Parent-Child Assistance Program (PCAP)
FETAL ALCOHOL & DRUG UNIT
UNIVERSITY OF WASHINGTON ALCOHOL AND DRUG ABUSE INSTITUTE
SEATTLE, WASHINGTON (206) 543-7155
http://depts.washington.edu/pcapuw/

Motivational Interviewing

Motivational interviewing is a way of interacting with clients that encourages their motivation to change. It works like this:

- *Feedback* about the extent of the problem is given to the client following an assessment of substance use patterns and associated problems.
- *Responsibility* for change is placed squarely with the individual. Clients have the choice to either continue their substance use behavior or change it.
- *Advice* about changing – reducing or stopping – substance use is clearly given to the individual in a nonjudgmental manner. It is better to suggest than to tell. Asking clients' permission to offer advice can make clients more receptive to that advice.
- *Menu* of change options and treatment alternatives is offered to the client.
- *Empathic* counseling, showing warmth, respect, and understanding, is emphasized. Empathy entails reflective listening.
- *Self-efficacy* and optimistic empowerment are the seeds planted to encourage change.

Remember, when using a **Motivational Interviewing** approach:

- Ambivalence about substance use and change is normal and is an important obstacle in recovery. Develop discrepancy between clients' goals or values and current behavior, helping clients recognize the discrepancies between where they are and where they hope to be.
- Ambivalence can be resolved by working with the client's intrinsic motivations and values.
- The alliance between client and clinician is a collaborative partnership to which each brings important expertise.
- An empathic, supportive, yet directive style provides conditions within which change can occur.
- Avoid argument and direct confrontation which tend to increase client defensiveness, degenerate into a power struggle, and reduce the likelihood of change.

These strategies are particularly useful in the early stages:

1. *Ask open-ended questions*. Open-ended questions cannot be answered with a single word or phrase. For example, rather than asking, "Do you like to drink?" ask, "What are some of the things that you like about drinking?"
2. *Listen reflectively*. Demonstrate that you have heard and understood the client by reflecting what the client said.
3. *Summarize*. It is useful to summarize periodically what has transpired up to that point.
4. *Affirm*. Support and comment on the client's strengths, motivation, intentions, and progress.
5. *Elicit self-motivational statements*. Have the client voice personal concerns and intentions, rather than try to persuade the client that change is necessary.

The Motivational Interviewing Concepts complement the PCAP Core Components:

- Communicate respect for and **acceptance of clients and their feelings.**
- Establish a **nonjudgmental** collaborative relationship.
- Be a supportive and **knowledgeable** consultant.
- **Listen** first.
- Support **self-efficacy** and optimism: that is, focus on clients' strengths to support the hope needed to make change.
- Make treatment **individualized and client centered**.
- Extend motivational approaches into **nontraditional settings**.
- Recognize that some clients may have **other coexisting disorders** that affect all stages of the change process.
- Accept new treatment goals, which involved **step-by-step, "baby" and even temporary steps toward ultimate goals.**

Motivational Interviewing Examples:

- Why would you want to make the change?
- How might you go about it, in order to succeed in making the change?
- On a scale of 1 to 10, how important is it to you to make the change?
- Why did you choose (__) instead of (__) (some lower number)?

And

- On a scale of 1 to 10, how do you think you're doing on practicing your new parenting skills (or preventing relapse, etc.)?
- Why did you choose (__) instead of (__) (some lower number)?
- What do you think it would take to get you to a (__ slightly higher number)?

The Stages of Change model developed by Prochaska and DiClemente (1992) is one approach to understanding the steps to changing alcohol or drug use during pregnancy.

The **Stages of Change** are:

1. **Pre-contemplation**
2. **Contemplation**
3. **Preparation**
4. **Action**
5. **Relapse**

Pre-contemplation. The woman is not considering change during this stage.

- She may not believe it is necessary (examples: used during last pregnancy and nothing happened, or her mother used while pregnant with her and she is okay).
- She may not know or understand the risks involved.
- She has tried many times to quit without success, so has given up and doesn't want to try again.
- She has gone through withdrawal before and is fearful of the process or effects on her body.
- She feels strongly that no one is going to tell her what to do with her body.
- She has mental illness or developmental delay and does not have a good grasp of what using drugs and alcohol during pregnancy means—even when information is given to her.
- She has family members or a partner, whom she depends on, who use. She may not contemplate changing when everyone else continues to use.

The woman in pre-contemplation may present as Resistant, Reluctant, Resigned, or Rationalizing:

Resistant: *"Don't tell me what to do."*

***Provider Response**:* Work with the resistance. Avoid confrontation and try to solicit the women's view of her situation. Ask her what her concerns about her use are and ask permission to share what you know, and then ask her opinion of the information. Accept that the process of change is a gradual one and it may require several conversations before she feels safe about discussing her real fears. This often leads to a reduced level of resistance and allows for a more open dialogue. Try to accept her autonomy but make it clear that you would like to help her quit or reduce her use if she is willing.

Reluctant: *"I don't want to change; there are reasons."*

Provider Response: Empathize with the real or possible results of changing (for example, her partner may leave). It is possible to give strong medical advice to change and still be empathetic to possible negative outcomes to changing. Guide her problem solving.

Resigned: *"I can't change; I've tried."*

Provider Response: Instill hope, explore barriers to change.

Rationalizing: *"I don't use that much."*

Provider Response: Decrease discussion. Listen, rather than responding to the rationalization. Respond to her by empathizing and reframing her comments to address the conflict between wanting a healthy baby and not knowing whether "using" is really causing harm.

Contemplation. The woman is ambivalent about changing her behavior. She can think of the positive reasons to change but also is very aware of the negative sides of change (see above).

Provider Response: Health care providers can share information on the health benefits of changing for the woman and fetus. The woman in contemplation will hear these benefits, but is very aware of the negative aspects of change on her life. Help the woman explore goals for a healthy pregnancy, and problem solve how to deal with the negative aspects of quitting alcohol and drug use and remaining abstinent.

Preparation. The woman's ambivalence is shifting toward changing her behavior. She is exploring options to assist her process. She may be experimenting by cutting down, or has been able to quit for one or more days. Although her ambivalence is lessening, it is still present and may increase when she is challenged by those around her, triggered by the environment, or is under other types of stress she has handled by using in the past.

Provider Response: Acknowledge strengths; anticipate problems and pitfalls to changing, and assist the woman in generating her own plan for obtaining abstinence. Problem solve with her regarding barriers to success. Work on plans for referral to treatment.

Action. The woman has stopped using drugs and/or alcohol.

Provider Response: Acknowledge her success and how she is helping her infant and herself; have her share how she has succeeded and how she is coping with the challenges of not using. Offer to be available for assistance if she feels that she wants to use drugs/alcohol again. Provide assistance with treatment referrals. Discuss triggers, stressors, social pressures that may lead to relapse and help the woman plan for them.

Relapse. The woman may relapse; incidence of relapse for those who are abusing or addicted is high.

Provider Response: If relapse has occurred, guide the woman toward identifying what steps she used to quit before. Offer hope and encouragement, and allow the woman to explore the negative side of quitting and what she can do to deal with those issues. (How did she deal with those issues in the past? Explore what worked and didn't work for her.) Offer to provide assistance in finding resources to help her return to abstinence.