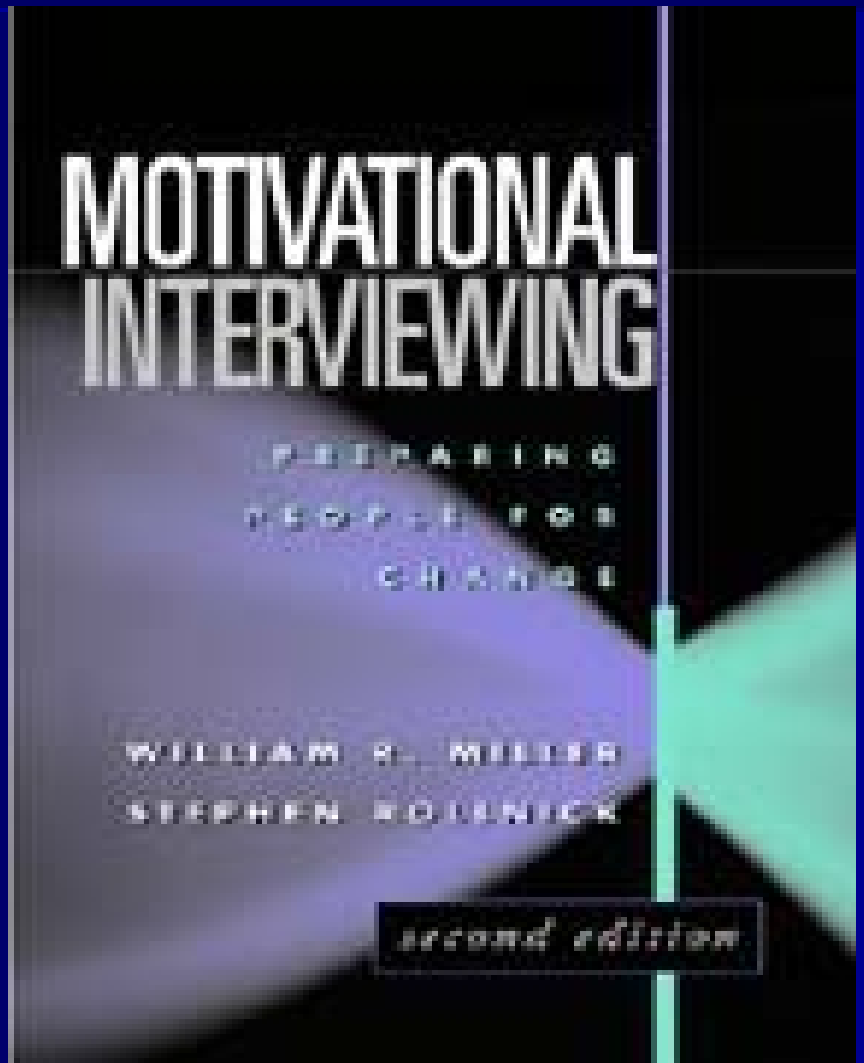
Using MI with Dually Diagnosed Individuals

MINT Pre-Forum Workshop
Fort Wayne, Indiana
September 12, 2012

Steve Martino, Ph.D.
Yale University School of Medicine
VA Connecticut Healthcare System

Indiana and MI

What is Motivational Interviewing?



Definition of MI

What We KNOW

- A collaborative person-centered communication method that guides a person toward positive change.
- MI blends a highly empathic style with strategic support of a person's motivations for change (change talk) such that a person commits to, plans, and begins to change.
- These techniques include microskills (the OARS) and strategies oriented toward evoking or supporting change talk and handling resistance.
- Meets the patient at his/her level of motivation and carefully follows the patient's lead during the interview.
- MI is empirically supported.

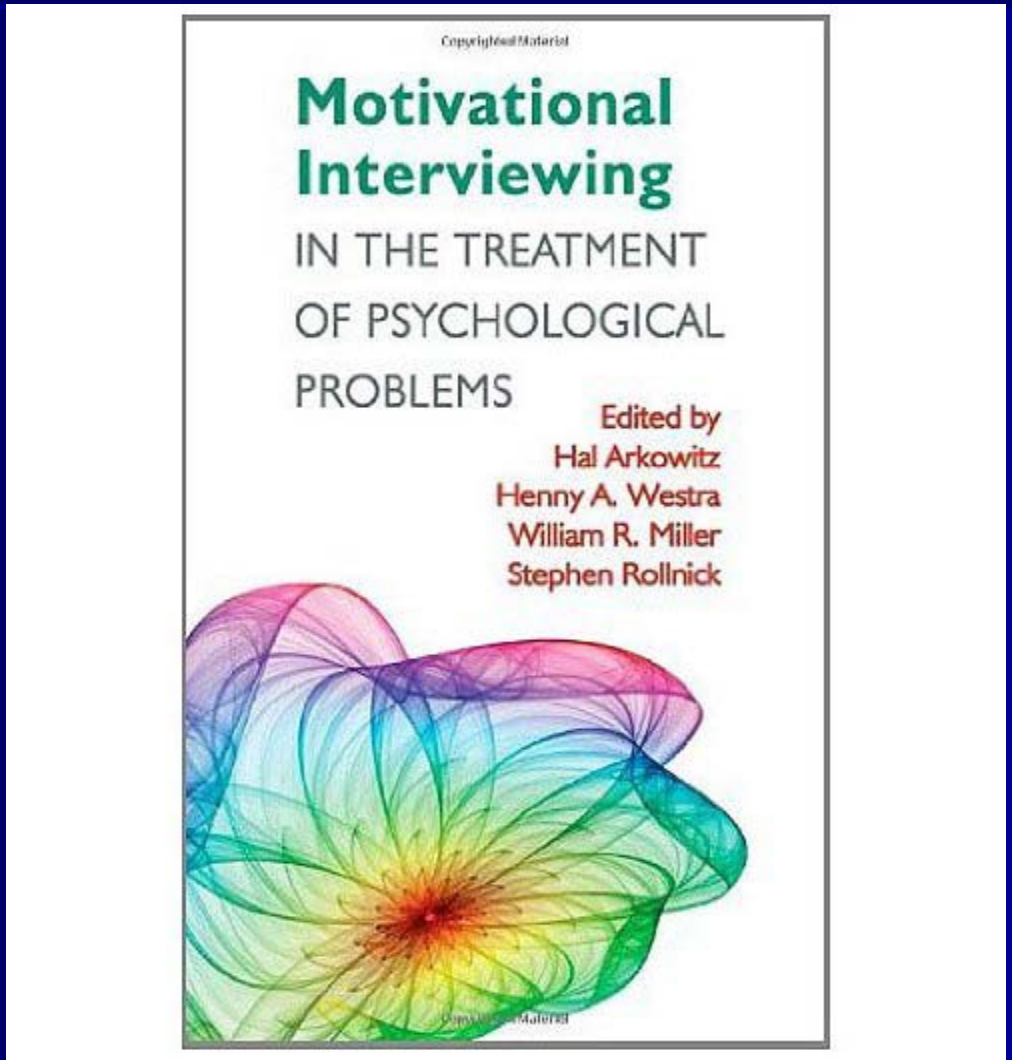
Co-occurring Disorders and MI

What We THINK

- MI has been recommended as a best practice within an overall comprehensive dual diagnosis treatment approach for patients who have co-occurring severe mental illnesses and substance use disorders.

What If the Shoe Doesn't Fit?

We need another pair of shoes



A Reflective Moment

- Think about a change your are considering making in your life but have some ambivalence about.
- Describe it to your partner
  - What would you like to change?
  - What attempts have you made?
  - What obstacles to change exist?
  - What relapses have occurred along the way?
  - Etc.
- Partners interview using MI

MI Challenges with Clients Who Have Co-occurring Disorders

- Need for integrated psychiatric and substance abuse treatment that targets behaviors other than substance abuse.

- Cognitive abilities of clients may be impaired: attention, working memory, encoding acquisition, word generation, verbal fluency, and executive ability areas such as abstract reasoning and mental flexibility.

MI Challenges (cont.)

- Positive psychotic symptoms such as delusions, hallucinations, related bizarre behaviors, and disorganized speech may be present.
- Negative psychotic symptoms such as thought blocking, social isolation, decreased emotional expression, impoverished thinking, processing speed, and speech, and diminished volition and drive may be present.

MI Challenges (cont.)

- Multiple co-occurring problems may require other types of interventions.

- Psychotic symptom severity may worsen. Acute suicidality and homicidality are likely to occur more often among clients who have co-occurring disorders than those who primarily abuse substances only. At times, MI may not be appropriate.

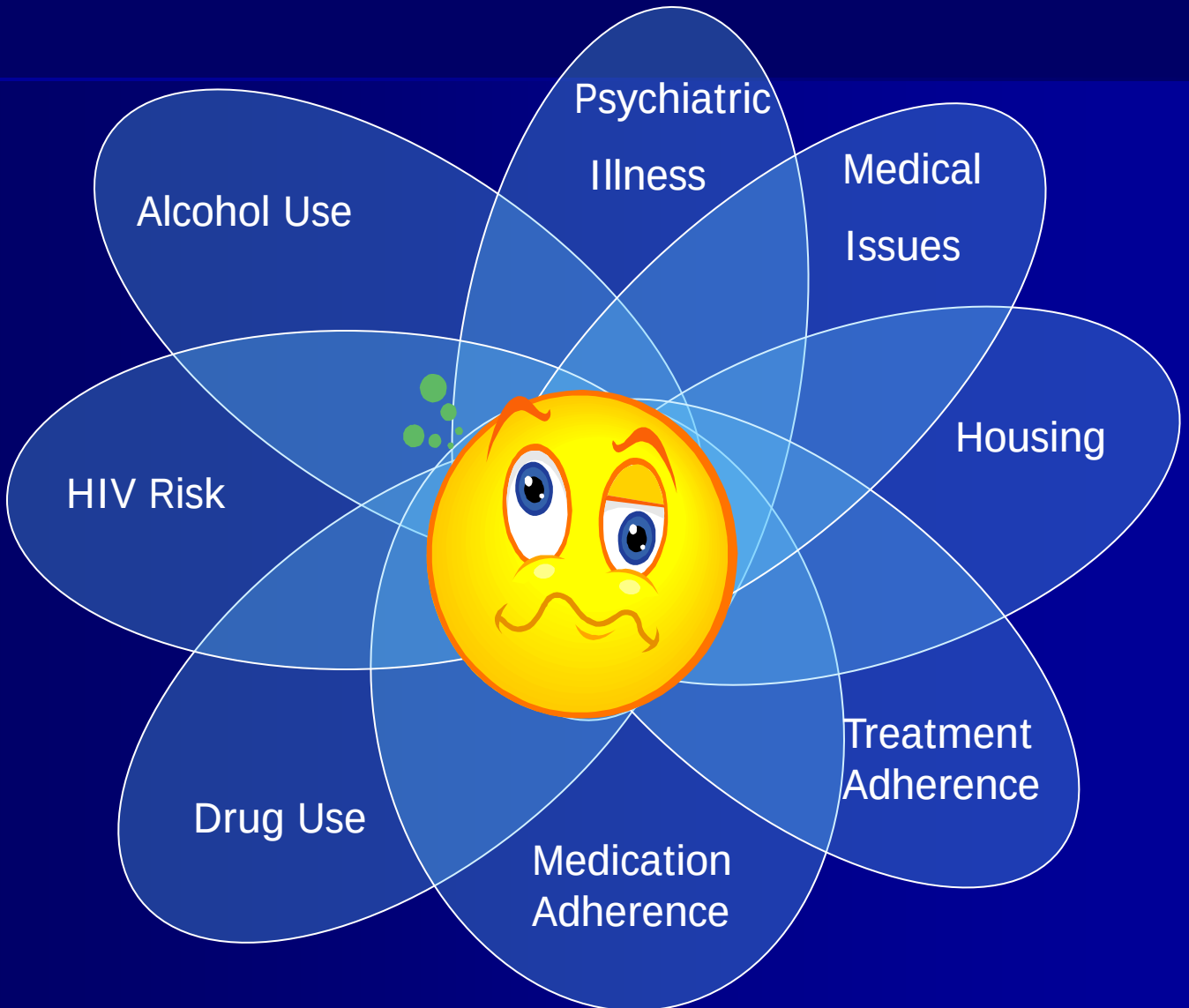
What's a Counselor to do?

Challenge #1: Many Behavior Targets

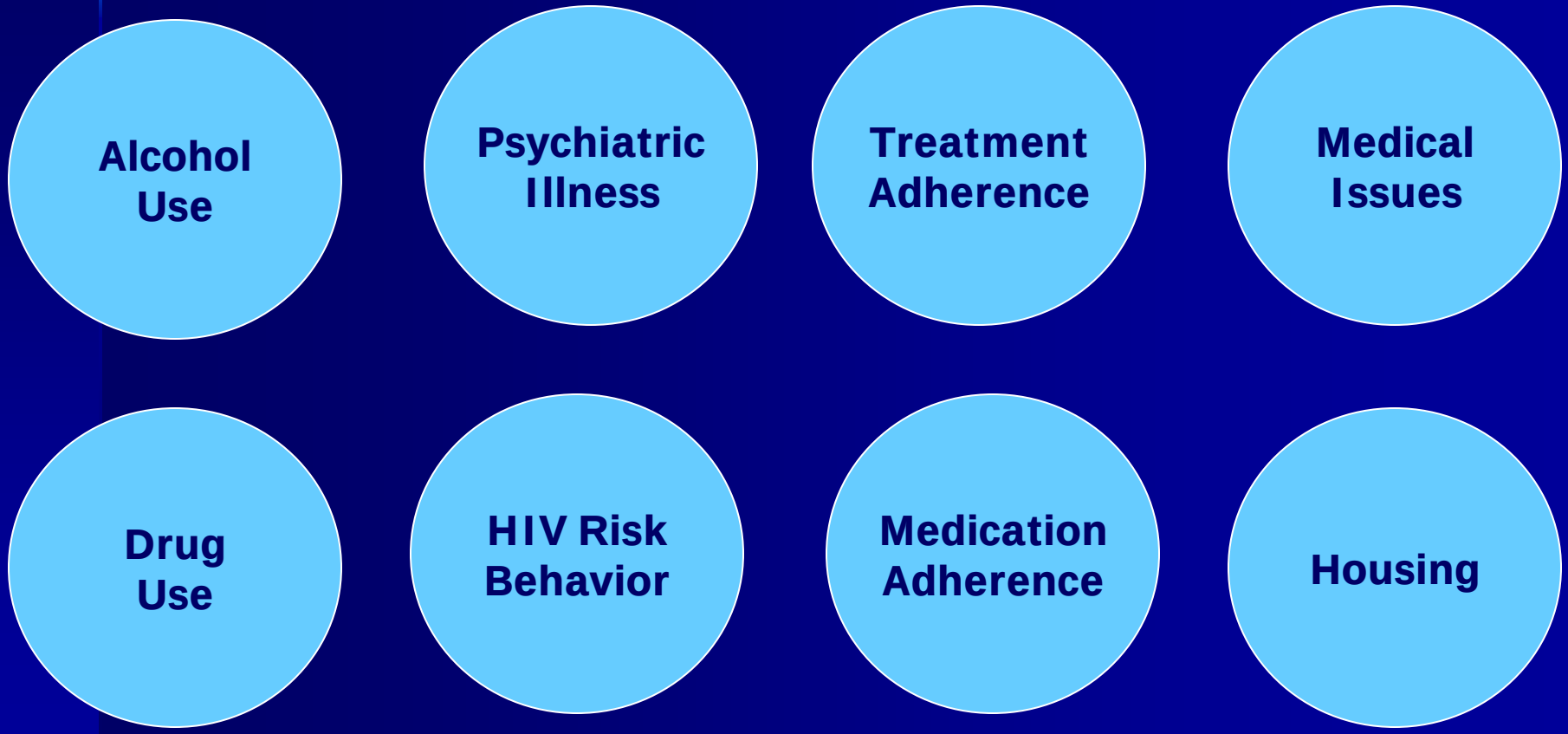
Ramifications

- Counselors must prioritize the clinical work.
- Counselors must recognize and elicit change talk about other target behaviors.

What is the target of MI?



Prioritizing/Agenda Setting



Hear the Change Talk in Different Areas

1. Hey Doc. I'm not going to the shelter – too many bad people. I'll just take my meds and some dope. Don't worry. I get clean needles from the van.
2. I can quit drinking whenever I feel like it. But why not drink without a job. Can you help me get me a job?
3. I don't want to get hospitalized again. I need a place to stay. That'll keep me out. I need a program too.
4. My mind slips once in awhile, that's all. It happens to everyone, even the President. He quit drinking like me and nobody is asking him to take meds.
5. Because of my purity, I cannot effect others and they cannot infect me, unless I drink in their bed.

Get the Goal Right

“I don’t want to take medication.”

“I can’t stop drinking.”

“I’m not going.”

Challenge #2: Cognitive Difficulties

Ramifications

- Be clear and concise.
- Use successive and clearly stated reflections and summaries during an interview to help clients attend to, remember, and logically organize the conversation.
- Visual aids sometimes help.

The Simplier, the Better

Clinician: How did your last hospitalization occur and what did your use of substances, medications, or any other issues have to do with it?

Client: Can you repeat the question?

Take 2

Clinician: What do you think were the main reasons you were hospitalized?

Client: Someone offered me crack where I live after I gave him a beer, and we ended up spending all my money for the month. I felt like killing myself.

Not So Clear and Concise

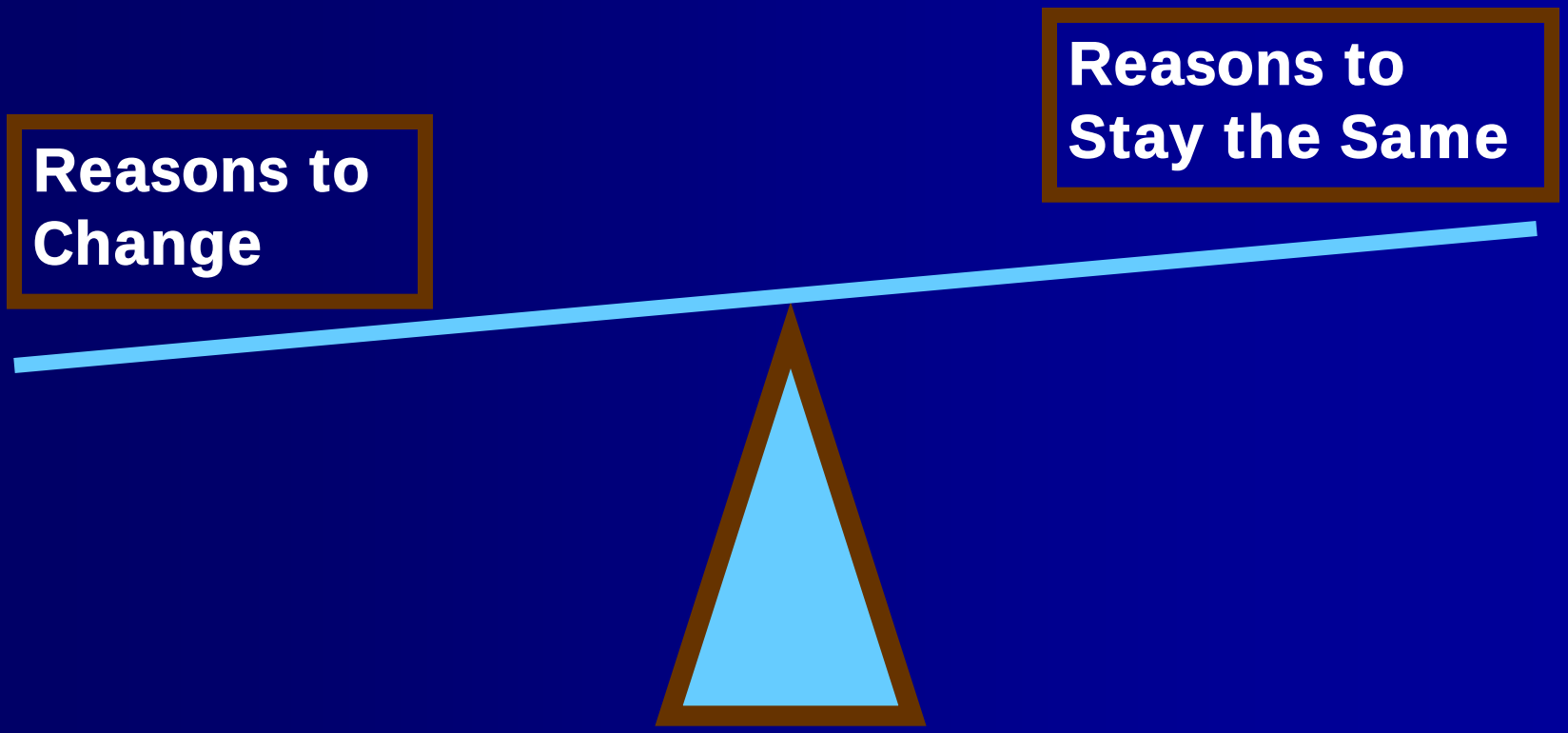
Staying the Same

Pros	Cons

Changing

Pros	Cons

To the Point



Reflect and Summarize Often

Client: I'm depressed, man. I couldn't keep going on. The voice didn't let up.

Clinician: The voices didn't let up and you became more and more depressed. You felt like giving up.

Client: It's hard living on the street. I'm not staying in the shelter. It's not safe in there. [pause] Drugs.

Clinician: In addition to hearing voices, you haven't felt safe in the shelter where drugs are all around you. You've been doing the best you can to survive on the street.

Client: [tears up] My girlfriend is in jail. She makes me go out and get drugs for her. She yells and screams at me until I do it. The voices get so bad. When she went to jail, I had nowhere to stay. I'm not going back to a shelter.

…continued

Clinician: So you haven't had a safe place to live for some time. When you were staying with your girlfriend, she was using and pushed you to get drugs for her. After she went to jail, you lost your housing. You tried staying in a shelter, but people around you who were using and you felt unsafe. Without a safe place to live and hearing voices that got so bad, you became more and more depressed.

Client: Yeah. I smoked crack because I couldn't take it anymore. I thought I might try to kill myself. [tears up] I didn't have any more money.

Clinician: You were completely spent.

…continued

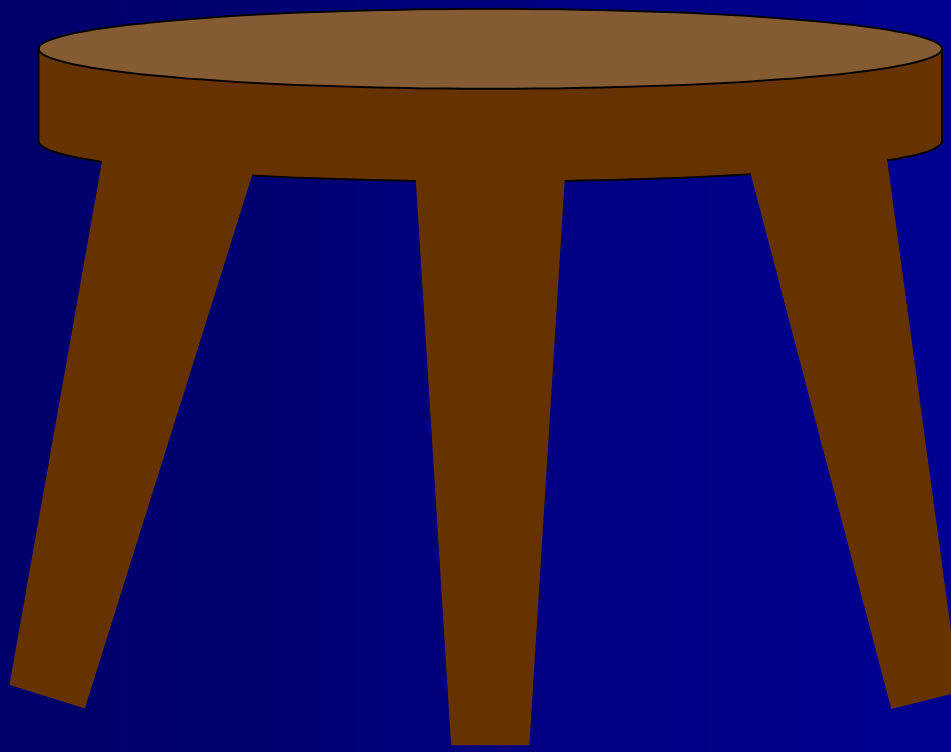
Client: Nothing was working. Then I lost my medications. So I went to the emergency room.

Clinician: You were looking for some way to feel better. Crack didn't help. Living on the streets didn't help. Losing your medications didn't help. Being around people who use, like your girlfriend or people in the shelter, didn't help. The voices and depression became unbearable. At first, you thought taking your life would be a way out. Instead, you decided to go to the emergency room. I'm glad you did.

Client: I don't want to die. I have a son.

The Three-Legged Stool

Dual Diagnosis Recovery



Staying Clean And Sober

Taking Your Medications

Participating in a Dual Diagnosis Specialty Program

Challenge #3: Positive Psychotic Symptoms

Ramifications

- Paraphrase to maintain reality-base and cognitive organization.
- Use metaphor.
- Avoid intense negative emotions
- Move to resolve intense ambivalence in a direct manner.

Paraphrase (with metaphor; avoid intense negative emotion)

Clinician: What have been the negative effects of using drugs?

Client: It's been a mind blowing experience of septic proportions.

Clinician: What did you say?

Client: I don't know. Really doesn't matter at this point.

Clinician: Well, it might matter. Let me ask it again and see what you think.
What have been the negative effects of using drugs?

Client: There could be lots of them, but not now.

Clinician: I don't think I understand what you are telling me.

Client: I don't either.

Take 2

Clinician: What have been the negative effects of using these drugs?

Client: It's been a mind blowing experience of septic proportions.

Clinician: You feel that drugs have fouled up your mind.

Client: You know, I can't see college on my horizon right now.

Clinician: Your mind is not working the way it used to, in part due to the drugs, and it's hard to see going back to college right now.

Client: I can't concentrate very well, and its hard to remember things. Will I be convicted when others have not?

Clinician: You wonder why this has happened to you. Others have used drugs, stopped, feel fine later and continue to function.

…continued

The client gets up from his chair, walks to the office door, opens and then shuts it hard and then stands in the middle of the room looking confused.

Clinician: You are not sure if the door has been shut for you to return to college. You want to do what you can to open it, but you are not sure what you can do.

Client: [The client looks at his clinician.] What can I do? [The client sits down.]

Don't Reflect Intense Ambivalence…Move to Resolve

Client: I know I ought to do it, but I've tried so many of them. I don't like feeling like a guinea pig. For this one, they have to test my blood once a month, too. Like I'm not here enough as it is. But one of my friends has been on it for six months and he looks pretty good. He even got his own apartment. I wish I could get my own apartment

Clinician: So on the one hand, you feel like we would be experimenting on you. On the other hand, you think the medication might help you out like it helped out your friend.

Client: People shouldn't treat people like animals just because they want a place to live. Meds will mess you up over time.

Clinician: Let me tell you more about why we think the medications might be worth trying.

Take 2

Client: I know I ought to do it, but I've tried so many of them. I don't like feeling like a guinea pig. For this one, they have to test my blood once a month, too. Like I'm not here enough as it is. But one of my friends has been on it for six months and he looks pretty good. He even got his own apartment. I wish I could get my own apartment

Clinician: There is something in you that has hope for this particular medication.

Client: Yeah. But I don't like needles.

Clinician: You're even thinking you could get your own place. That would be something. It might even be worth it for the blood tests.

Client: It would be worth it if I could get my own place.

…continued

Clinician: There's a big payoff if this medicine could work as well for you as for your friend.

Client: I wish it could work like that for me.

Clinician: Yep, there's that hope I was talking about.

Hearing Voices Exercise

- Client role play involving a young adult who has Schizophrenia and Alcohol Dependence
- Counselor uses MI in first session and attempts to engage the client in discussion about current concerns and life issues
- Observer acts as a punitive voice talking to the client.
- 10 minute interview
- Try to use some of the strategies discussed:
  - Clear and concise
  - Summarize often
  - Don’t reflect intense negative emotion
  - Don’t reflect intense ambivalence – support change talk

Challenge #4: Negative Psychotic Symptoms

Ramifications

- Paraphrase often to stimulate patient discussion.
- Give patients sufficient time to respond to questions and reflections.
- Affirm patients' participation in the session.
- Use personalized and structured feedback, including assessment instruments and other prompts, to facilitate participation.

Paraphrase, Pause, Affirm, and Be Active

Clinician: The visiting nurse called me and let me know that you haven't been home lately. She is worried that you aren't taking your medication.

Client: [gazes at the floor] Yeah.

Clinician: Where have you been? I thought we worked out a time for the nurse to visit that worked for you.

Client: [silence for a few seconds and then speaks with little animation] It's not working.

Clinician: Well, it's important that you take the Zyprexa. You've been doing much better.

Client: [gazes at the floor] Yeah.

Take 2

Clinician: I appreciate you coming in to see me today. The fact that you're here tells me you're willing to talk about how things are going with Zyprexa.

Client: [gazes at the floor] Yeah.

Clinician: How are things going with Zyprexa?

Client: [silence for a few seconds and then speaks with little animation] Okay.

Clinician: [pause – clinician considers if the patient's flatness is purely symptomatic or implies ambivalence about taking Zyprexa] In some ways, Zyprexa works okay and in some ways it's not okay.

…continued

Client: It's better. [silence]

Clinician: How is Zyprexa better for you than other medication?

Client: I think better. My body works better. [silence]

Clinician: Better.

Client: I can sit still and watch TV longer and talk in the group (adjunctive group therapy) more.

Clinician: So taking Zyprexa has helped you. You've noticed your attention and concentration have improved, and you can talk to others more than you had been. Zyprexa also helps you feel physically more comfortable. For these reasons, and maybe others, you've continued to take Zyprexa longer than you've taken other medications. I give you lots of credit for knowing what medications work for you.

…continued

Client: [long silent pause] I know what works best for me.

Clinician: And by taking Zyprexa for 8 weeks, you're letting me, your psychiatrist, and your nurse know that Zyprexa works for you. On the other hand, you weren't around twice when your nurse came to visit you. She says she doesn't know if you took your medication, and she was concerned about you.

Client: [pause] I was around. [pause] I just didn't answer the door.

Clinician: You were home. You just didn't want to see her.

Client: I don't need her to always check to see if I take my medication.

…continued

Clinician: You've decided to take the Zyprexa. At this point, you don't feel you need her checking up on you everyday. There may be other things she might be able to help you with when she visits, but you don't like constantly being monitored about your meds.

Client: Yeah. [pause] I took Zyprexa on the days she didn't see me.

The interview continues with the patient speaking about how he had been "raped by syringes" in the past, graphically communicating his aversion to authoritative medication management strategies. The session continues with the clinician and patient discussing preferable medication adherence options and how the visiting nurse might be most helpful (e.g., titrating visits, less medication monitoring during visits).

Challenge #5: MI May Not Be Appropriate

- Other interventions may make the most sense.
- Client may be too symptomatic or unsafe.
- How can you tell, in the moment, when it makes sense to use MI with clients who have co-occurring disorders?

Navigation System

MI Standard Package

- Client elaborates/talks more
- Client is more spontaneous
- Client uses change talk

+

Co-occurring Deluxe Package

- Client is less symptomatic
- Follow when it literally makes sense to do so.

Group Treatment Challenges

- Multiple group treatments
- Participants vary widely in type and severity of psychiatric and substance use disorders
- Multiple behavior change targets
- Open admissions policies
- Very time-limited treatment
- Treatment coercion

Group Treatment Advantages

- Efficiency
- Positive motivational contagion
- Peer feedback, support, & modeling
- Group factors in early treatment (universality, imparting information, and installation of hope) complement MI Spirit
- Service system runs on group treatment
- Group work may fit some people best
- Potential cost-effectiveness

MI Groups in Acute Care Dual Diagnosis Tx Settings

- Voluntary participation
- MI culture building preamble/guidelines
- Highly engaging activities
- Active counselor group facilitation
- ≤ 10 group participants per session

Group Facilitation Issues

- Clients select behavior change targets
- Actively involve group members in activities
- Intervene when MI inconsistent communications occur
- Include motivation for aftercare within inpatient group motivational interviewing applications
- Limit provocative activities when group is populated by more psychiatrically impaired or symptomatic clients

Activities: Importance

- Mixed Bag
- On the Fence
- Warm Seat
- Sorting it Out
- Graphic Feedback

Activities: Ability

- Personal Strengths
- Thinking out of the Box
- Past and Future Success
- Looking Forward
- Fostering Improved Mental Health
- (Importance and Confidence Rulers)

Group Practice with Group MI

Other Ideas

- What else have you found helpful in your adaptations of MI when working with people who have co-occurring addictions and severe mental illness?

A Sobering Experience

“When you are born in a soundless environment, and you go to a noisy one, can you hear what the other people hear?”

Keep the Faith

“I figured you could use one.”

Clinical Supervision