Motivational Interviewing with Concurrent Disorders:

Clinical Day
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Relationships with commercial interests

- Not applicable
Presenter Disclosure – Tim Godden

Relationships with commercial interests
- Not applicable
Disclosure of Commercial Support

- No commercial support
Mitigating Potential Bias

- Not applicable
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Welcome!
Learning objectives

- Describe how the new, four-process model of motivational interviewing may be used in clinical settings that serve clients with concurrent disorders.
- Identify key issues to consider when implementing and/or adapting motivational interviewing in settings serving clients with concurrent disorders.
- Apply knowledge of motivational interviewing approach, skills and strategies in an interactive exercise.
Opening Exercise

- How familiar am I with MI?
MI Spirit . . .

- Partnership
- Acceptance
  - Absolute worth
  - Accurate empathy
  - Autonomy support
  - Affirmation
- Compassion
- Evocation

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The Righting Reflex

- “The natural desire of helpers to set things right, to prevent harm and promote client welfare.”
  Miller & Rollnick, 2013

- This tendency often leads to premature problem solving and advice-giving
  - Becomes a barrier to the client’s active involvement
  - Engenders rebellion in the client
R-U-L-E

- Resist the Righting Reflex
- Understand your client’s motivations
- Listen to your client
- Empower your client

Rollnick, Miller, & Butler, 2008
MI is a collaborative, goal-oriented style of communication with a particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

Miller & Rollnick, 2013
Meeting at the bottom of the stairs

Four Processes in MI

Planning

Evoking

Focusing

Engaging

Miller & Rollnick, 2013
The processes are somewhat linear . . .

- Engaging necessarily comes first
- Focusing (identifying a change goal) is a prerequisite for Evoking
- Planning is logically a later step

Engage ➔ Focus ➔ Evoke ➔ Plan

Miller, 2012
and yet also recursive

- Engaging skills (and re-engaging) continue throughout MI

- Focusing is not a one-time event; refocusing is needed, and focus may change

- Evoking can begin very early

- “Testing the water” on planning may indicate a need for more of the above

Miller, 2012
A bit about each process

Engaging
• The process by which both parties establish a helpful connection and a working relationship

Focusing
• The process by which you develop and maintain a specific direction in the conversation about change.

Miller & Rollnick, 2013
Evoking

- Eliciting the client’s own motivations for change.
- Occurs when there is a focus on a particular change and you harness the client’s own ideas and feelings about *why* and *how* they might do it.

Miller & Rollnick, 2013
Planning

• Encompasses both developing commitment to change and formulating a specific plan of action.
• “a conversation about action that can cover a range of topics, conducted with a sharp ear for eliciting clients’ own solutions, promoting their autonomy of decision making and continuing to elicit and strengthen change talk as a plan emerges.”

Miller & Rollnick, 2013
MI with “Concurrent Disorders”
Modifications with Severe Mental Illness

Good sources

Chapters 10 and 11 in Motivational Interviewing in the Treatment of Psychological Problems (Arkowitz, Westra, Miller & Rollnick, 2008).
McCracken & Corrigan, 2008:

“MI (both spirit and strategies) works well as the foundation of an individualized intervention that includes psychoeducation about the illness and its treatment; family involvement and support;” etc...

“We have found MI to be an interaction style that can be used to facilitate adherence and behavior change in all elements of psychiatric rehabilitation.”
Martino & Moyers, 2008:

- Affirm client’s participation in the session
- Give clients sufficient time to respond to questions and reflections
- Paraphrase often to maintain reality-based and organized client-clinician dialogue
- Use concrete and engaging materials and methods for eliciting change talk
Modifications with Severe Mental Illness

Martino & Moyers, 2008 (cont’d):

- Use caution in exploring despairing client statements and negative life events or expressed emotions
- Target medication and treatment program adherence in addition to what you may be most worried about (i.e., substance use)
- Flexibly shift to skill-building and supportive interventions to address complex and multiple problems
- Determine when clients are too psychotic to benefit from MI
Clinical scenario

“Angus”

- Age 49, long history of psychotic symptoms
- Currently housed but unemployed;
- Connected to psychiatrist in private practice
- Attending 4th scheduled session with case manager at community mental health centre
- Pre-mature focus on cannabis last session backfired
- Therapeutic alliance needs to be strengthened before progress can be made.
Interactive exercise

- Watch and listen to the vignette

- When interview is paused, turn to your neighbour and discuss:
  - Which MI process are we in?
  - What response from the interviewer could open the door to another MI process?

- Then we’ll listen to a bit more interview to see where it went…

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Watch and listen to the vignette

Please use this URL to view the consultation with Angus
- http://vimeo.com/camheducation/review/93406895/14c3afcb36
- password: camh
Interactive exercise

- What were the limitations of an MI approach in this scenario?

- What were the strengths/advantages?
Reflections, questions and wrapping up

Repeating our opening exercise:

Q: How familiar am I with MI?
Further curiosities?

Feel free to contact us:

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References


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