

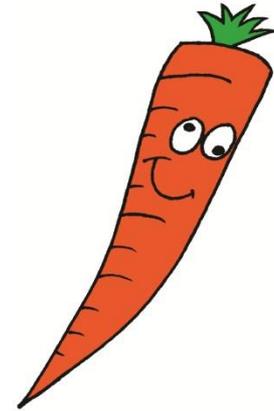
MOTIVATIONAL ENHANCEMENT THERAPY FOR DRUG COURTS

What to do with those wait lists...

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ADDICTIONS CONSULTINGGROUP

PURPOSE OF THE GROUP

- ◉ To effectively intervene to motivate clients to accept placement into the treatment continuum
- ◉ To begin preparing the client for entry into treatment
- ◉ Adapted for drug courts who need to engage clients while they wait for a treatment slot to open.

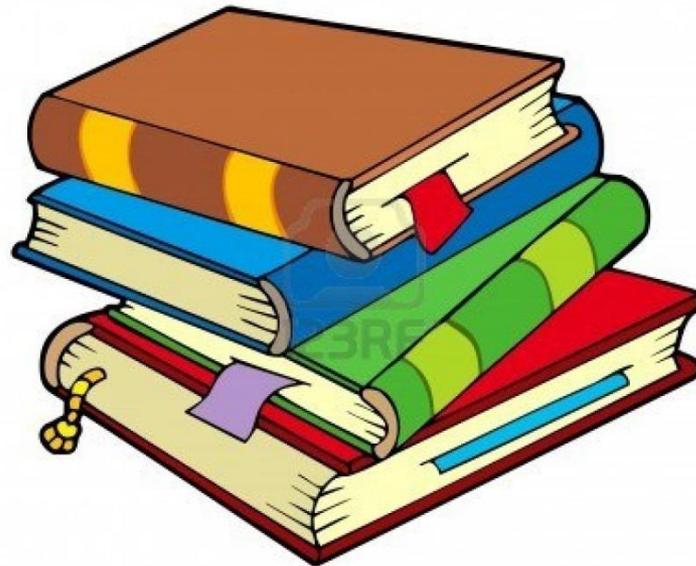


STRUCTURE/BACKGROUND

- ◉ Cognitive Behavioral,
- ◉ Manualized and Educational
- ◉ May be presented by a non-degreed person with a background in Motivational Interviewing

- ◉ Contributors:

- Wm R. Miller
- Janice M. Brown
- Robert McAuliffe
- Mary M. McAuliffe
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BASIS FOR MET

◎ Motivational Interviewing

- Wm Miller, Steven Rollnick

MOTIVATION IS A KEY TO CHANGE

MOTIVATION IS MULTI-DIMENSIONAL

MOTIVATION IS DYNAMIC AND FLUCTUATING

MOTIVATION IS INFLUENCED BY SOCIAL INTERACTIONS

MOTIVATION CAN BE MODIFIED

MOTIVATION CAN BE INFLUENCED BY CLINICIAN STYLE



YOU ARE OFFERING A MIRROR...LET A PERSON
LOOK AND SEE AN UNCOMFORTABLE TRUTH AND
LET IT CHANGE HIM

AMBIVALENCE IS NORMAL

- ◎ **Ambivalence about change is normal and constitutes an important obstacle in recovery**
- ◎ **Motivational Interviewing is a therapeutic style to help clinicians work with clients to address their ambivalence**
- ◎ *If you are arguing for change and your client is arguing against it, you have it exactly backwards!*



STATE OF CHANGE IS
NOT LINEAR...THINK
OF IT AS CIRCULAR
AND EVER
CHANGING-
PATIENTS MOVE
BACK AND FORTH IN
THEIR READINESS

REMEMBER AMBIVALENCE IS ALWAYS RESURFACING IN THE CYCLE

OARS

◎ 4 CORE COUNSELING SKILLS:

O= Open-ended questions

A= Affirming

R= Reflecting

S= Summarizing



CONFRONTATION



- ⦿ Research has shown that the more you confront an addict, the less effective you are. [*isn't that true of all of us?*]
- ⦿ Confrontation came out of the psychological model of treatment which assumed there is an addictive personality
- ⦿ Those who had the addictive personality were seen as having rigid defense systems and denial—thus you had to tear down the rigid defenses and denial.
- ⦿ If confrontation did not work, one had to wait for the addict to “hit bottom”
- ⦿ We have moved from this waiting to hit bottom to early intervention and individualized treatment thanks to understanding Motivation and Change.

EMPATHIC MI

- ◉ Establishes a safe and open environment that is conducive to examining issues and eliciting personal reasons and methods for change.
- ◉ Empathy **DOES NOT** mean identification or sharing
- ◉ Empathy merely conveys **ACCEPTANCE** of the patient's unique **perspective, feelings, and values**
- ◉ Acceptance does not mean approval of behavior or actions
 - *Acceptance facilitates change*

FIVE CRITICAL ELEMENTS...



- ⦿ Feedback regarding personal risk or impairment
- ⦿ Emphasis on personal responsibility for change
- ⦿ Empathy
- ⦿ A menu of alternative change options
- ⦿ Facilitation of client self-efficacy or optimism- Hope that he/she can change

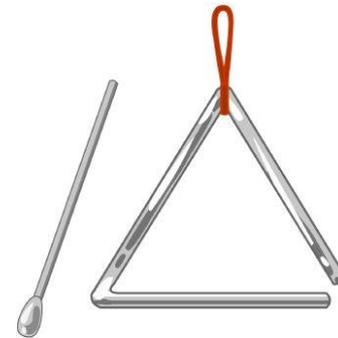
STRUCTURE OF THE GROUP

- ◉ Multi-session group ranging from 3-6 or more sessions
- ◉ Adults with Substance Use Disorders
- ◉ In early stages of change
- ◉ Intended to move the client along the change continuum
- ◉ 1.5 Hours in length with 3 session minimum
- ◉ 3-8 clients
- ◉ Newsprint tablet, markers and handouts
- ◉ Clients do not need to complete all sessions



SETTING THE TONE

- ◉ As with any therapeutic group:
 - Establish clear rules
 - 1. Be on Time
 - 2. Be respectful with Feedback
 - 3. Use “I” Messages
 - 4. No Cross Talk, Listen,
 - 5. No foul language
 - 6. No leaving group
 - 7. Do your homework
 - 8. **CONFIDENTIALITY**



GETTING STARTED

- ⦿ Each session begins with a brief check in:
 - Since we last met, have you attended any twelve step meetings or made attempts to stop using; if, yes, how did that work for you?
 - How have you managed your cravings?
- ⦿ **Readiness Ruler Exercise**
- ⦿ This is a gauge to be used throughout the sessions.
 - On Newsprint, each person rates themselves on a a scale 1-5 and explains their rating



READINESS RULER

- _____
- 1 2 3 4 5
- “How big [serious a problem do you think your use is?”
- The client takes a marker and puts his/her initials on the line where it fits.
- Facilitator asks, Why that number?
- What would have to happen for it to change to _____#?
- Newsprint stays up/available to work with.

SESSION 1. GETTING STARTED



- Have all materials ready
 - Describe what brought you into drug court
 - Describe two problems you see that made you decide to come into drug court

Using newsprint, facilitator records the problems under a column titled:

Consequences to Self

Ask whether anyone has ever told you like a doctor or someone else that your health is being compromised by your use? Write down what is said

SESSION 1, CONTINUED...

- ◉ Ask if they have observed experienced any physical, emotional, other consequences from their use?
- ◉ Write these down under Consequences to Self.
- ◉ Let the group add to the list until they can't think of anything else.
- ◉ Use facilitation skills to engage all group members to participate.
- ◉ Ask, how do you think you would know if your health is being compromised by your use? What are some related health problems?

CONTINUED...

- ◉ Put these responses in a column labeled
- ◉ **CONSEQUENCES TO OTHERS**
- ◉ This will be a shorter list at this stage of their process as most addicts see little impact of their behavior on others but it is a beginning...



SESSION 1, CONTINUED

- ADD A SECOND COLUMN LABELED:
CONSEQUENCES TO OTHERS

Have each participant identify what they think might be the impact of their use on family or significant people in their lives.

Write the responses in the Consequences to others column.

You may not have time for more this session...

SESSION 1/2

- ◉ If this is the beginning of session 2 versus continuing with session 1;
- ◉ Begin with the brief Check-in
- ◉ Brief review of last sessions' material and what was covered
- ◉ THEN... have clients use note pads to make a page with two columns
- ◉ What I said What I really Thought
- ◉ Has anyone close to you tried to convince you that you are hurting yourself with your use?



CONTINUED...



- ◉ Has anyone tried to convince you to stop using? What did they say? [write down]
- ◉ Write down what you said in response, then write down what you were really thinking.
- ◉ After clients have done this, ask them to make a list of the messages they give themselves [arguments, reasons] or things they tell themselves when others try and get them to quit...
- ◉ On newsprint, Under Header-- Defenses, Facilitator will write these responses as each participant shares them

EXPLAINING DEFENSES

- ◉ Universalize the defenses the clients list...have clients relate their stories or experiences with one another's defenses and why they use them
- ◉ Use this exercise to explain that defenses are the way we defend our sick relationship to our addiction and keep others away.
- ◉ Also use this exercise to educate them to understand ambivalence—that even though we may know our loved ones are right about our need to quit, we don't really want to...

CONTINUED...

- Bring out the Readiness Ruler again...have them look at their ratings...explain that a 3 is ambivalence “on the fence”.
- A 1, 2 are Pre-contemplation
- 3= ambivalence
- 4= Preparation
- 5=Action
- Remind them of the way that ambivalence will re-surface in their journey and the role it may play in relapse etc.



HOW READY TO MAKE A CHANGE?

- ◉ Session 2: By the end of this session, [after they have done their defense exercise] have participants rate themselves on the Readiness Ruler as to :



- ◉ “How Ready do you feel right now to make a change in your substance use?”
- ◉ Then, process these ratings...ask them questions about what it would take to make them rate themselves at a higher number etc.

MAPPING EXERCISES

- ◉ There are 2 mapping exercises that are very beneficial, visual and used to help clients understand how their lives have changed as a result of their substance use.
- ◉ Person to Drugs Map
- ◉ Person to Person Map
- ◉ These maps are handouts and are done in group, and processed as a group. Very powerful at helping clients see the change that drugs have produced in their priorities in their lives and in their relationships
- ◉ Taken from Essentials of Chemical Dependency, Vol 1. Dr.s Robert and Mary McAuliffe

FINALLY...

- ⦿ Readiness ruler is done after each session and at the beginning of each session
- ⦿ Final homework assignment is to have them fill out the “What I Want From Treatment” survey and come to an individual discharge session in which you review this with them and go over the referral to treatment and other instructions with them.
- ⦿ You are doing a warm handoff with them..make sure the counselor receives the survey!

