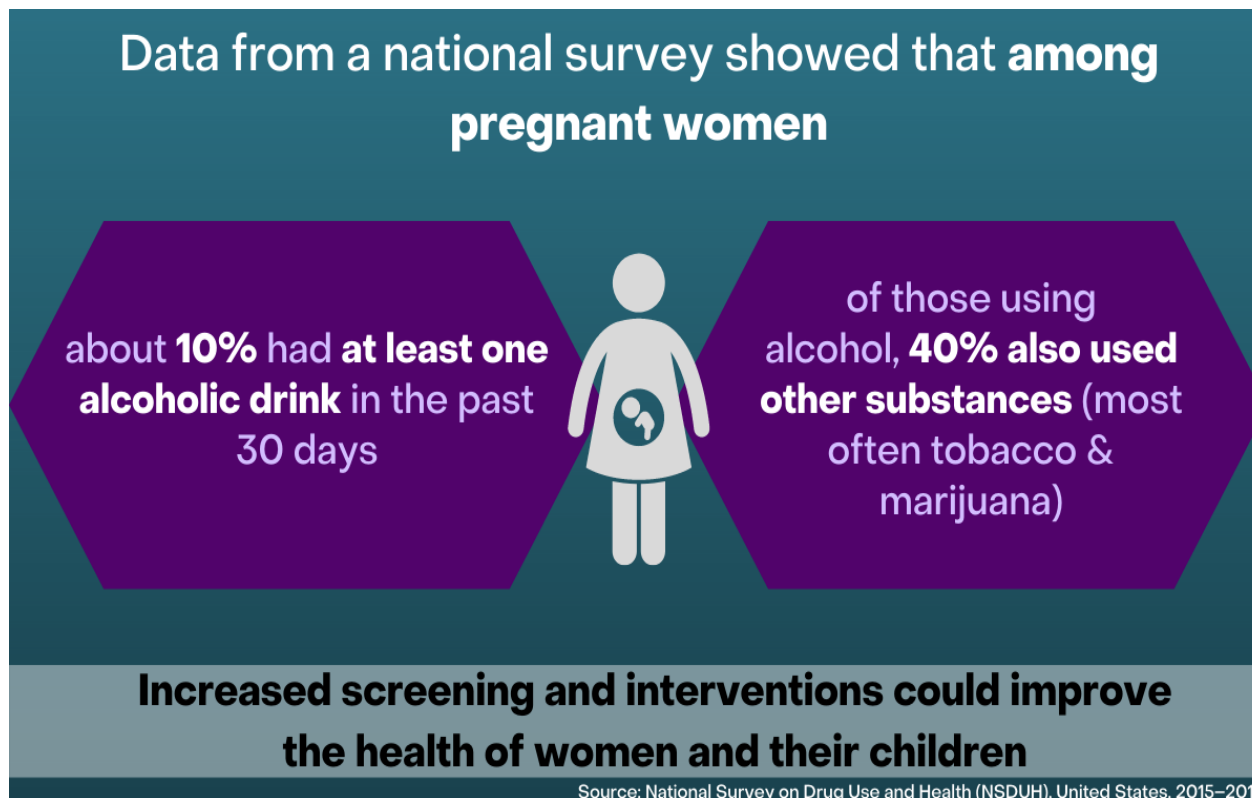
NIAAA report: 2018 – 2021

- Drinking  6.6%
- Alcohol-related deaths:  in all 50 states and accelerated during the pandemic
- Deaths caused by alcohol:  >45%

Other Substances

Also on the rise, including during pregnancy:

- Marijuana use
- Opioid use
- Polysubstance use



Alcohol Use by Women

LET'S TALK

HELP YOUR PATIENTS ACCURATELY DISCUSS THEIR ALCOHOL CONSUMPTION WITH YOU



SHARE WHAT LEVELS OF DRINKING ARE ASSOCIATED WITH A VARIETY OF HEALTH RISKS.

EXCESSIVE ALCOHOL LEVELS FOR HEALTHY ADULTS

MEN More than 2 drinks per day	WOMEN More than 1 drink per day
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WHAT IS ONE DRINK?



BINGE DRINKING DEFINITIONS

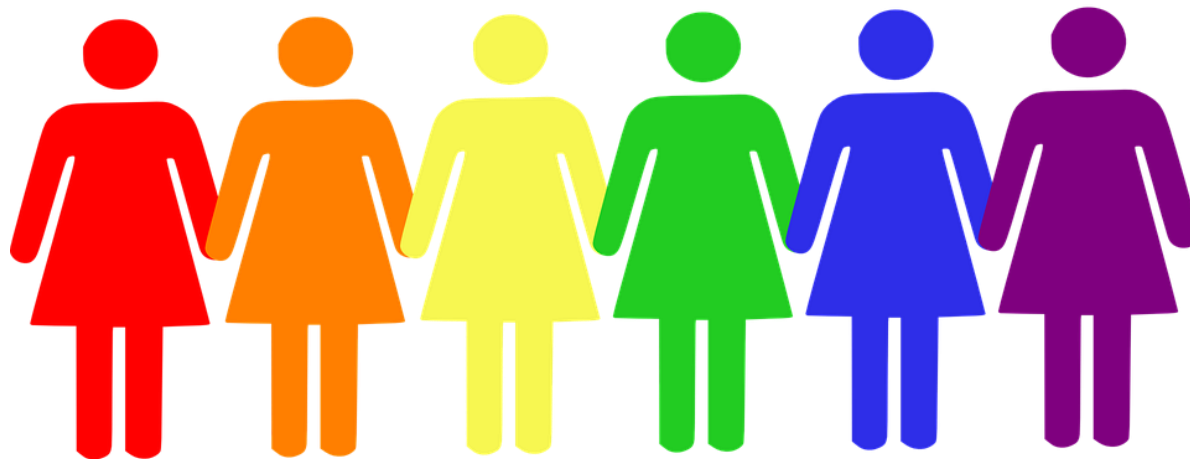
MEN 5 or more drinks on a single occasion	WOMEN 4 or more drinks on a single occasion
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A SINGLE BEER OR 12 FL. OZ ABOUT 5% ALCOHOL	A SINGLE SHOT OR 1.5 FL. OZ ABOUT 40% ALCOHOL	A SINGLE GLASS OF WINE OR 5 FL. OZ ABOUT 12% ALCOHOL
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- High risk drinking among women has increased significantly over the past 20 years.
- Moderate drinking for women = **one drink/less a day** for women who aren't pregnant
- Binge drinking for women = **four drinks/more** on a single occasion

Alcohol Use by Women

- Over half of U.S. women (**53.6%**) of reproductive age report using alcohol.
- **Binge drinking** reported by women varies by age group:
 - overall rate is 18%
 - up to 29% of women aged 21-24 report binge drinking.



Women's Motivations for Alcohol Use

- 
- Social factors play a role in alcohol use
 - **Women** more likely to drink in response to stress and negative emotions
 - higher rates of mood and anxiety disorders than men
 - **Men** more likely to drink to enhance positive emotions or to conform

Women's Motivations for Alcohol Use

- Differences in how women and men perceive/present their problem can make it more difficult to identify women's SUDs.
 - men tend to identify substance use as a source of problems
 - women identify **health/mental health concerns** (anxiety/depression) rather than substance use



Telescoping Effect

Women progress to dependence more quickly than men and experience more health problems with fewer years of drinking, including:



- **poorer physical functioning**
- **poorer physical health**
- **disproportionately more impairment**
- **More susceptibility to comorbid affective disorders**

Alcohol Use During Pregnancy

- Among pregnant women, 9.8% report drinking alcohol, while 4.5% report binge drinking.
- Leading preventable cause of birth defects and neurodevelopmental disabilities in the U.S.

ALCOHOL USE DURING
PREGNANCY
CAN **HARM A BABY**
THROUGHOUT PREGNANCY.

THERE IS
NO KNOWN SAFE AMOUNT
OF ALCOHOL USE DURING
PREGNANCY.



WWW.CDC.GOV/FASD

ALL TYPES OF ALCOHOL CAN
BE HARMFUL, INCLUDING
RED OR WHITE WINE, BEER,
AND **LIQUOR.**



WWW.CDC.GOV/FASD

Maternal Substance Use Disorder

- In the past decade, the prevalence of maternal substance use disorder (SUD) and subsequent pregnancy complications in the United States has increased dramatically.
- The national prevalence of maternal opioid use disorder (OUD) more than quadrupled from 1999 to 2014.
- From 2007 to 2016, 7% of mothers who gave birth in hospitals had SUD diagnoses.

Maternal Substance Use Disorder

- Many women with SUD are reluctant to receive routine prenatal care, or skip it entirely.
- Babies who do not receive proper prenatal care are more likely to suffer.
- Challenges of navigating SUD for BIPOC



Other Substances

Marijuana

- Women who use marijuana during pregnancy have increased risk of anemia
- Babies had lower birth weights and were more likely to require admission to NICU (Gunn et al., 2016)

Opioids

- Opioid use in pregnancy linked to preterm birth, stillbirth, neonatal abstinence syndrome (a.k.a. neonatal opioid withdrawal syndrome)

Tobacco

- Smoking during pregnancy increases risk for preterm birth, low birth weight, SIDS, and birth defects

Key Messages



- During pregnancy, there is no safe:
 - Type of substance
 - Amount of substance
 - Time to use the substance

- If you are pregnant, stop substance use. Every day matters.

Definition of MI

Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

Motivational Interviewing IS:

- Person-centered and guiding
- Relational
- The practice of acceptance and non-judgmentalism
- Focused on words and language
- Rooted in hope and the belief that change is possible
- Evidence-based
- Aligned with Social Work Ethics and Standards

MI Philosophy

- A conversation with another
- A way of being with another
- Focuses on the strengths, values, wisdom of another
- Creates *opportunity* for change
- Empathy is foundational

Factors Underlying Effectiveness

The client feels that behavior change is a personal choice.

The encounter between the client and the provider is positive.

The client has adequate self-confidence about his or her ability to make recommended behavior changes.

Strength of MI

- Effective in brief sessions
- Can be utilized by a wide variety of providers
- Can be integrated with other approaches
- Can be applied to many behaviors
- Effective across different cultural groups

Phases (Steps) of MI

Engaging: Using non-verbal communication and open questions to establish rapport

Focusing: Agenda setting for target behavior

Evoking: Eliciting Change Talk, client values, strengths

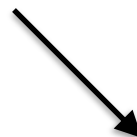
Planning: Developing a plan of action

How Does MI Work?

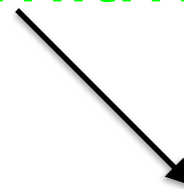
MI



Desire
Ability
Reasons
Need

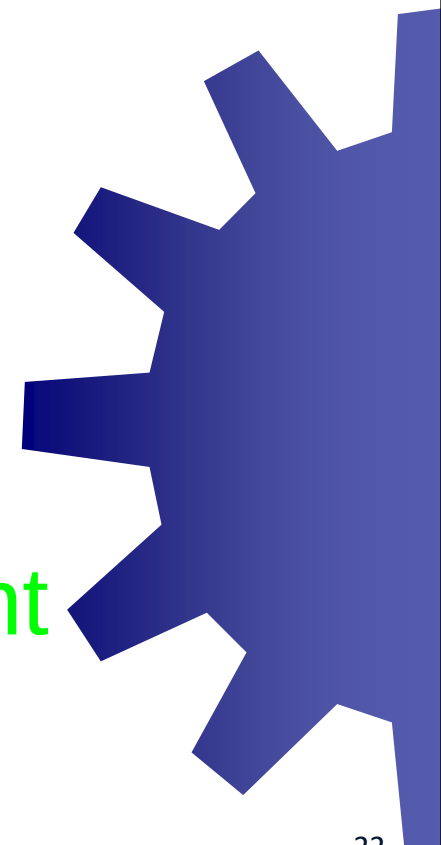


Commitment



Change

W.R. Miller



Change Talk

- *Change talk* is:
 - any client speech that favors movement in the direction of change
 - by definition, linked to a particular change goal

MI creates opportunities for eliciting client **CHANGE TALK (DARN)**

The client's statements about

- **D**ESIRE: I really want to stop smoking.
- **A**BILITY: I stopped before, I can try again.
- **R**EASONS: for my health and self-respect.
- **N**EEDS: I have to make this change!

DARN + CAT

C = Commitment (I'm going to do this!)

A = Taking Action (I started going to the gym yesterday)

T = Taking steps (I've got the support group schedule)

Sustain Talk

- I don't want to change
- I am not able to change
- I have good reasons not to change
- I won't change
- This is not a problem
- I am not responsible
- I am taking steps toward the status quo

Change Talk

- I want to change
- I can change
- I have good reasons to change
- I need to change
- I will change
- I see this as a problem
- I am responsible for this problem
- I am taking steps toward change



Ambivalence

Ambivalence is not pathological – it is often a normal part of the change process.

Contemplation = little ambivalence

Precontemplation = pros and cons
(ambivalence) more equal or balanced

When ambivalence is present, MI often explores and seeks to resolve it by “tilting” the balance in favor of change

Righting Reflex



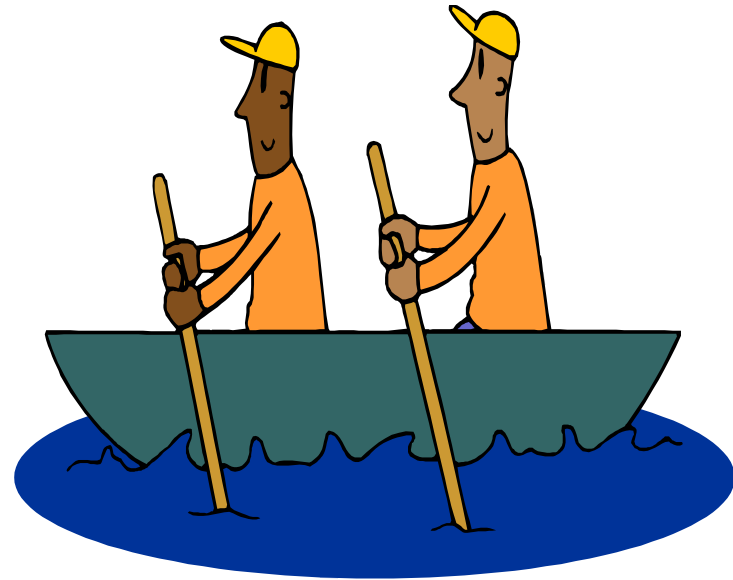
Basic Interaction Strategies

O = Open-ended Questions

A = Affirmations

R = Reflections

S = Summary





OARS

- Four strategies are strategically woven to form the fabric of MI.
- The four techniques form the acronym **OARS**: Open Questions, Affirming, Reflecting and Summarizing.



Asking Open Questions

- Provides opportunities for learning richer information about the client
- Allows client to participate more fully
- Creates a conversation rather than an interrogation



Affirming

- Acknowledges client's strengths and positive behaviors
- Best when avoiding "I" statements
- Should be genuine and specific

Using OARS Micro-skills

Reflecting

- A fundamental foundational skill without which motivational interviewing cannot be practiced
- Requires empathic listening
- Gives voice to a guess about what the person is meaning
- Does **not** mean agreeing, approving of the client's position, but rather indicates your understanding of the client perspective.



Using OARS Micro-Skills

Optimal reflective listening suspends advice, agreement, disagreement, suggestions, teaching, warning, and questioning, in favor of continued exploration of the client's own processes

Techniques are:

- Listen attentively
- Give voice to a guess about the meaning of a person's communication in the form of a statement
- Reflective listening is a means of checking, rather than assuming you know what is meant.

Reflections

- Simple: repeating, rephrasing, paraphrasing
- Complex: a deeper kind of reflection of feelings and thoughts, can be amplified or double-sided

Reflective Listening involves taking a guess at what the client means and reflecting it back in a short statement.

The purpose of reflective listening is to keep the client thinking and talking about change.

Reflective listening can be used to:

- understand the clients' perspectives and let them know you are listening
- emphasize the clients' positive statements about changing so they hear their positive statements about changing twice -- once from themselves and once from the provider
- diffuse resistance.

Several types of reflections are useful; all of these should be crafted as statements rather than as questions, which allows the client to elaborate on their ideas.

It should be a *statement, with the inflection turning down at the end.*

- “You mean that...”
- “ “You’re wondering if....”

Repeating: This is the simplest form of reflection, often used to diffuse resistance

- *Client:* I don't want to quit smoking.
- *Provider:* You don't want to quit smoking.

Rephrasing: Slightly alter what the client says in order to provide the client with a different point of view. This can help move the client forward.

- *Client:* I really want to quit smoking.
- *Provider:* Quitting smoking is important to you.

Empathic reflection: Provide understanding for the client's situation.

Client: What do you know about quitting? You probably never smoked.

Provider: It's hard to imagine how I could possibly understand.

Reframing. Much as a painting can look completely different depending upon the frame put around it, reframing helps clients think about their situation differently

- *Client:* I've tried to quit and failed so many times.
- *Provider:* You are persistent, even in the face of discouragement. This change must be really important to you.

Feeling reflection: Reflect the emotional undertones of the conversation

- *Client:* I've been considering quitting for some time now because I know it is bad for my health.
- *Provider:* You're worried about your health.

Amplified reflection: Reflect what the client has said in an exaggerated way. This encourages the client to argue less, and can elicit the other side of the client's ambivalence.

- *Client:* My smoking isn't that bad.
- *Provider:* There's no reason for you to be concerned about your smoking. (*Note:* it is important to have a genuine, not sarcastic, tone of voice).

Double-sided reflection: Acknowledge both sides of the client's ambivalence.

- *Client:* Smoking helps me reduce stress.
- *Provider:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.

SUMMARIES



- ... can link and reinforce material that has been discussed
- ... are useful in transitioning to another topic
- ...can end with “what else?” or some other invitation to continue
- .. should be used at the end of a session as a way of capturing important elements of the session

SBIRT

Brief Motivational Intervention (BMI)

- Combines Brief Intervention with Motivational Interviewing;
- Targets patients who have not sought help for substance use; included as part of routine health and mental health services

Three Components:

1. Screening for substance use
2. Feedback and advice about discontinuing use
3. Motivational interaction to assess readiness, talking about change based on readiness, and goal setting if the patient is ready.

How much time does it take?

- About 7- 10 minutes
 - 5 minutes of advice and discussion (following screening) can be as effective as more extended counseling when using BMI
- and*
- A single session is effective (as are multiple sessions)



AUDIT CPlus-2 Screening Questionnaire

Alcohol and Substance Use Screening Questionnaire

Patient Label

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide you with the best medical care by answering the questions below.

Please **circle the best response** to each question.

In the past 3 months...

1. How often did you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month		2-3 times a week	4+ times a week
	0	1	2		3	4
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never	1 or 2 drinks	3 or 4 drinks	5 or 6 drinks	7, 8 or 9 drinks	10 or more drinks
	0	0	1	2	3	4
3. How often did you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly		Weekly	Daily or almost daily
	0	1	2		3	4
4. How often have you used marijuana?	Never	Not monthly	Monthly		Weekly	Daily or almost
	0	1	2		3	4
5. How often have you used an illegal drug or a prescription medication for non-medical reasons*?	Never	Less than monthly	Monthly		Weekly	Daily or almost daily
	0	1	2		3	4

* if patient needs further explanation, "for example, for the feeling or experience it caused."

Interpreting CPlus-2 Screening Results

Screening Measure	Screening Results	Interpretation	Clinical Guidance
AUDIT-C (0-12 points)	Women: < 3 points Men: < 4 points	Negative Screen — lowest risk (if no contraindications for drinking or cannabis use)	- Consider offering positive feedback and educating patients who drink and use cannabis about: - Recommended drinking limits²⁷ - Low-risk cannabis use.²⁸ - Health risks of alcohol (e.g. cancers, driving after drinking, pregnancy or planning)²⁹ and cannabis use (e.g. impaired driving, use disorder).²⁸
Cannabis question (0-4 points)	0-1 points (0 or < monthly)		
Other drugs question (0-4 points)	0 points (no use)		
AUDIT-C (0-12 points)	Women: 3-6 points Men: 4-6 points	Positive Screen — drinks or uses cannabis regularly, at levels that can impact health	- Brief counseling per Key Elements in a patient-centered manner consistent with motivational interviewing: - Begin conversation, build rapport - Provide feedback on screening - Provide advice or recommendation - Support patient in setting a goal and/or making a plan
Cannabis question (0-4 points)	2-3 points (monthly or weekly)		
AUDIT-C (0-12 points)	≥ 7 points ^{30, 31}	High Positive Screen — drinks, uses cannabis and/or other drugs at a level that is more likely to impact health and therefore needs further assessment	- Elicit symptoms (Change #2) - Ongoing brief counseling (Change #3) - Manage alcohol and/or other drug use disorders (Change #4) - Follow-up monitoring of use and symptoms and progress towards goal (Change #5)
Cannabis question (0-4 points)	4 points (daily or almost)		
Other drugs question (0-4 points)	1-4 points (any use)		

Motivation Rulers

Demonstration and Practice

Importance



- **How important would you say it is to cut back below risky drinking limits?**
- Why did you pick a ____ and not a (lower number)?
- What concerns do you have about your drinking?

Confidence



- **If you were to decide right now to cut back, how confident are you that you could succeed?**
- Why did you pick a ____ and not a (lower number)?
- What would help you to have a higher number?

BMI Handout

Brief Motivational Intervention (BMI)

Screening

- Do you ever drink alcohol?
- When was the last time you had X or more drinks in one day? (X = 5 for men, 4 for women)



---- if three months ago or less, continue ----

- On how many days a week do you drink? ____
- When you drink, how many drinks do you usually have ? ____
(calculate weekly total) ____

Risky Drinking Limits are:

5 or more in a day, OR 15 per week (men)
4 or more in a day, OR 8 per week (women)

Any Alcohol use carries high risk if these apply to you:

- ✓ HIV positive
- ✓ ARV medications
- ✓ Pregnant or likely to become pregnant
- ✓ Engage in sex after drinking
- ✓ Loss of memory or control when drinking

“Your drinking is greater than is medically safe. As your healthcare provider, I recommend that you cut back to a level that is below risky drinking limits. What do you think about this?”

Readiness “Rulers” For Patients Who Drink Too Much

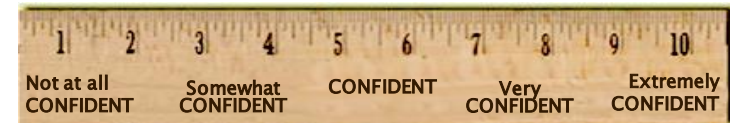
Importance Ruler



- How important would you say it is to cut back below risky drinking limits?

- Why did you pick a ____ and not a (lower number)?
- What concerns do you have about your drinking?

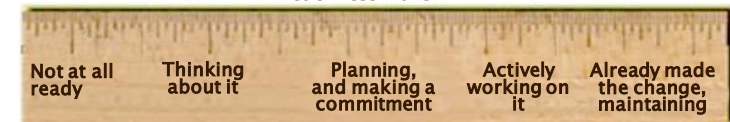
Confidence Ruler



- If you were to decide right now to cut back, how confident are you that you could succeed?

- Why did you pick a ____ and not a (lower number)?
- What would help you to have a higher number?

Readiness Ruler



“Finally, how ready are you right now, to cut back below risky drinking limits?”

- If Not Ready, or Thinking about it,

I encourage you to keep in mind how your drinking may be affecting you and others. Be alert for problem signs.

- OR ● If Planning. What goals would be right for you?
My goal is to cut back to ____ drinks, ____ times a week.
To prepare for this I will _____

- OR ● If Actively working or Already made the change,
Congratulations on your change, keep up the good work!

Brief Negotiated Interview (BNI)

STEP 1:	Building Rapport
STEP 2:	Pros and Cons
STEP 3:	Information & Feedback
STEP 4:	Readiness Ruler
STEP 5:	Action Plan



Step 1: Building Rapport

Establishing partnership, trust, positivity

TASKS:

Emphasize partnership

“We are now talking to each patient, no matter why they are here, about their alcohol and drug use. We know these things can have a significant impact on your health, and we care about your health and want to help our patients make informed healthcare decisions that they think are best for them. Would it be okay if we took some time together to discuss your thoughts around your _____ use?”

Establish interest and curiosity

“Tell me about a typical day in your life. Where does your current _____ use fit in?”

REFLECT AND AFFIRM



Step 2: Pros and Cons

TASKS:

Elicit pros:

"Help me understand, through your eyes, the good things about using _____?"
"What else?"

Elicit cons:

"What may be some of the not-so-good things about using _____?"
"What else?"

Provide summary

"On the one hand (what's good about the behavior), and on the other hand (what's not so good about the behavior)."



Step 3: Provide Information and Feedback

(Elicit-Provide-Elicit)

Tasks:

Elicit

"I have some information on low-risk guidelines for drinking and drug use that may be helpful as you continue to think about these behaviors. Would it be okay if I shared them with you?"

Provide

*"We know that drinking...
4 or more (F)/5 or more (M) drinks in 2 hours
or more than 7 (F)/14 (M) drinks in a week
having a BAC of ____
... and/or use of illicit drugs such as _____
...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like ____ {insert medical information here)."*

Elicit

"What do you make of this information?"

SUMMARIZE and REFLECT

Step 4: Readiness Ruler

Readiness Ruler



Tasks:

Support autonomy

"You have thought a lot about what is best for you and it is absolutely your choice what you decide."

Ask scaling question

"Thinking about where you are right now, on a scale from 1-10, with 1 being not ready at all, and 10 being completely ready, how ready are you to change your _____ use?"

Ask follow-up questions to elicit change talk

"You marked _____. That means you are ____% ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2?"

"What, if anything, would help raise your readiness up the scale a couple of numbers?"

REFLECT CHANGE TALK; SUPPORT SELF-EFFICACY



Step 5: Action Plan

Tasks:

Summarize discussion:

“What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don’t like about using ____?”

Ask follow-up question:

*“What support do you have for making this change?
Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?”*

AFFIRM AND REFLECT

Offer appropriate resources

*“Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?
Will you summarize the steps you’ll take to change your ____ use?”*

Thank patient

“I have some additional resources that people sometimes find helpful. Is it okay if I share them with you?”

“Thank you for talking with me today.”

SBIRT Demonstration: Olivia

<https://replay.dropbox.com/share/qcO8vhdpTXL8s0Bs>

Be a Prevention Champion

Join our national initiative to prevent
substance-exposed pregnancies and FASD!

Benefits:

- ***Develop valuable, specialized expertise*** on substance use during pregnancy, evidence-based prevention practice
- ***Network with peers*** who share your interests
- ***Be a leader*** in preventing substance-exposed pregnancy

Be a Prevention Champion

- ✓ Complete this virtual training, including post-test
- ✓ Complete two (2) CDC Modules on substance-exposed pregnancy prevention and pass post-tests:
 - ❑ *FASD Primer for Healthcare Professionals*
 - ❑ *Implementing Alcohol Screening and Brief Intervention into Clinical Practice*
- ✓ Deliver UT-Austin-provided standardized presentation at a staff or other professional meeting

Be a Prevention Champion



Interested? Join Us!



Be a Social Work Champion for FASD Prevention

Join our national effort to prevent substance-exposed pregnancies and fetal alcohol spectrum disorders (FASDs). You'll develop clinical expertise, gain networking opportunities, and help fellow social workers address substance-exposed pregnancy with clients.

Champions will need to:

1. Pass a post-test for the webinar you attended;
2. Complete two CDC online courses and pass post-tests for them; and
3. Deliver a standardized presentation at a staff meeting or other professional meeting.

Questions?

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Thank You!

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TO EARN CEs

After completing the course, you will need to return to the Social Work Online CE Institute (<https://naswinstitute.inreachce.com>,) to complete the remaining requirements to receive credit by clicking the blue “Get Certificate” button under the green “Play” button you used to launch the program on the “My Productions” page. Participants must view this course in its entirety to complete the course and get their CEs.