

Session 1: Motivational Interviewing

THERAPIST SUMMARY SHEET

- Aims**
- Engagement and building motivation for change in relation to speed use.
 - Prepare to quit/cut down on speed use.
 - Introduction to behavioural self-monitoring.

Materials needed for Session 1

- A photocopy of Exercise 1: Grid to explore the pros and cons of using speed
- A photocopy of Exercise 2: The urge diary (or alternative)
- A photocopy of Exercise 3: The case formulation
- A blank piece of paper and a pen.
- Feedback from the initial assessment.

Key elements of Session 1 *(may be photocopied for quick reference).*

PHASE 1: Building motivation to change

After presenting rationale for intervention, use the following strategies for eliciting self-motivational statements:

- presenting the rationale intervention
- a typical day
- personal feedback from assessment
- impact on lifestyle
- explore the pros and cons of using speed (complete exercise 1 grid)
- explore concerns
- explore health risks
- financial costs of using
- looking back
- looking forward
- self vs self as a user
- encountering ambivalence
- summarise

PHASE 2: Strengthening commitment

Use the following strategies:

- ask a transitional question
- communicate free choice
- address fears
- provide information and advice
- setting goals

PHASE 3: Behavioural self-monitoring

Use the following strategies:

- introduce rationale for behavioural self-monitoring
- elicit concerns about high risk situations and triggers for using
- introduce link between triggers, thoughts about using and urges to use
- use urge diary
- summarise

PHASE 4: Case formulation

- explain rationale for formulation
- agree on the elements of the formulation
- jointly develop a treatment plan

PHASE 5: Session termination

- summarise
- shoring up commitment
- establishing a contract
- set homework, including:
 - identify triggers for using
 - start cutting down if appropriate
 - complete an urge diary for the next week

DETAILED INTERVENTION

Engagement and building motivation for change in amphetamine use

Familiarise yourself with motivational approaches. Clients will be at various stages of change for their amphetamine use and associated harms. A motivational approach will address each harm the client is experiencing during the course of the intervention. You will need to gauge how quickly you can move to discussing amphetamine use with each individual client.

PHASE 1: Building motivation to change

The goals of motivational interviewing (Rollnick et al. 1999) are to:

- (i) maintain rapport;
- (ii) accept small shifts in attitude as a worthy beginning;
- (iii) promote some concern about risk (e.g. for health, legal problems);
- (iv) avoid increasing resistance;
- (v) promote self-efficacy and responsibility; and
- (vi) view lifestyle holistically (each aspect usually affects the other).

Critical conditions for promoting change are empathy, warmth and genuineness. Strategies to promote motivation to change include:

- removing BARRIERS to change;
- providing CHOICE;
- decreasing DESIRABILITY of substance use;
- practising EMPATHY;
- providing FEEDBACK;
- clarifying GOALS; and
- active HELPING.

Presenting the rationale for intervention

The following is an example of what you might say:

“Before we begin, let me just explain a little about how we will be working together. You have already spent time completing the assessment that we need, and we appreciate the effort you put into that process. We’ll make good use of that information from those questionnaires today. This is the first of four sessions that we will be spending together, during which we’ll take a close look at your situation. I hope that you’ll find the sessions interesting and helpful.

I should also explain right up front that I’m not going to be changing you. I hope that I can help you think about your present situation and consider what, if anything, you might want to do, but if there is any changing, you will be the one who does it. I’ll be giving you a lot of information about yourself and maybe some advice, but what you do with all of that after our sessions together is completely up to you.

I couldn't change you if I wanted to. The only person who can decide whether and how you change is you. How does that sound to you?"

A typical day

Presenting the client with feedback from your assessment is important; however doing so this early in the first intervention session could elicit resistance and hinder engagement in the intervention program. To minimise this, an important first step in raising the issue of your client's speed use is to understand how they see their situation. Proceed with strategies for eliciting self-motivational statements about change by approaching health/lifestyle issues first and gently fit your questions about their speed use into this perspective. Miller et al. (1995), in their MET manual, suggest the following approach is a useful way to stimulate a discussion about the client's current issues:

"The information we have talked about in this session has given me a bit of an idea about what is going on in your life at the moment. But I really don't know a lot about you and the kind of life you lead. I wonder if I could ask you to tell me a little more about your life and the problems you are coping with right now? It would help me to understand the situation better if you could pick a typical day in your life and take me through it from the time you woke up. Tell me about the things you struggled with and how you felt at the time".

(later)

"Can you tell me where your using speed fits in? Can you think of a typical recent day from beginning to end? You got up..."

Allow the person to continue with as little interruption as possible. If necessary, prompt with open-ended questions:

"What happened then?"

Review and summarise, and if required ask:

"Is there anything else at all about this picture you have painted that you would like to tell me?"

Personal feedback from assessment

Once you have a reasonably clear picture of how the client's speed use fits into their typical day and their current concerns, ask the client's permission to provide feedback from your assessment in the following way:

"In getting a feel for what's going on in your everyday life at the moment, you've mentioned several things that are concerning you (summarise these problem areas briefly, using those issues raised by the client in the "typical day" discussion, e.g. quality of life, health, mood, speed use). Would it be OK if I gave you some feedback from the assessment we completed together, because I think it fits into some of these issues?"

Discuss the client's level of dependence and other salient results from the initial assessment. Talk about the diagnosis of dependence and the implications of this, including physical and psychological dependence. Check whether the client feels this is an accurate reflection by asking the following questions:

"How do you feel about this?"

"Does it surprise you?"

Impact on lifestyle

Once you have provided the client with feedback (or 'your impression' of their areas of concern), raise the issue of how their use of amphetamines impacts on their lifestyle. The MET manual suggests the following approach:

"I've been wondering what you think is the most important thing to concentrate on to improve your health and lifestyle at the moment ... What do you think the priority should be?"

If appropriate...

"I think it would help a lot if you could have a closer look at your use of speed ... How does it seem to you?"

In conjunction with the client and using the information gained from the assessment, discuss their pattern of amphetamine use (regular, binge, etc) and any concerns they have about this.

Explore the pros and cons of using speed

Now, begin to explore further the client's concerns about their speed use. Ask about their reasons for using speed, the pros and the cons, writing these down together as you go (Exercise 1).

Exercise 1: Grid to explore the pros and cons of using speed

1. Provide the client with the following grid:
 - Good things about using/less good things about using
 - Good things about using less/less good things about using less
2. Elicit from the client all the positives they associate with using speed and write them down in the relevant quadrant. Use the following questions as a guide:

“Tell me about your speed use. What do you like about it? What’s positive about using for you?”
3. Consider with the client how important these positive aspects are, and ask the client to write their importance rating next to the relevant aspect. Use the following questions as a guide:

“How IMPORTANT is this to you personally? If ‘0’ was ‘not important’ and ‘10’ was ‘very important’ what number would you give this aspect of your speed use?”
4. Repeat this exercise with the less good things associated with speed use and assess how important these are to the client. Ask the client to write these issues down in the relevant quadrant of the grid. Use the following as a starting point:

“And what’s the other side? What are your concerns about your speed use?”
5. Finally, continue with a discussion of the good/less good things the client associates with changing their speed use. Record the issues raised in the relevant quadrant. For each issue raised, discuss the importance to the client.

Exercise 1: Grid to explore the pros and cons of using speed (continued)

Good things about continuing to use	Less good things about continuing to use
Less good things about using less	Good things about using less

Establish whether the positive reasons outweigh the negative in terms of the number of issues listed for and against change, but also the importance ratings provided by the client for the positives and negatives. This is an important step in assessing the need to continue with motivational interviewing during this session.

If at this stage the good things associated with using speed at the current level and the less good things associated with cutting down/quitting outweigh the other quadrants (i.e. the perceived benefits of using still outweigh the perceived costs), use the following techniques to tip the balance in the other direction. If however, the client determines that the costs associated with continuing to use outweigh the perceived benefits, proceed to PHASE 2: Strengthening commitment.

You may encounter resistance during this discussion. Miller and Rollnick (1991) have identified four categories of resistance behaviour in clients:

- arguing about the accuracy, expertise or integrity of the therapist (challenging, discounting, hostility);
- interrupting in a defensive manner (talking over, cutting off);
- denying or unwillingness to recognise problems, take responsibility or co-operate (blaming, disagreeing, excusing, claiming impunity, minimising, pessimism, reluctance); and
- ignoring or not following the therapist (inattention, non-answer, no response, sidetracking).

If you pick up on this, use the following techniques in response (Miller, Zweben, DiClemente and Rychtarik, 1995, pg 24):

- *reflection* – simply reflect what the client is saying;
- *reflection with amplification* – reflect but exaggerate what the client is saying to the point where the client is likely to disavow it. (However do not overdo this and elicit hostility);
- *double-sided reflection* – reflect a resistant statement back with the other side (based on previous statements made in the session);
- *shift focus* – shift attention away from the problematic issue; and
- *roll with resistance* (rather than opposing it) – gentle paradoxical statements that will often bring the client back to a balanced perspective.

Once the client raises a motivational topic, it is also useful to ask them to elaborate on it (Miller & Rollnick, 1991). This will reinforce the power of the statement and can often lead to more motivational statements about change. Miller and Rollnick (1991) suggest that one useful way to do this is to ask for specific examples and/or for the client to clarify why this particular issue is a concern.

Explore concerns

“You’ve said that these are the less good things about using speed (relate to grid), do these things concern you?”

“What other concerns do you have about speed?”

“I wonder how you feel about using speed ... What can you imagine happening to you?”

“How much does that outcome concern you?”

Explore health risks

“Can you tell me some reasons why using speed may be a health risk (check psychological and physical health)?”

“Would you be interested in knowing more about the effects of speed on the body (or on the brain)?”

“Some people find that changing their speed use can improve their depression. What do you think?”

“How does your use of speed affect your mental health?”

Record those risks that the client is most concerned about. Avoid the use of terms such as ‘problem’, ‘abuse’ etc. as these can elicit resistance from the client at this early stage.

If appropriate, ask the client for permission to provide them with some information about the health risks associated with using speed. You may like to photocopy the “Information about speed” handout on page 28 for the client to review.

Financial costs of using

If the client raises the cost of using speed as a factor in their decision to quit/cut down, ask the client:

“Do you have any idea just how much you think you would save if you didn’t use speed?”

If appropriate, calculate how much money they will save in one month or one year by quitting, and with the client determine the important things that could be purchased or bills paid with the money saved.

Looking back

“What were things like before you started using?”

Looking forward

“How would you like things to be different in future?”

“What’s stopping you from doing what you like now?”

“How does using affect your life at the moment?”

“If you decide to quit/cut down, what are your hopes for the future?”

Self vs self as a user

This step helps to develop discrepancy.

“What would your best friend/mum say were your best qualities?”

“Tell me, how would you describe the things you like about yourself?”

“And how would you describe you as a speed user?”

“How do these two things fit together?”

Information about speed

- When you take speed, it goes into your bloodstream and is carried to your brain. Once in the brain, speed joins to certain sites called receptors. These receptors will trigger brain cells to start or stop different brain and body tasks.
- Speed joins to receptors in the brain that trigger the release of dopamine and adrenaline in the body. Dopamine and adrenaline are chemicals that produce positive feelings when released. When speed enters the brain, it causes the artificial release of these chemicals, leading to short-term feelings of satisfaction, well-being, relief, increased attention, lots of energy etc. But these effects are not without cost. The problem is that when the effects of speed wear off, they can leave a person with the opposite feelings – radical mood swings, depression, lack of energy, confusion, total exhaustion, uncontrolled violence etc. The greater the stimulation effects of speed, the greater the negative effects (or rebound) from speed.
- Speed is a stimulating drug. It quickens activity in many parts of the body, including the messages sent from the brain to the body. But, because it does this unnaturally, it must 'borrow' from the energy reserves of the brain and body rather than creating new energy for you to use. That's why you can get the rebound effects after taking speed.
- As you continue to use, your body needs to work harder to burn up the speed that you put into it. It also starts to cut down the amount of dopamine and other chemicals it releases from the receptors in the brain. This means that your body won't give you as good a feeling as when you first started to use speed, and you'll rebound harder each time.
- Frequent, heavy use can cause hallucinations, paranoia and bizarre behaviour (psychosis). Your appetite may be reduced, and you may be less likely to eat properly, making you run down and more likely to get infections. Heavy speed users may become violent for no apparent reason, and you may also experience constant sleep problems, anxiety and tension, high blood pressure and rapid, irregular heartbeat. Another common side effect is depression.
- Because speed quickly fires up pleasurable feelings, you may gain confidence in being able to feel good just by using it. You may lose confidence in the people, places and activities that used to give you these feelings, because the effects don't happen so quickly. You may find yourself spending more time trying to get speed, being with people who also use, and resenting those people and activities that don't fit in with using speed. The problem, however, is that speed only gives you a false sense of well-being, along with serious side effects.

Information taken from these publications:

High Times: www.pdxnorml.org/brain1.html

Speed – Psychological & Physical probs: www.kci.org/meth_info/sites/meth_psychos.htm

Australian Drug Foundation: www.adf.org.au/drughit/facts/hdayam.html

A primer of drug action. By Robert Julien

Encountering ambivalence

If the client is ambivalent, attempt to explore the reasons that underlie this. Re-establish the initial reasons for wishing to quit/cut down. Incorporate information on health and psychological effects of continued use. Guide the client through a rational discussion of issues involved, and carefully challenge faulty logic or irrational beliefs about the process of quitting. Positive reinforcement and encouragement are crucial. You may be able to tip the balance in favour of the positives of quitting/cutting down and the negatives of using speed, but if you encounter resistance from the client, don't push them. Remember, the client needs to argue for his or her own change. A "yes but..." statement from the client may indicate you have met resistance and is a sign to gently redirect the conversation to other relevant issues.

Summarise

Briefly summarise all of the information gained from Phase 1.

PHASE 2: Strengthening commitment

The next phase in motivational interviewing is to consolidate all the issues raised by the client in the first phase, and build on their motivation to change. This works best when the person has moved to the late contemplation or early determination stage of change. Be aware that ambivalence will still be present, and if encountered use Phase 1 strategies as appropriate.

Ask a transitional question

Shift the focus from reasons to change to negotiating a plan for change. After summarising above, use the following questions:

"I wonder where this leaves you now?"

"Where do we go from here?"

"What does this mean about your speed use?"

"How would your life be different if..."

"What can you think of that might go wrong with your plans?"

Communicate free choice

Although abstinence is one possible goal, some people may not be ready to stop completely and may opt for reduced or controlled use. In a motivational enhancement paradigm, the client has the ultimate responsibility for change and total freedom of choice to determine their goal for intervention. The therapist's role is to assist the client to determine an initial intervention goal (see Setting Goals below). Be aware that such goals are likely to alter during the course of the intervention, and an initial goal of cutting down may become a goal of abstinence as the client's confidence increases.

Address fears

"You've told me that (refer to grid) ... are the less good things about reducing your speed use. What is your biggest fear if you do decide to cut down or quit?"

Explore any fears that are identified and assist the client with problem solving for each fear raised. Explore concerns with the management of

withdrawal symptoms if this is raised. For example, withdrawal symptoms can include irritability, insomnia, mood disturbances, lethargy and cravings to use. Symptoms are time limited; however, in severe cases, medications can be prescribed for a short period to assist clients during the acute phase. Education and support are essential components of getting through withdrawal.

Provide information and advice

Provide accurate, specific information when it is requested. When clients seek advice, provide qualifiers and permission to disagree.

“If you want my opinion I can certainly give it to you, but you’re the one who has to make up your mind in the end”.

It may be useful to ask for the client’s response to the information provided:

“Does that surprise/make sense to you?”

Setting goals

The client needs to choose his or her own goal(s) for therapy. In assisting the client to reach a goal, consider the degree of dependence, recent patterns of speed use, and previous attempts to control use, and discuss these issues with the client. Keep in mind the experience from cannabis intervention trials, which suggests that restricting use to weekends or social occasions leads to a slow but steady increase in use over time. Clients must have a firm, personal rule for recreational use (e.g. only use a designated amount (maximum) only once per week, or to never buy speed).

Talk through the characteristics of good, realistic goals with the client. Make sure you cover the following points:

- Goals will help regardless of whether you achieve them. Goals the client reaches can be celebrated/rewarded, but others that aren’t achieved can be used as learning experiences for future goal setting.
- Goals need to be short term, concrete, specific, measurable and realistically achievable. For example, the goal of “quitting speed” is not as specific or concrete as “I will stop using completely by ... date.”

Commend abstinence and offer the following points in all cases:

“Successful abstinence is a safe choice. If you don’t use you can be sure that you won’t have problems related to your use. There are good reasons to at least try a period of abstinence (e.g., to find out what it’s like to live without speed, and how you feel, to learn how you have become dependent on speed, to break your old habits, to experience a change and build some confidence, to please your partner).”

If the assessment information indicates the need to advise a goal of abstinence and they are not considering this (ie. previous episode of amphetamine-induced psychosis, current mental health disorder etc):

“It’s your choice of course. I want to tell you, however, that I’m worried about the choice you’re considering, and if you’re willing to listen, I’d like to tell you why I’m concerned.”

PHASE 3: Behavioural self-monitoring

Introduce rationale for behavioural self-monitoring

The first step in learning to manage daily life without speed is to first identify those situations in which the client is most likely to use/experience the urge to use. Explain that keeping tabs on speed use over time helps to make conscious the apparent 'automatic' nature of a habit or behaviour related to dependence. Self-monitoring assists a client to see patterns of behaviour previously unidentified. Identifying patterns allows clients to more easily identify high-risk situations and triggers for using, and provides an opportunity for people to practise a range of strategies to reduce the likelihood of using.

Elicit concerns about high-risk situations and triggers for using

Explain that an important first step in quitting or cutting down speed use is to become aware of the circumstances that tempt the client to use. These circumstances are called 'triggers'. Triggers can be external or environmental such as bumping into friends who use or being exposed to the drug itself. Internal triggers can include mood states such as feeling depressed or even excited and physical states such as feeling tired and run down. Triggers are very personal and should be identified in detail.

Go through the triggers the client thinks lead to his/her use of speed. Elicit the client's concerns about high-risk situations for using speed and discuss circumstances surrounding these.

Introduce link between triggers, thoughts about using and urges to use

Introduce the link between the personal triggers identified and explain how these triggers promote thoughts (cognitions) about using and often lead to an increase in urges to use. This pattern is often seen in relapse and should be uncovered for each person so a management plan can be developed. Use the following rationale for the client:

"In working out how to better manage your speed use, we first need to find out which situations are most likely to lead you to use and what you are thinking and feeling in those situations. What we want to learn is what kinds of things are triggering or maintaining your urges to use. Then, we can try to develop other ways you can deal with these 'high-risk' situations without using speed. An important first step in managing these trigger situations and urges to use is to monitor those times of the day and night when they occur. Quite often, this whole process happens so quickly we don't even realise what has happened – it's almost like we've gone into automatic pilot and are suddenly having a speed craving. But a whole series of thoughts and reactions take place between the trigger situation and our urge to use speed. So, in becoming aware of this process, we put ourselves in a better position of being able to cope."

Use urge diary

Set the client the homework task of monitoring themselves over the next week and writing down the situations in which he/she feels the urge to use and the feelings associated with those situations. The following is an example that could be used:

Exercise 2: The urge diary

Where were you?	Who were you with?	Did any significant events happen?	What were you thinking?	What were you feeling?	What did you actually do?

Summarise Toward the end of the commitment process, offer a broad summary. Include a repetition of the issues of concern, the client's self-motivational statements, the client's plans for change, and the perceived consequences of changing and not changing. Ask:

“Do I have it right?”

“What have I missed?”

Record any additional information that is offered.

PHASE 4: Case formulation

It is at this point in therapy that you may like to introduce case formulation to the client. Whilst you may have already made your own formulation, it is suggested that you work with your client and establish a collaborative formulation on the sheet below for your client's record (Exercise 3). This will help empower the client, allowing him/her to be an active part of his/her intervention.

The following guidelines for case formulation (Persons, 2001), if used, will add to the initial assessment, and are consistent with the cognitive behavioural approach of this intervention.

The formulation assists in the development of working hypotheses or clinical assumptions about how the client's beliefs (underlying mechanisms) shape their thoughts, mood and behaviour (overt level).

Environmental factors play a key role in eliciting and triggering beliefs and thoughts, feelings and behaviours. One important area of consideration is the link between beliefs about mental illness (psychotic symptoms, paranoia, depression) and amphetamine use (behaviour).

A formulation therefore is a summary of the client's presentation, gained from the thorough assessment, which draws together important features to facilitate the development of a treatment plan. Information gained from the initial assessment recommended above is utilised in the formulation. The main areas a formulation should cover are:

1. Summary of the presenting problem/s (might include a problem list).
2. Main concern.
3. Predisposing factors:
 - These are the factors that increase a client's vulnerability to drug use such as having parents who used drugs, having a mental health disorder, and holding certain core beliefs about themselves.
4. Precipitating factors:
 - These are the factors that are immediate triggers for drug use, such as feelings of anger or depression, being exposed to drugs, and experiencing withdrawal symptoms.

5. Maintaining factors:
 - These are the factors that maintain use, such as having a circle of drug-using friends, reasons for using (drug expectancies), having a partner who uses, previous failed attempts to stop, not contemplating change, and alleviation of withdrawal symptoms with drug use.
6. Relationship between mental health problems and drug use:
 - What is the relationship between the client's substance use and mental health problem?
 - What are the links in the beliefs the person holds about their drug use and mental health problems?
 - What possible interactions are there between the client's substance use, prescribed medication and compliance with the medication regimen?
7. A treatment plan that addresses each of the above areas.

Use the following worksheet to guide your case formulation with the client (Exercise 3).

The case formulation should be constantly revisited and revised throughout the intervention to monitor the client's progress and evaluate the effectiveness of the intervention.

Explain rationale for formulation

Explain to the client that the development of a formulation provides the foundation for a mutually agreed treatment plan, and allows the key areas that require emphasis during the intervention to emerge.

Agree on the elements of the formulation

- predisposing factors (increase a client's vulnerability to drug use);
- precipitating factors (triggers for drug use as determined previously);
- maintaining factors (maintain use such as drug-using friends etc);
- relationship between mental health problems and drug use.

Make a joint treatment plan

Based on the information gained from the assessment and the formulation, jointly develop an individualised treatment plan that emphasises the relevant aspects of the intervention as appropriate for the person's readiness to change drug use, level of motivation, level of commitment, skills, and goals for treatment.

Exercise 3: The case formulation

- Presenting problem/s:

- Problem list:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- Main problem of concern:

- How did these problems develop (predisposing factors)?

- What are the identified triggers (precipitating factors)?

- What factors maintain drug use?

- What is the relationship between speed use and mental health problems (if present)?

- Treatment plan:

PHASE 5: Session termination

Summarise Summarise all of the information gained so far, including treatment plan and goals.

Shoring up commitment Ask for commitment to the identified treatment goals using the suggested strategies:

- Obtain a verbal, concrete plan;
- Clarify what the client intends to do to bring about change;
- Reinforce perceived benefits of change and consequences of not changing;
- Elicit concerns or doubts they have that might interfere with carrying out the plan;
- Identify other obstacles to the plan. How could the client deal with these?

Establishing a contract It is important to stress to the client that the therapist is capable of helping facilitate change in the client, but ultimately it requires the commitment from the client. This requires certain ground rules (Graham, 2000, p 24):

- *Agree* on the number of future sessions, frequency and location;
- *Attendance* – the client should be able to explain the reasons for missing a session;
- *Promptness* – the client should be on time for sessions or contact the therapist if they cannot be on time;
- *Completion of homework* – treatment relies on the therapist/client making a decision about the appropriate skills to learn and how best to learn them.

Setting homework Throughout sessions 1, 2, 3 and 4, set homework appropriate to the level of the client's motivation and participation in sessions. Work collaboratively with your client, using prompts if necessary to help the client through the homework process. Compliance with, and completion of, homework should set the precedent for the homework to be undertaken in forthcoming sessions.

Session 1 homework:

- Identify any additional triggers for use that may become apparent during the week and bring to session 2.
- Begin to cut down the speed use (in preparation for quitting completely or reaching lower level of use) if that is appropriate to the agreed treatment goal.
- Complete an urge diary for the week and bring to session 2.