



Recovery Focus and Introduction to Motivational Interviewing

March 7, 2018

Lisa Kugler, Psy.D.

Goals of Today's Presentation

- To increase understanding around recovery
- To increase understanding of how to utilize recovery in the delivery of services
- To increase knowledge on how motivational interviewing relates to recovery principles



**In all areas of treatment, there is
increasing interest in...**

RECOVERY
So what is recovery?



Evolution of Recovery

SOURCE	YEAR	DEFINITION
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)	2005	Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)	2005	A patient is in a "state of recovery" when he or she has reached a state of physical and psychological health such that his/her abstinence from dependency-producing drugs is complete and comfortable.
BETTY FORD INSTITUTE	2006	A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship.
WILLIAM L. WHITE	2007	Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.

Evolution of Recovery

SOURCE	YEAR	DEFINITION
UK DRUG POLICY COMMISSION	2008	The process of recovery from problematic substance use is characterised by voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.
SCOTTISH GOVERNMENT	2008	A process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society.
SAMSHA	2011	Recovery from mental disorders and substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)	2013	A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction.
KELLY AND HOEPPNER	2014	Recovery is a dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life.
RECOVERY RESEARCH INSTITUTE ADDICTION-ARY	2017	The process of improved physical, psychological, and social well-being and health after having suffered from a substance-related condition.

Recovery- Definition

- According to SAMHSA (2012)
- Recovery is: a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential



Principles of Recovery- According to SAMHSA

- Recovery is person driven
- Recover emerges from hope
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced

Principles of Recovery- According to SAMHSA

- Recovery is supported by addressing trauma
- Recovery involves individual, family, community strengths and responsibilities
- Recovery is based on respect



What now?

- These principles need to turn into the elements of treatment



Essential Elements of Recovery

- Person-centered
- Inclusive of family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care (pretreatment, treatment, continuing care, and recovery support)
- Partnership/consultant relationship

Essential Elements of Recovery

- Strengths-based (emphasis on individual strengths, assets, and resilience)
- Culturally responsive
- Responsive to personal belief systems
- Commitment to peer recovery support services
- Inclusion of the voices of individuals in recovery and their families



Essential Elements of Recovery

- Integrated services
- System-wide education and training
- Outcomes-driven
- Adequately and flexibly financed



Recovery Oriented Language

Language Not Reflecting Recovery	Language that Promotes Acceptance, Respect & Uniqueness	Comments
<p>Max is mentally ill Max is a bipolar Max is...</p>	<p>Max has a mental illness Max has schizophrenia Max has been diagnosed with bipolar disorder Max is a person with...</p>	<p>Avoid equating the person's identity with a diagnosis. Max is a person first and foremost, and he also happens to have bipolar disorder Very often there is no need to mention a diagnosis at all It is sometimes helpful to use the term "a person diagnosed with," because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not</p>

Recovery Oriented Language

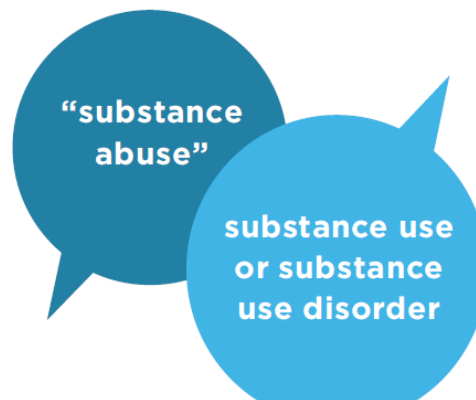
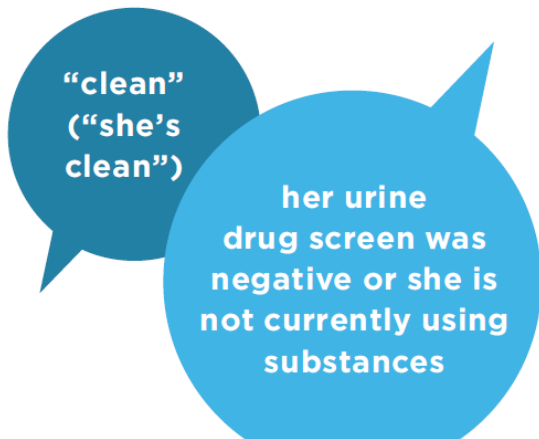
Sarah is decompensating	Sarah is having a rough time Sarah is experiencing...	Describe what it looks like uniquely to that individual—that information is more useful than a generalization Avoid sensationalizing a setback into something huge
Mathew is manipulative	Mathew is trying really hard to get his needs met the way that he knows Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Marty is non-compliant	Kyle is choosing not to... Kyle would rather... Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization. Is the member even in agreement with the plan of care or do they not see a need for this plan of care?

Recovery Oriented Language

Joan is resistant to treatment	Joan chooses not to... Joan prefers not to... Joan is unsure about... Joan is not engaged in...	Describe what it looks like uniquely to that individual—that information is more useful than a generalization Remove the blame from the statement
Allie is high functioning	Allie is really good at...	Describe what it looks like uniquely to that individual—that information is more useful As taken from: Recovery Language, http://www.dshs.wa.gov/pdf/dbhr/mh/MHRecoveryLanguage08022010.pdf

Recovery Oriented Language

- https://www.beaconhealthoptions.com/wp-content/uploads/2016/03/Beacons_SUD-Language_1-pager_v6.pdf



How do we know if we are doing this?

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"I haven't the foggiest what's causing this.
Just try to knock it off, OK?"

What you will see in your treatment:

- Offer an array of recovery support services that address all facets of recovery.
- Ways to meet the person where they are and find ways to begin services
- Create welcoming environments that promote recovery and healthy relationships.
- Meaningfully engage participants in planning processes to promote person-centered treatment.
- Ensure that program policies and practices honor personal agency and control in one's own treatment.



What you will see in your treatment:

- Incorporate support services and advocacy opportunities into service options and resource array.
- Engage families in support and education in order to promote involvement in recovery.
- Stigma inside and outside the behavioral health system must be addressed.
- Programs develop ongoing feedback loops from participants for analyzing and addressing kudos, complaints, concerns, and questions



So how do we make this shift?

- One item that has been found to be very useful in fostering recovery oriented treatment is the use of Motivational Interviewing
- Motivational interviewing has been shown to decrease aggressive behavior
- Motivational interviewing has been shown to lessen no shows
- Use of recovery oriented care shows increased staff retention



Motivational Interviewing

- Motivational interviewing was first developed by William Miller in 1983
- Further developments occurred in 1991 by William Miller and Stephen Rollnick
- Initially developed to be used in substance abuse services but has now been utilized in multiple setting with multiple diagnoses
- Motivational Interviewing is defined as, “Motivational interviewing is a directive client centered counseling style for eliciting behavioral change by helping clients explore and resolve ambivalence” (Rollnick and Miller, 1995)

How Motivational Interviewing Came to Be...

- <https://www.youtube.com/watch?v=bTRRNWrwRCo>



Motivational Interviewing take the ambivalence

- Motivational interviewing takes the uncomfortable space and allows the individual to continue exploring within it....
- Motivational interviewing encourages the individual to find the reasons to move towards positive change.



Motivational Interviewing

- Motivational Interviewing is not necessarily a set of principles it is a way of conceptualizing an individual and a guide for treatment
 - As an outline, Rollinick described his RULE
 - R- Resist the righting reflex
 - U- Understand your client's motivation
 - L-Listen to your client
 - E- Empower your client
- Taken from Building Motivational Interviewing Skills- Rosengren, 2009

Motivational Interviewing

- R- Resist the righting reflex: This is the tendency to actively FIX problems in their client's lives which actually reduces the likelihood of client change. Examples include arguing with a client, telling clients how to change, trying to convince a client of something, warning the clients of the consequences of not changing
- U- Understanding your client's motivation: Motivational interviewing takes the stance that motivation comes from within the client. That is we do not motivate clients or install motivation in them, rather we help them find their own motivation
- L- Listen to your client: The basis of motivational interviewing is reflective listening and an attitude of acceptance of the client's feelings and perspectives. Try to understand the client's perception, this does not mean that you agree with it.
- E- Empower your client: Ultimately the change must come from the client. Support the client's beliefs that they are capable of change and encourage a "can do" attitude.

Motivational Interviewing

- So now that we know what is expected in motivational interviewing, how do we do it?



How do we do this?

- Some of the building blocks of motivational interviewing are the OARS
 - Open ended questions
 - Affirmations
 - Reflective Listening
 - Summaries



How do we do this?

- Open ended questions- Not yes or no questions, give the member a chance to talk
- Affirmations- Affirming the emotions associated with event. Affirming the small successes. This does not mean agreeing with the client on everything.
- Reflective Listening- The primary skill on which motivational interviewing is built. Not just repeating back but building discrepancies, utilizing “and” instead of “but”.
- Summaries- Closing the loop and sections appropriately and moving onto the next section

Do's and Don'ts of Motivational Interviewing

- <https://www.youtube.com/watch?v=MIYX2yhrE08>



Now what?

- The actual skills that are used in each therapy session are determined by an individual's motivational state.
- According to Miller and Rollinick, motivation is not something that a person has or does not have, it is a state that ebbs and flows through the following stages:
 - The Stages include:
 - Precontemplation
 - Contemplation
 - Preparation (previously determination)
 - Action
 - Maintenance
 - Relapse

Motivational Interviewing

- Precontemplation: There really isn't a problem. May see blaming behaviors. Not really considering change at this point.
- Contemplation: Ambivalence is the hallmark characteristic of this state. The client sees that there is a problem but is uncertain whether they want to modify it or not
- Preparation/ Determination: A person concludes that they need to do something. Begin planning and making small changes, practicing for the action phase
- Action: A person takes steps to address the problem. One is practicing new behaviors
- Maintenance: Continuing to implement the changes that occurred with action stage. Intrinsic motivation begins to occur
- Relapse: Reverting back to old behaviors

Motivational Interviewing- Therapist Job in Each Stage

- Precontemplation: Raise awareness, begin to increase perception of risks and problems with current behavior
- Contemplation: Often times the most uncomfortable and longest stage of change. Increase the ambivalence. EVOKE the reasons for change. Strengthen the clients sense of self-efficacy.
- Preparation/ Determination: Help the client determine the best course of action to take in seeking change
- Action: Help the client take steps towards change. Help the client figure out the short and long term goals and ways to get there
- Maintenance: Keeping the changes ongoing. Continued encouragement. Help the individual find ways to avoid relapse.
- Relapse: Help the client renew the processes of contemplation, preparation, and action without becoming stuck or demoralized because of the relapse

Resources

- <http://www.motivationalinterviewing.org/motivational-interviewing-resources>
- DiClemente, C.C. (1991). Motivational interviewing and the stages of change. In W.R. Miller & S. Rollnick (Eds.) Motivational interviewing: Preparing people to change addictive behavior . New York: Guilford Press.
- Rosengren, D. (2009). Building Motivational Interviewing Skills, New York: Guilford Press.
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- Velasquez, M., Maurer, G., Crouch, C., DiClemente, C. (2001). Group Treatment for Substance Abuse, New York: Guilford Press.
- Glavin, K., Hoffman, R. Integrating Motivational Interviewing, the Stages of Change Model, and Treatment Planning (power point) All-Ohio Counselors Conference November 2-4, 2005.

Questions?



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Thank you

