

PART IV:
SRP for Clients
with Concurrent
Disorders

CD-ADAPTED CHECKLISTS AND CLINICAL TOOLS

Phase 2: Motivational Interviewing

Recent research has examined the application of Motivational Interviewing tools and techniques to people with concurrent disorders (Martino et al., 2002; Graeber et al., 2003; Steinberg et al., 2004). (See pages 132 to 133 for a list of references.) Particularly noteworthy are the adaptations to Motivational Interviewing for people with severe mental illness suggested by Martino and his colleagues (2002). Referred to as Dual Diagnosis Motivational Interviewing, or DDMI, this modified approach is designed to respond to cognitive impairments and disordered thinking. (“Dual diagnosis” is a term commonly used in the United States for concurrent disorders.) The table below presents an overview of the standard practices of Motivational Interviewing alongside the recommended DDMI modifications.

With clients who have concurrent disorders, therapists should expect to work at a slower pace, focusing on engagement and encouragement. Clients may be at the precontemplative stage for a long time (e.g., two years). With this client population, the quality of the relationship between the client and the therapist is crucial, as it can help to motivate change.

Standard Motivational Interviewing Practices and Dual Diagnosis Adaptations

Standard MI Practices	DDMI Modifications
Targets substance use.	Targets concurrent substance use and mental health issues (e.g., substance use, medication compliance, barriers to treatment).
Presumes clients are cognitively intact and logically organized.	Uses repetition, simple and direct verbal and visual materials and breaks within sessions. Therapist guides conversation to promote logical organization and improved reality testing. Group sessions meet for only 60 to 90 minutes.
Uses open-ended questions.	Avoids compound open-ended questions; poses queries in clear and concise terms.

Standard MI Practices	DDMI Modifications
Uses reflective listening.	Reflects in clear and concise terms; reduces use of reflections on disturbing life experiences; uses metaphors to anchor concepts in reality; provides plenty of time for clients to respond to reflective statements.
Uses statements of affirmation (strengths, change efforts and accomplishments).	Places heightened emphasis on affirmations.
Provides personalized feedback from objective substance use–related assessment results.	Contrasts client and therapist ratings of severity (developing discrepancy). Uses images, simple rating scales, analogies and metaphors.
Uses 2 x 2 decisional balance matrix to weigh the costs and benefits of changing substance use, and the costs and benefits of staying the same.	Uses simple decisional balance to explore client ambivalence about getting CD treatment, taking psychiatric medication and changing substance use. Focuses only on the costs and benefits of behaviour change.

Adapted from Martino et al. (2002), p. 301.

Because SRP incorporates a Motivational Interviewing style throughout all treatment phases, the guidelines in the right-hand column above should be kept in mind throughout the CD-adapted SRP treatment.

NOTE: For a more detailed discussion of the application of Motivational Interviewing techniques and principles with c+lients with concurrent disorders, see the article “Dual Diagnosis Motivational Interviewing,” by Martino et al. (2002), in Appendix B.

Description	Clinical Tools
<p>The client receives feedback on assessment findings, with a focus on exploring the client’s:</p> <ul style="list-style-type: none"> • reasons for change in alcohol or other drug use • pros and cons of change • strength of commitment to change • coping strengths • triggers for use (exploration of IDTS-8 profile, if undifferentiated). <p>Clients must reach an explicit decision. In other words, they must state their definite intent to try to work toward change in alcohol and/or other drug use before proceeding to SRP counselling.</p>	<ul style="list-style-type: none"> • Client’s completed Assessment Summary Form—CD Adapted • Client’s completed IDTS-8 • Feedback about Goal Setting and Commitment to Change—CD Adapted . . . p. 146 • Personalized Alcohol Use Feedback Online Tool (<i>optional</i>)p. 20 • Decisional Balance Assignment—CD Adapted p. 149

NOTE: Tools that have been altered for clients with concurrent disorders are labelled “CD Adapted.” Tools that do not have adapted versions can be found in Part II of this manual; page numbers are given above.

THERAPIST CHECKLIST

Motivational Interviewing—CD Adapted

BEFORE THE COUNSELLING SESSION

- Review the client's completed Assessment Summary Form—CD Adapted.
- Review the client's completed IDTS-8, and note whether it is undifferentiated.

DURING THE COUNSELLING SESSION

- Discuss assessment findings with the client.
- Complete and review with the client the form Feedback about Goal Setting and Commitment to Change—CD Adapted, and follow up with discussion. (Note that clients should take the completed form away with them.)
- Engage the client in a discussion of his or her reasons for wanting to change alcohol or other drug use.
- Have the client weigh the pros and cons of change, using the Decisional Balance Assignment. Remember to look at the benefits of use along with the losses; this exploration will help inform you why the client is continuing to use substances.
- Discuss coping strengths and weaknesses with the client.
- Review the client's problematic triggers to alcohol or other drug use, and have the client suggest some interim coping alternatives.
- If the client's IDTS-8 profile is undifferentiated, explore possible reasons for this (see Therapist Checklist: Troubleshooting for Undifferentiated IDTS-8 Profiles [page 27]).

NOTE: Motivational interviewing may require only one session or it may need several sessions. This checklist is intended only as a guide to areas of discussion that may help clients strengthen their commitment to change.

Name: _____ Date: _____

Feedback about Goal Setting and Commitment to Change—CD Adapted

Thank you for coming to this appointment to talk about some of the things that have been going on in your life. The purpose of this treatment process is to work with you to come up with helpful solutions that fit your personal goals and priorities.

You are asked to fill out this form because some people find that written feedback and information can help them make decisions about behaviour change, look at different treatment options, or just think about how substance use and mental health issues affect their lives.

Mental Health Issue(s)

Substance Use Issue(s)

Other Issues

What is your goal for the substance you most often use?

Substance: _____

Not using at all Cutting down Continuing to use Undecided

What is your goal for any other substance(s) you use sometimes?

Substance(s): _____

Not using at all Cutting down Continuing to use Undecided

A Note about Risk

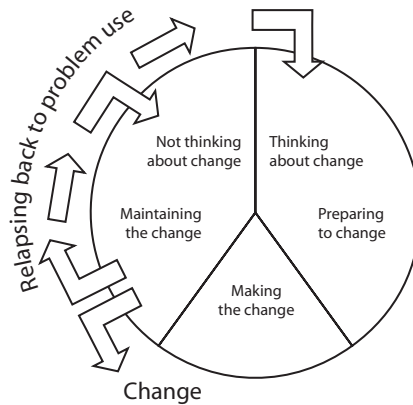
How or whether you use substances is your own personal decision. However, if you continue to use alcohol or other drugs, you will expose yourself to increased risks, especially if you:

- are pregnant
- have mental health issues
- use prescription drugs (medication)
- have diabetes
- have a seizure disorder
- have an active peptic ulcer or gastritis
- have active hepatitis
- are under a legal order to abstain
- have advanced coronary heart disease
- have cancer
- have cirrhosis of the liver
- are at risk of negative social consequences (such as fighting with a partner).

TO CHANGE OR NOT TO CHANGE?

What would you like to change in your life?

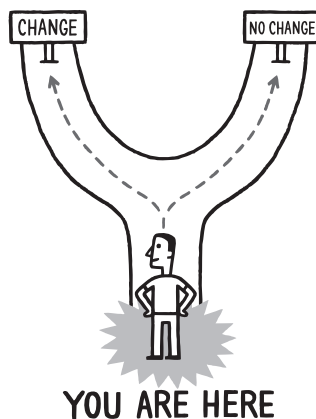
Change can be hard—even making a decision to change may take a long time for some people. Change is also a process. It generally doesn't happen all at once, but in stages.



Where are you in the change process?

The questions on the next page may help you to get a better picture of:

- how important changing is to you
- how confident you feel
- how ready are you to quit or cut down your use of substances.

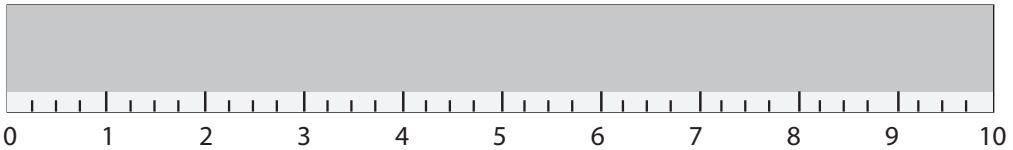


THE READINESS RULER

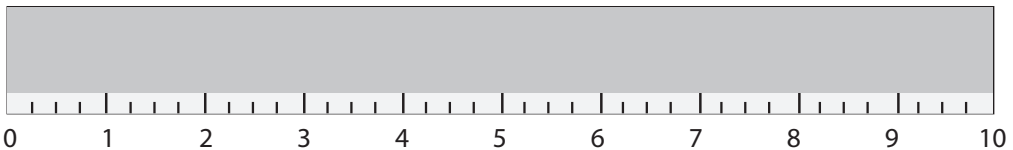
People usually have several things they would like to change in their lives. Your substance use may be only one of the things you hope to change. Your **motivation** to change your substance use can vary, depending on other things that are happening.

On each of the rulers below, circle the number (from 0 to 10) that best fits with how you are feeling right now.

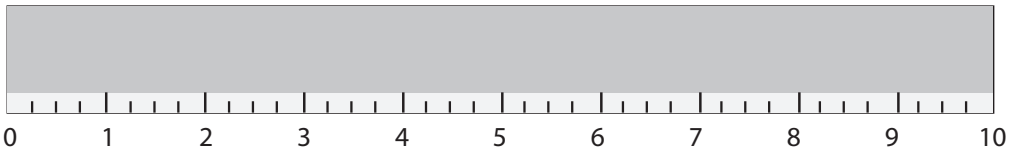
1. How **important** is it to you to reduce or quit using alcohol or other drugs?



2. How **confident** are you that you will not use alcohol or other drugs?



3. How **realistic** is it that you will stay away from alcohol or other drugs in the long term?



SOME QUESTIONS TO THINK ABOUT

- Why are you at your current score and not at zero?
- What would it take for you to move to a higher score?
- What has made this change important to you so far—why are you not at zero?)
- What would it take to make this change even more important to you?
- What support would you need to make a change, if you chose to do so?

This exercise can also be used to explore readiness to change other behaviours, such as taking prescribed medication, looking for a job or finding stable housing.

Signature of Clinician

Name and Credentials (print)

Contact Information

Decisional Balance Assignment—CD Adapted

Change isn't easy. Often people feel "stuck" in their old habits and behaviours. Imagine a set of scales, with the good things about your substance use on one side, and the less good things on the other side. What's good about using substances? What about the other side—what is not so good about using substances?

Check off the boxes below that fit for you. Add any other good things and less good things that you think of about using substances.



YOUR DRINKING OR OTHER DRUG USE

What's Good about It?

- I feel better right away.
- It gets rid of symptoms or side-effects of my medication.
- I forget about problems.
- It makes me feel more relaxed.
- I have fun.
- I connect with other people.
- Other good things:

What's Not So Good about It?

- It makes my symptoms get worse, or makes me get sick again.
- I end up back in hospital.
- It causes money problems.
- It gets me in trouble with the law.
- I feel bad about myself.
- I get into dangerous situations.
- Other less good things:

Now let's weigh these good and less good things. Are the scales:

- evenly balanced? That might be why you are feeling stuck right now.
- tipping toward the good things? If there doesn't seem to be much that is harmful about using substances, you may not feel very motivated to change.
- tipping toward the less good things? If you feel that your substance use is costing you, then you probably want to make some changes.

Even if you aren't sure you want to make any changes, this exercise will help you understand the costs and benefits of using alcohol or other drugs. Just thinking about the good things and less good things is important.