



Rural Communities Initiative
*New Mexico Motivational Interviewing/
Substance Abuse Case Management Training of Trainers Event*
Albuquerque, New Mexico



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**New Mexico Motivational Interviewing/
Substance Abuse Case Management Training of Trainers Event**
Albuquerque, New Mexico
July 7 & July 21, 2009

Prepared for the U.S. Department of Health and Human Services
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I. Overview

Recognizing the unique needs of rural communities and Temporary Assistance to Needy Families (TANF) agencies, the Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services is sponsoring the Rural Communities Initiative. The Rural Communities Initiative provides States, Tribes, and local TANF agencies in 16 nominated rural sites the opportunity to share information and promising practices on critical issues affecting the TANF population, such as barriers to employment including substance abuse, education, job skills, transportation, and child care. This Initiative commenced on September 3 - 5, 2008 with the Rural Communities Academy, which was held in Kansas City, Missouri.

In the course of developing an Action Plan at the Academy, New Mexico identified several technical assistance priorities including improving the capacity of case managers who serve TANF participants with substance abuse challenges. Specifically, New Mexico site participants expressed an interest in trainings which focus on an asset-based approach to build on a TANF participant's strengths and skills and foster positive decision-making.

As part of this technical assistance intervention, the staff at the University of New Mexico Continuing Education (UNMCE)/Substance Abuse Studies Training Program (SASTP) worked with the New Mexico team in organizing a series of case management/substance abuse trainings. Dr. Alyssa Forcehimes from the University of New Mexico Center on Alcoholism, Substance Abuse and Addictions (CASAA) took the lead as the primary trainer at these events. Dr. Forcehimes is a nationally recognized expert in the area of addiction and how behavioral change can be positively mobilized and sustained among individuals with substance abuse challenges. The initial training workshop was held during the New Mexico Works Conference on April 15, 2009. Following the introductory workshop, two in-depth training sessions were scheduled for July 7 and July 21, 2009 in Albuquerque, New Mexico.

II. Training Session #1 – July 7, 2009

Dr. Alyssa Forcehimes, a clinical psychologist at the University of Mexico, led the training session. Individuals have the potential to change their behaviors if they are motivated to do so, and client motivation is greatly influenced by their counselor's attitude and resistance level. In the substance abuse literature, substance abusers were previously assumed to have "immature" personalities due to the denial that was often present regarding their substance abuse. However, there has been no evidence of an "addictive" personality that predicts substance abuse. Based on this information, Dr. Forcehimes explained that there is not specific medication, therapy, or intervention that will help every substance abuser, but that the motivation to change is a critical step.



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In Dr. Forcehimes' first exercise, participants were asked to pair off and role play. One person took on the role of a resistant client and the other played the role of the counselor. The counselor was tasked with:

- Explaining why the client should abstain from drinking;
- Giving at least three specific benefits that would result from becoming sober;
- Telling the client how to stop drinking;
- Emphasizing how important it is for the client to quit drinking; and
- Telling the client not to drink.

Such an approach is not motivational interviewing, and participants discussed how those who played the role of the clients felt as if they had no control during the exercise. The counselors said that they felt that it was difficult to tell the client what to do.

Next, Dr. Forcehimes discussed the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. Eighty percent of the time, a change will occur if a client is engaged during the pre-contemplation or contemplation phase. The group completed a second exercise where the client acted in the contemplation phase of change and discussed something they were thinking about changing. The counselor was then to ask:

- Why would you want to make this change?
- How might you go about it, in order to succeed?
- What are the three best reasons to do it?
- On a scale of 0 to 10, how important would you say it is for you to make this change?
This is called the "confidence ruler".
 - Follow up: Why are you at a " _ " and not a zero?

Participants felt that there was an understanding between counselor and client and a rapport was built during the discussion, and the clients felt empowered to make their own decisions and facilitate their own change.

At its basic level, motivational interviewing is actively listening to what the client is saying. When clients are heard by their caseworkers, they feel understood, safe, respected, comfortable, and more likely to return for additional services. Motivational interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence. The spirit of motivational interviewing can be described by collaboration, evocation, and autonomy.



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There are two phases of motivational interviewing:

- Phase 1: building motivation for change, and
- Phase 2: strengthening commitment to change.

The four general principles of motivational interviewing are:

- Expressing empathy;
- Developing discrepancy;
- Rolling with resistance; and
- Supporting self-efficacy (confidence).

Effective listening is not asking questions, providing suggestions, analyzing or interpreting, warning or shaming the client. These are roadblocks to the client expressing themselves fully to the caseworker. In order to practice listening, the next exercise was completed in groups of three. One person stated an adjective that described them, and the other participants were to ask only closed questions to discover the meaning of the adjective, and the speaker was only allowed to say “yes” or “no”. The participants then did an exercise where one person was the counselor, and the other was the client. The client was asked to discuss changes in their life in the next five years, and the counselor was to say one statement at a time and wait for the client’s response.

After the reflection exercise, Dr. Forcehimes discussed open questions, but stressed that questions should be used less frequently than reflections. She suggested about one question for every three reflections made while using motivational interviewing. The acronym OARS (Open questions, Affirm, Reflect, Summarize) is helpful when interacting with a client. When using affirmations, the counselor should emphasize strengths and comment positively on an attribute of the client. Summaries collect material that has been offered, link parts of the conversation together, and compile what has happened while transitioning to a new task. Next, participants practiced using OARS with each other. It is important to listen to “change talk” from clients that indicates commitment to making changes, which can be in the form of statements like “I will, I could, and I need too”.

Developing discrepancy means that the client, rather than the counselor, should make the arguments for change. The counselor can effectively engage the client around the pros and cons in regards to changing and not changing. This allows the client to tell the counselor why it would be good to change or difficult to change.

Resistance to change is a common issue among clients, and it is important to “roll with resistance” and avoid arguing for change. Participants watched a video where a resistant client interacted with a counselor and showed various signs of resistance, such as personal attacks.



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After viewing the video, participants lined up across from one another and each took turns saying resistant statements to each other and then practiced the appropriate reply of a statement, instead of a question, to diffuse the situation.

Phase two of motivational interviewing is strengthening commitment. Signs that the client may be ready to change include diminished resistance, decreased discussion of the problem, asking questions about change and taking steps towards the change. When using motivational interviewing, it is very important to support self-efficacy and recognize that it is the client's responsibility to change. A way to elicit and strengthen confidence is to use the "confidence ruler" which provides client feedback on their level of confidence in a variety of situations and environments.

When using motivational interviewing, it is only acceptable for counselors to give advice when they have the permission from the client to offer advice. There are three kinds of permission that can be achieved:

1. If the client asks for advice;
2. Asking permission to give advice; and
3. Qualifying the advice to emphasize autonomy. Emphasizing autonomy refers to asserting the client's right to choose what is best for them. A statement that emphasizes autonomy would give a suggestion for change, but qualify that the solution works for some people but not all.

At the end of the training, participants had gathered effective skills and tools to utilize with their clients.

III. Training Session #2 – July 21, 2009

The second session of this training sought to build on motivational interviewing techniques participants learned during the previous training, reflect on participants experience using this approach at their local sites, and focus on the Community Reinforcement Approach as a method for treating substance abuse barriers in TANF caseloads.

After an introduction and review of the day's training agenda, participants reflected on their experiences using the motivational interviewing techniques. Participants offered a number of examples on how motivational interviewing had made positive impacts on their case management approach. These impacts included:

- Staff from a one-stop center in eastern New Mexico reported that a short motivational interviewing training they provided to colleagues was well received. While direct client interaction is often brief, this technique has allowed them to create better rapport and build trust among clients and caseworkers;



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- The eastern region of the state is also planning to coordinate a series of motivational interviewing trainings for TANF serving agencies in the next couple of months;
- After the training, Mary Ann R. Baker-Randall, Director of TeamWorks, worked with her staff to stress the personal approach inherent in the motivational interviewing technique; and
- Representatives from the New Mexico Workforce Connection related how the motivational interviewing technique had successfully and peacefully resolved a situation when staff was confronted with a belligerent and potentially violent client.

Dr. Forcehimes then introduced the primary topic of this training session, the Community Reinforcement Approach (CRA). As described by Dr. Forcehimes, CRA is a comprehensive behavioral program for treating substance-abuse problems. It is based on the belief that internal and external motivators can play a powerful role in encouraging or discouraging drinking or drug use. Utilizing social, recreational, familial, and vocational reinforcers to assist consumers in the recovery process, the goal of the approach is to make a sober lifestyle more rewarding than substance use.

As positive reinforcement is the primary motivator behind treating substance abuse barriers, Dr. Forcehimes defined the concept of “reinforcer” and how these are triggered, both negatively and positively, from outside and internal sources. CRA usually begins by exploring a client’s motivations for change with the identification of positive reinforcers, such as praise and pleasurable activities that can serve as incentive for behavioral change. Immediacy of reinforcement also helps clients clearly associate how certain actions result in positive outcomes.

As part of the CRA approach, time is also spent with clients reviewing short and long-term negative consequences associated with substance abuse. These assessments are completed by using motivational interviewing techniques that encourage the client, and not the caseworker, to identify the advantages and disadvantages of continued substance abuse.

Another stage in CRA is the use of a functional analysis to help determine what triggers lead to clients engaging in negative behaviors, such as substance abuse. The functional analysis is a structured interview that helps to identify the short-term “rewards” that have been motivating the substance abuse while addressing the long-term consequences of continued alcohol or drug use. While functional analysis is used primarily for assessing the triggers and consequences of negative actions, it can also be used with healthy and enjoyable behaviors. Identifying past, current, and positive future reinforcers also helps to increase the likelihood that sober behaviors will be repeated. To help model this approach, Dr. Forcehimes had participants pair off, one playing the role of caseworker, the other the client. Using a functional analysis form, groups practiced identifying the triggers and short/long-term consequences of a negative type of behavior (smoking, over-eating, drinking in excess, etc.). This exercise revealed the



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importance of not simply “filling out the blanks” in an assessment, but actually listening to clients and learning the background information from the client.

The next step in the CRA process is to engage the client in a trial period of abstinence, known as “sobriety sampling.” This self-determined period allows the client to set reasonable and attainable goals and provides an opportunity to experience the sensation of being sober. The approach disrupts old habits and gives clients the chance to replace negative behaviors with tested, positive coping skills. When clients complete this sampling period, even for a short period of time, there is a strong sense of accomplishment and an increased level of rapport and trust with both caseworkers and their families. During this period of abstinence, caseworkers can introduce the option of medication as part of a substance abuse treatment program, such as Disulfiram and Naltrexone. Both are taken as a daily medication and act as substance abuse inhibitors causing the client to feel extremely ill if they drink alcohol. Studies show that incorporating medication as part of a treatment program improves clients’ self confidence, provides additional chances for positive reinforcement, and results in fewer complicated and agonizing daily decisions with regard to drinking alcohol. Side effects may arise by consuming products with traces of alcohol, such as mouth wash or cough syrup.

Participants practiced discussing the sampling period with clients by pairing off, playing the roles of caseworker and client, and discussing strategies for how the client would cope without re-engaging in the identified negative behavior.

One of the key concepts of CRA is goal setting, which is a way to establish measurable behavior and emphasizes the need for clients to address actions that they “will do” rather than what they “won’t do.” Goals should be:

- Brief and uncomplicated;
- Positive while focusing on what will be done;
- Reasonable;
- Specifically tied to a measurable behavior;
- Under the client’s control; and
- Based on the skills the client currently has.

Enhancing basic social skills is also essential to the success of CRA. Communication skills, problem solving, and drink/drug refusal are some of the common topic caseworkers work with clients on as a part of CRA. These strategies also help clients increase their ability to function autonomously. Often, the tendency for caseworkers is to try and problem solve on behalf of the client. While seemingly an act of empathy, in actuality, this often leaves the client highly dependent on the input and direction of their caseworker.



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As the final phase of the training, Dr. Forcehimes gave an overview of common mistakes caseworkers may make when using CRA. In her experience, some behaviors and actions to avoid include:

- Losing sight of client’s reinforcers;
- Not stressing the necessity of having a meaningful job;
- Inadequately monitoring the client’s contact with negative triggers that lead to substance abuse relapse; and
- Being reluctant to suggest the use of Disulfiram, Naltrexone, or other types of medication.

IV. Conclusion

As a result of the trainings, participants acquired a set of tools that can assist their clients in overcoming substance abuse barriers. Workshop participants indicated they would like additional training that dealt with substance abuse barriers in a more general sense – inclusive of topics such as types of substance abuse barriers, a survey of treatment options, and a review of the academic literature on substance abuse within the TANF population. In general, most of the participants were very satisfied with a hands-on training that provided readily adaptable and practical strategies that can be used with a wide variety of TANF participants.



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