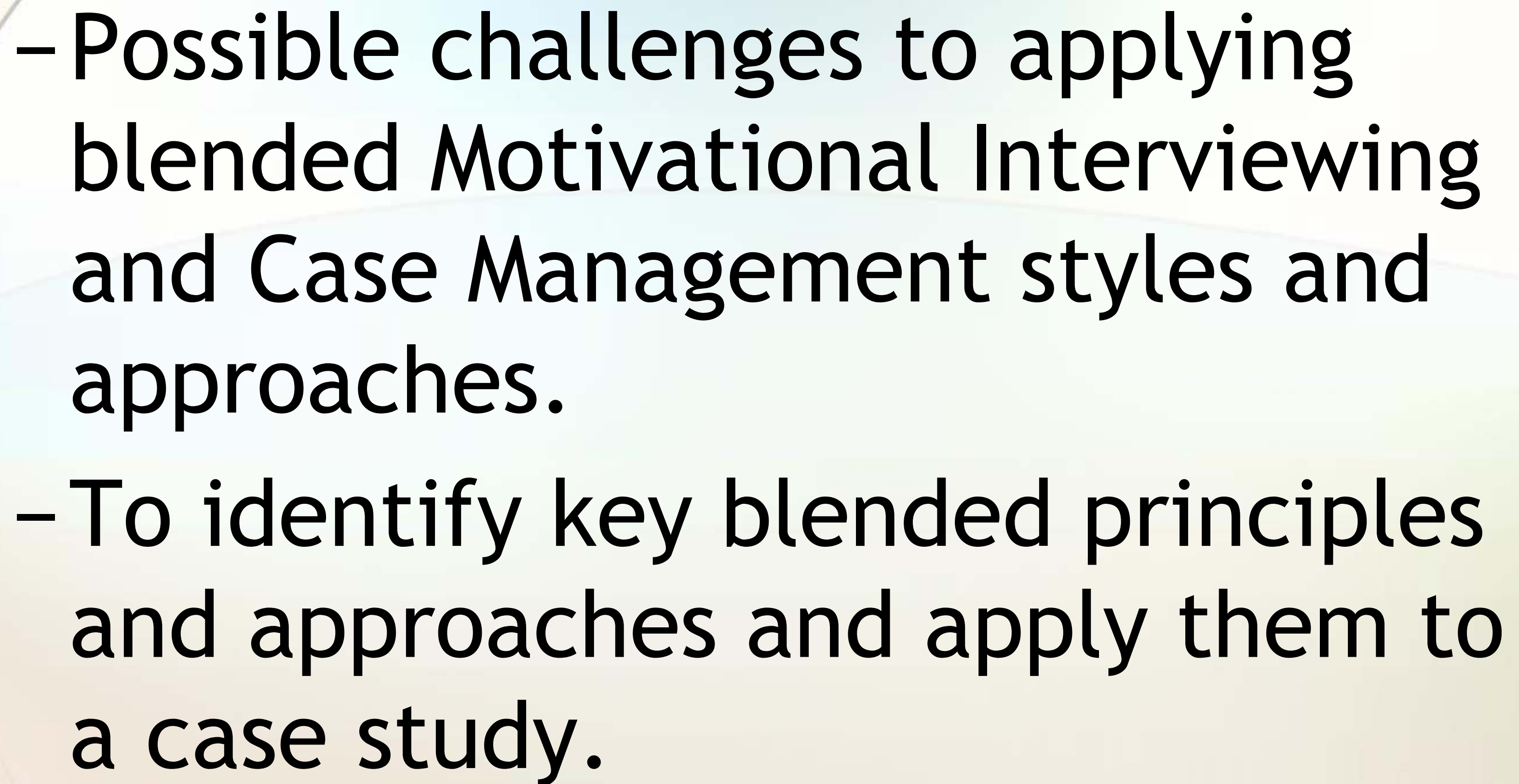
Blending Case Management and Motivational Interviewing for Optimal Care of Chemically Dependent Individual

By Dr. Maryse Nazon, CADC, MISA

Russell J. Montgomery, MA, CADC

Objectives

- Participants will learn:
  - The key principles and practices of Case Management and Motivational Interviewing.
  - To identify the problems that blending Case Management and Motivational Interviewing can address.
  - The current and potential uses of blending Motivational Interviewing and Case Management.


– Possible challenges to applying blended Motivational Interviewing and Case Management styles and approaches.
– To identify key blended principles and approaches and apply them to a case study.

Setting the Context

AN AUTOBIOGRAPHY IN FIVE CHAPTERS

CHAPTER 1

I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost ... I am helpless.
It isn't my fault.
It takes forever to find a way out.

CHAPTER 2

I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place.
But it isn't my fault.
It still takes a long time to get out.

CHAPTER 3

I walk down the same street.
There is a deep hole in the sidewalk.
I see it there.
I fall in ... it's a habit ... but my eyes are open.
I know where I am.
It is my fault.
I get out immediately.

CHAPTER 4

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

CHAPTER 5

I walk down a different street.

–Anonymous

Allen Klein (1989). *The healing power of humour.* (Los Angeles: Archer)

Setting the context

- What are the issues?
- Does anything work?
- Is there such a thing as effective case management?

Recovery means Change

- The decision to change a behavior occurs in a series of steps.

- Match help to the stage.
  - The kind of help an individual needs depends on their readiness to change.

What is case management?

- There are several definitions of case management.
- It is contextual, based on the needs of a particular organizational structure, environmental reality, and prior training of the individuals who are implementing it.
- While definitions are useful in guiding general discussions, *functions* are a more helpful way to approach case management as it is actually practiced.
- One widely accepted set of functions comprises (1) assessment, (2) planning, (3) linkage, (4) monitoring, and (5) advocacy

Case Management: Background

- CM has a long history in individual counselling
- CM is a variation of a “client-centred” approach in a well structured setting, designed specifically for the care of people with complex problems
- CM is target-orientated
- CM is designed for long term interventions and geared to solutions and sustained support in a continuum of care
- Case Managers work "in the field” making use of clients resources as well as organisational networks; in cooperation with clients they plan, organise and coordinate a needs-based, comprehensive and efficient package of care, crossing institutional and professional boundaries.

Models of Case Management

- Four models of case management from the mental illness field have been adapted for the field of substance abuse treatment.
- They are:
  - broker/generalist
  - strengths-based
  - assertive community treatment
  - clinical/rehabilitation

Strengths-based Perspective

- The strengths-based perspective of case management was originally developed at the University of Kansas School of Social Welfare to help a population of persons with persistent mental illness make the transition from institutionalized care to independent living
- The foremost two principles on which the model rests are (1) providing clients support for asserting direct control over their search for resources, such as housing and employment, and (2) examining clients' own strengths and assets as the vehicle for resource acquisition.

Principles of Effective Intervention

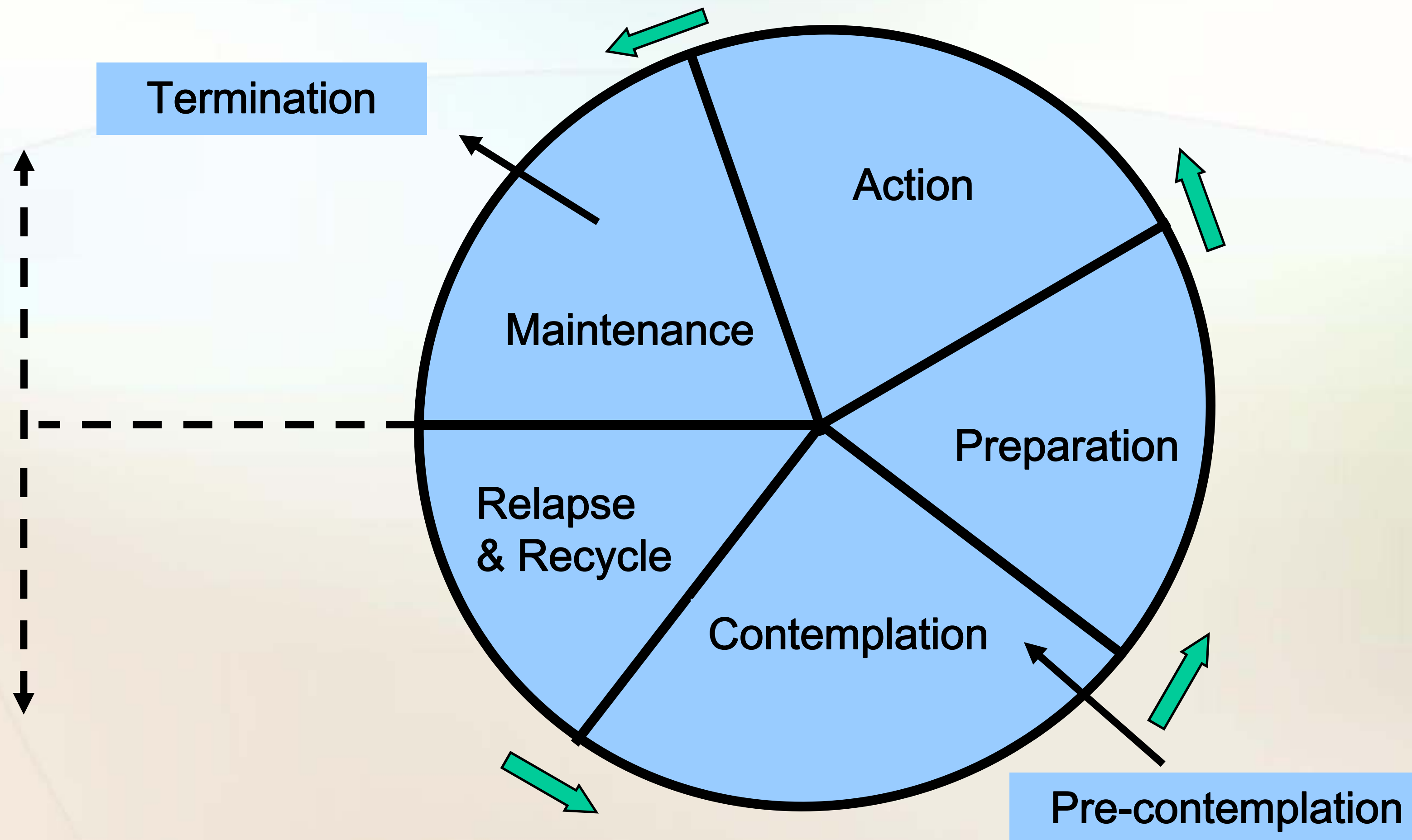
THE PRINCIPLES OF EFFECTIVE INTERVENTION

- ✓ Risk Principle – *"How Much"*
- ✓ Need Principle- *"What Targets"*
- ✓ Responsivity Principle- *"How"*
- ✓ Principle of Program Integrity- *"What Works"*

Motivational Interviewing

- MI has developed out of a client-centred counselling approach, integrating elements of motivational psychology and cognitive behaviour therapy
- MI is based on the stages-of-change model
- MI stresses the style of interaction between counsellor and client.
- The goal of motivational interviewing is to create and amplify discrepancy between present behavior and broader goals.

Stages of Change Diagram



Prochaska, Di Clemente, Norcross 1992

Stages of Change

Stage	Basic Definition
1. Precontemplation	A person that is not seeing a need for a lifestyle or behavior change
2. Contemplation	A person is considering making a change but has not decided yet
3. Preparation	A person has decided to make changes and is considering how to make them
4. Action	A person is actively doing something to change
5. Maintenance	A person is working to maintain the change or new lifestyle, possibly with some temptations to return to the former behavior or small lapses

Stages of Change & Therapist Tasks

Stage	Therapist Task
PRECONTEMPLATION	Raise doubt - Increase the client's perception of risks and problems with current behavior
CONTEMPLATION	Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client's self-efficacy for behavior change
PREPARATION	Help the client to determine the best course of action to take in seeking change; Develop a plan
ACTION	Help the client implement the plan; Use skills; Problem solve; Support self-efficacy
MAINTENANCE	Help the client identify and use strategies to prevent relapse; Resolve associated problems
RELAPSE	Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse

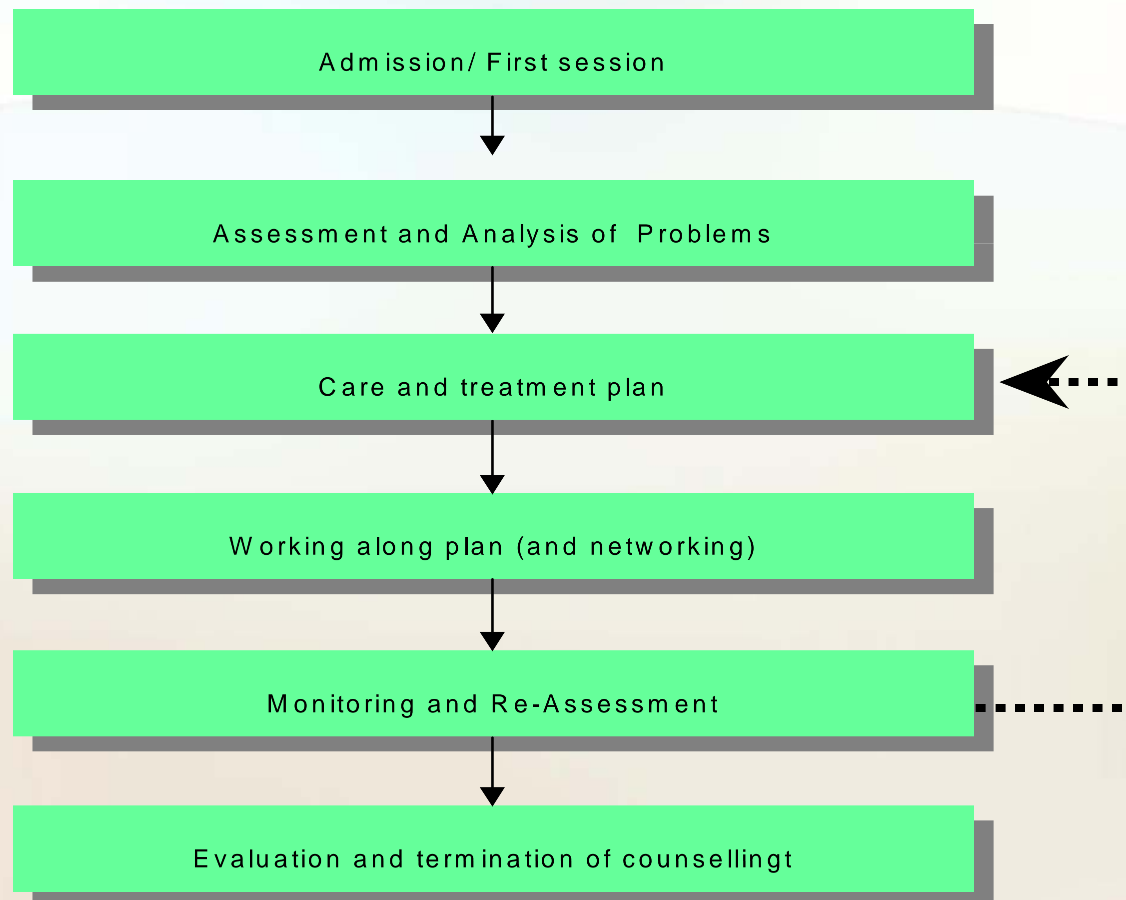
Motivational Interviewing: Techniques

- Showing interest in client via reflective listening and open-ended questions
- Developing discrepancies between client’s current situation and hi/her hopes for the future
- Avoiding to argue, moralise, blame and label
- Avoiding interpretations - client’s statements are taken as such and not analysed for hidden meanings
- Roll with resistance - instead of confrontation shift perspectives and reframe statements
- Supporting self-efficacy - strengthen client‘s belief in change

Case Management and Motivational Interviewing: Summary

- The blending of CM and MI is suitable and offers a wide range of methods and techniques to psychosocial care for substance dependents
- The combination of CM and MI is tailored to care for people with longstanding and complex problems including clients with dual diagnosis
- Steps to standardise the helping process allow for a control of the number and type of interventions in multicenter settings

Model of Case Management and Motivational Interviewing



Case Management and Motivational Interviewing

Content	Motivational Stage	Techniques
Admission and first session, explanation of the concept, establishing collaboration and agreement to work together	Precontemplation	Reflective listening, open-ended questions, explore and support clients needs, provide information of study, regional support system etc.
Assessment, start to network with counselling and other related agencies in the region and with personal resources of client	Contemplation	Reflective listening, open-ended questions, evoke and work with discrepancies, affirm, give feedback, summarise. First assessment of clients' motivational stage in different areas of interest; mapping of counselling and welfare agencies in the region; if appropriate, introduce diagnostic results (triangulation); visit client at home.

Case Management and Motivational Interviewing

Content	Motivational Stage	Techniques
Assessment and definition of target problems. Outlining a treatment plan	Contemplation Preparation	Reflective listening, open-ended questions, evoke and work with discrepancies, elicit self-motivational statements, affirm, give feedback, summarise, planning of next step, reframe, explore alternatives and choices, support self-efficacy. If appropriate, organise conference on treatment plan with colleges of related agencies
Working along treatment plan	Preparation Action	Reflective listening, open-ended questions, affirm, elicit self-motivational statements, reframe, advocacy, feedback, summarise. Introduce relapse prevention

Case Management and Motivational Interviewing

Content	Motivational Stage	Techniques
First preliminary evaluation of results. If necessary, Re-Assessment and re-arrangement of treatment plan. Strengthening collaboration with colleges of related agencies, networking with new actors	Contemplation, Preparation, Action	Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, reframe, explore alternatives and choices, support self-efficacy, intensify cooperation with other institutions
Working along treatment plan. Process evaluation	Action Maintenance	Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, explore alternatives and choices, support self-efficacy, increase level of clients self management

Case Management and Motivational Interviewing

Content	Motivational Stage	Techniques
Outcome evaluation and termination of counselling	Maintenance Termination	Reflective listening, open-ended questions, affirm, feedback, summarise, support self-efficacy, increase level of clients self management, prepare to finish counselling
Relapse prevention	Relapse	Relapse prevention package, crisis intervention, reflective listening, open-ended questions, provide information, planning of next step

Case Study 1

- Melvin is a 32 year-old African American male with a 20-years history of substance and mental health challenges. He is also homeless living in a box just outside of his payee's (his sister) apartment. Melvin refuses to go to a shelter or transitional living program. His sister refuses to let him stay in her house because of his addiction. He is content to stay in the box. He will go to soup kitchens for meals and day shelters for warmth on very cold days. He denies that that he has a substance abuse problem. He states that he smoked crack cocaine for at least 15 years but it is not a problem until he is unable to pay the drug dealers. They sometimes give him drugs on credit and wait for the first of the month to get their money. Melvin disclosed that he takes medication for bipolar disorder but stopped taken the medication because he did not want to see a therapist on regular basis.

Case Study 2

- Lynne is a 34 year-old Caucasian woman who is in a residential drug treatment program as a condition of her probation. She completed a 3-year-sentence with 24 months suspended on the successful completion of local probation for possession of a small quantity of heroin; possession of drug paraphernalia and prostitution. She has one previous conviction for drug trafficking. She began using drugs in high school. Currently, she would only commit to taking methadone. She was sexually victimized by an uncle at the age of 13. She completed her high school diploma but did not go to college. She has an hairdresser license but her employment history is sketchy. She has no children and has never been married. She has a history of getting involved with abusive men.

I have not the right to want to change another if I am not open to be changed.

Martin Buber

References

- www.motivationalinterview.org
- http://midattc.org/MIASTEP
- Coviello, D. M., Zanis, D. A., Wesnoski, S. A., & Alterman, A. I. (2006). The effectiveness of outreach case management in re-enrolling discharged methadone patients. *Drug & Alcohol Dependence, 85 (1), 56-65.*
- Hampton-Newport News Criminal Justice Agency. *Motivational Interviewing: An Introduction .* Ottawa, CA: Orbis Partner, Inc. Retrieved on 5/30/2008 from http://nicic.org/downloads/pdf/library/021093.pdf.
- Kirby Jr., M. W., Braucht, G. N., Brown, E., Krane, S., McCann, M., & VanDeMark, N. (1999). Dyadic case management as a strategy for prevention of homelessness among chronically debilitated men and women with alcohol and drug dependence. *Alcoholism Treatment Quarterly,17 (1/2), 53-71.*
- Miller, R. & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change.* 2nd Edition. Guilford Press
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). *In Search of How People Change: Applications to Addictive Behaviors.* American Psychologist, 47(9), 1102-1114.
- Morgenstern, J., Blanchard, K. A., McCrady, B. S., McVeigh, K. H., Morgan, T. J. & Pandina, R. J. (2006). Effectiveness of intensive case management for substance-dependent women receiving temporary assistance for needy families. *American Journal of Public Health, 96 (11), 2016-2023.*

References

- Rapp, R. C., Otto, A. L., Lane, D. T., Redko, C., McGatha, S., & Carlson, R. G. (2008). Improving linkage with substance abuse treatment using brief case management and motivational interviewing. *Drug & Alcohol Dependence, 94 (1-3) 172-182.*
- SAMHSA (2002). Enhancing Motivation for Change in Substance Abuse Treatment. *Treatment Improvement Protocol (TIP 35).* USDHHS: Rockville, MD.
- SAMHSA (2008). Comprehensive Case Management for Substance Abuse Treatment. *Treatment Improvement Protocol (TIP 27).* USDHHS: Rockville, MD.
- Squires, D.D. & Moyers, T.B. (2002). Motivational Interviewing. Online at www. bhrm.org (There are actually two different papers, one is in the substance abuse section and the other is in the MISA section.)
- Sturdivant, A.D. (2008). Advanced Motivational Interviewing. PowerPoint slides presented at Illinois Co-Occurring Center for Excellence (www.illinoiscoce.org)
- Vogt, I., Schu, M., Schmid, M., Gorgen, W. & Oliva, H. Case Management and Motivational Interviewing in the German Heroin Trial. Fachhochschule Frankfurt am Main FOGS, Koln.
- Willenbring, M. L. et al. (1991). *Application of case management in alcohol and drug dependence: Matching techniques and populations.* Rockville, MD: USDHHS, Public Health Service.