

MOTIVATIONAL
INTERVIEWING
A TOOL FOR WORKING WITH
PROBLEM GAMBLERS

Wiley d. Harwell, D.Min., LPC, IGCC-II

Ex. Dir. of OAPCG

Norman, Ok. 73071

wharwell@oapcg.org

JOSEPH W. CIARRACHI – COUNSELING PROBLEM GAMBLERS

- A. Motivational enhancement**
- B. Getting beyond resistance to change**
- C. Assessing readiness for change**
- D. Stages of Change Model**
 - 1. Precontemplation
 - 2. Contemplation
 - 3. Preparation
 - 4. Action
 - 5. Maintenance
 - 6. Termination
 - 7. Recycling

STAGES OF CHANGE

- ✦ **Precontemplation** – the gambler is not really considering change. Characterized by denial of having a problem. Characterized by blaming financial pressures as need to gamble (spouse).
- ✦ **Contemplation** – a stage of ambivalence where gambler sees the need to change but is more concerned with the price & effort of change & anticipates the feeling of loss if they quit.
- ✦ **Preparation** – gambler is close to taking action & is taking steps necessary but still preparing for change.
- ✦ **Action** – gambler has taken some steps toward changing behavior, i.e., (attending GA, inviting spouse to treatment, limiting gambling, cutting up credit cards, telling family of problem).

Maintenance – change process has continued and progressed for 6 months or more.

‡ **Termination** – change process is self-sustaining but emphasis continues on accountability and motivation.

‡ **Recycling** – knowledge by counselor that slips or relapses are common. This does not mean the process starts over but can resume in the recovery state quickly.

STAGES OF CHANGE

MOTIVATIONAL INTERVIEWING

Appropriate Motivational Strategies for Each Stage of Change	
Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p><u>Precontemplation</u></p> <p>The client is not yet considering change or is unwilling or unable to change.</p>	<ul style="list-style-type: none">◆ Establish rapport, ask permission, and build trust.◆ Raise doubts or concerns in the customer about gambling patterns◆ Express concern and keep the door open.

Motivational Interviewing

Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p data-bbox="216 496 591 549"><u>Contemplation</u></p> <p data-bbox="12 701 744 939">The customer acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.</p>	<ul data-bbox="828 496 2043 1092" style="list-style-type: none">◆ Normalize ambivalence.◆ Help the customer "tip the decisional balance scales" toward change.◆ Elicit and summarize self-motivational statements of intent and commitment from the client.◆ Elicit ideas regarding the customer's perceived self-efficacy and expectations regarding treatment.

Motivational Interviewing

Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p data-bbox="382 442 687 499"><u>Preparation</u></p> <p data-bbox="12 642 1044 828">The customer is committed to and planning to make a change in the near future but is still considering what to do.</p>	<ul data-bbox="1095 442 2038 999" style="list-style-type: none">◆ Explore treatment expectancies and the client's role.◆ Clarify the client's own goals.◆ Negotiate a change--or treatment--plan and behavior contract.◆ Consider and lower barriers to change.■ Help the client enlist social support.

Motivational Interviewing

Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p data-bbox="537 425 708 472"><u>Action</u></p> <p data-bbox="61 625 1072 801">The customer is actively taking steps to change but has not yet reached a stable state.</p>	<ul data-bbox="1217 425 2321 1001" style="list-style-type: none"><li data-bbox="1217 425 2237 601">◆ Engage the customer in treatment and reinforce the importance of remaining in recovery.<li data-bbox="1217 625 2262 743">◆ Acknowledge difficulties for the client in early stages of change.<li data-bbox="1217 768 2321 1001">◆ Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.

Motivational Interviewing

Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p data-bbox="384 394 708 444"><u>Maintenance</u></p> <p data-bbox="17 596 1059 772">The client has achieved initial goals such as abstinence and is now working to maintain gains.</p>	<ul data-bbox="1110 394 2150 1001" style="list-style-type: none">◆ Support lifestyle changes.◆ Affirm the client's resolve and self-efficacy.◆ Help the client practice and use new coping strategies to avoid a return to use/gamble.◆ Develop a "fire escape" plan if the client resumes substance use.■ Review long-term goals with the client.

Motivational Interviewing

Client's Stage of Change	Appropriate Motivational Strategies for the Clinician
<p data-bbox="563 451 772 501"><u>Relapse</u></p> <p data-bbox="129 654 1212 889">The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.</p>	<ul data-bbox="1243 451 2270 982" style="list-style-type: none">◆ Help the client reenter the change cycle and commend any willingness to reconsider positive change.◆ Explore the meaning and reality of the recurrence as a learning opportunity.◆ Assist the client in finding alternative coping strategies.■ Maintain supportive contact.

Motivational Interviewing Worksheet 1

What change does the client want to make?

Examples: I want to quit gambling.
I want to be able to gamble responsibly.

On a scale of 0-10

What number would you place on your goal? _____

0 = Not interested in making the change

10 = Very eager to make this change

Follow-up:

Why did you say _____ instead of 10?

Why did you say _____ instead of 0?

Joseph W. Ciarrachi – Counseling Problem Gamblers

Strategies Used to Change:

- ❖ Consciousness raising – bring to awareness the depth & level of the gambling problem.
- ❖ Social liberation – a process that changes social environments.
- ❖ Emotional arousal – use of intense feelings to counteract gambler's indifference to the Erroneous consequences of behavior. For example: The Gambler focuses on the high of the gambling experience & forgets about the ride home.

Joseph W. Ciarrachi – Counseling Problem Gamblers

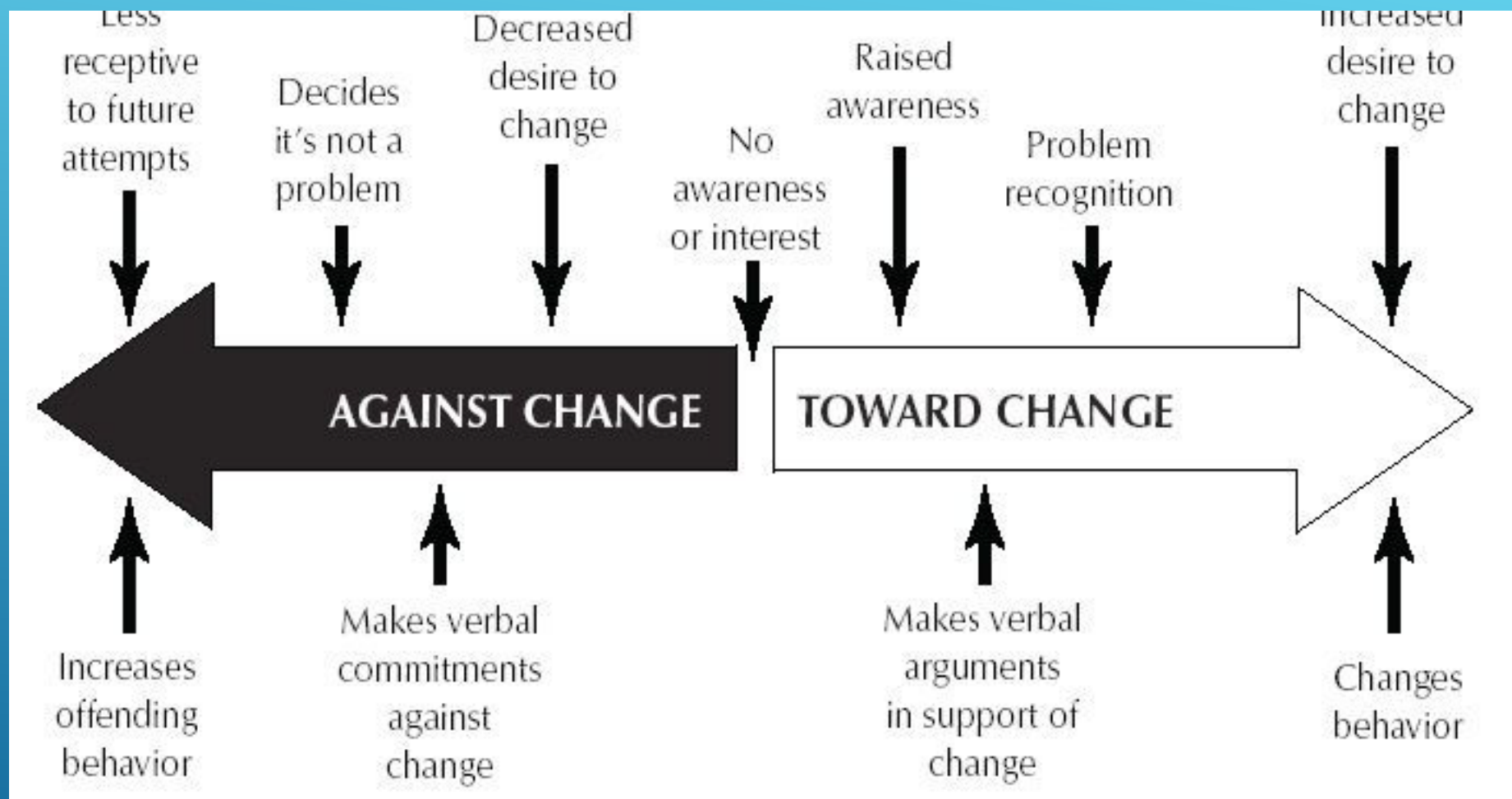
Strategies used to Change (continued):

- ❖ Self revelation – gambler examines their personal values vs. behavioral conflicts.
- ❖ Commitment – begins to tell others about their desire to change.
- ❖ Countering – substitutes adaptive for maladaptive behavior.

Joseph W. Ciarrachi – Counseling Problem Gamblers

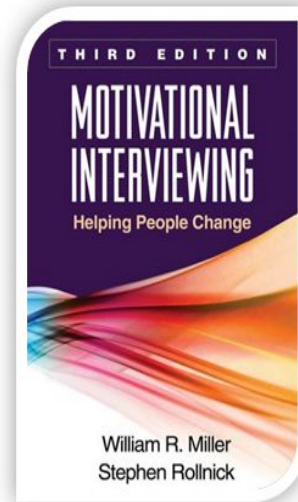
Strategies used to Change (continued):

- ❖ Environmental control – makes the relapse less likely by changing the environment.
- ❖ Rewards – give incentives after achieving goals related to new behavior.
- ❖ Helping relationships – provide support to keep people on track.



Definition of Motivational Interviewing

*“Motivational interviewing is a **client-centered**, **directive** method for enhancing **intrinsic** motivation to change by exploring and resolving ambivalence.”*



- ▶ Express empathy
- ▶ Develop discrepancy
- ▶ Avoid argument
- ▶ Roll with resistance
- ▶ Support self efficacy

GENERAL PRINCIPLES OF MOTIVATIONAL ENHANCEMENT



- ▶ Remove barriers
- ▶ Provide choice
- ▶ Decrease desirability
- ▶ Practice empathy
- ▶ Provide feedback
- ▶ Clarify goals
- ▶ Actively help client toward them

SPECIFIC APPROACHES IN MOTIVATIONAL ENHANCEMENT

- ▶ When client is not thinking about change, does not see gambling as a problem, remember the four R's in precontemplation:
- ▶ Reluctant
- ▶ Rebellious
- ▶ Resigned
- ▶ Rationalizing

MATCH INTERVENTION TO
MOTIVATION

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

- ▶ Pre contemplative stage: **reluctance**
- ▶ Key issues: lack of knowledge and inertia
- ▶ Strategy-- empathic feedback, provide information, tease client's own thinking, have patience

MATCH INTERVENTION TO
MOTIVATION

- ▶ Pre contemplative stage: **rebellious**
- ▶ Key issues –strong investment in gambling behaviors, a need to do own way, stuck in adolescent thinking
- ▶ Strategy – don't argue but provide choices
- ▶ Goal – shift energy used to maintain gambling toward contemplating change

MATCH INTERVENTION TO
MOTIVATION

- ▶ Pre contemplative stage: **resigned**
- ▶ Key issues – lack of energy, little hope, sense of being overwhelmed by problem
- ▶ Strategy – explore obstacles to change and give feedback on possible ways to circumvent those obstacles
- ▶ Goal – instill hope to contemplate possibility of change

MATCH INTERVENTION TO
MOTIVATION

- ▶ Pre contemplative : **Rationalizing**
- ▶ Key issues – client has all the answers, why not to change, why can't change, why don't need to change
- ▶ Strategy – avoid intellectual discussion and use reflective listening
- ▶ Goal – give permission to be open to questioning “pat” answers and to contemplating real change

MATCH INTERVENTION TO
MOTIVATION

- ▶ Confrontation – denial trap
- ▶ Labeling trap
- ▶ Premature focus trap
- ▶ Blaming trap

COMMON OBSTACLES



- ▶ When suggesting ideas to help the client and she will take the opposite view
- ▶ Results from client's ambivalence
- ▶ May be caused from "listener" moving client too quickly through awareness to consequences to need for change
- ▶ Rx: avoid win/lose approach, by listening empathically, reflecting, eliciting self-motivating statements

OBSTACLE: CONFRONTATION/
DENIAL



- ▶ Too frequent mention of the problem or “illness”
- ▶ Can carry much stigma
- ▶ Can create a power struggle, putting “listener” in position of expert
- ▶ Customer feels trapped
- ▶ Rx: reframe and de emphasize the label

OBSTACLE: LABELING

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

- ▶ Essentially “listener” focuses on the gambling while the client is focused entirely on other issues
- ▶ Rx: help client solve the presenting problem as she sees it

OBSTACLE: PREMATURE FOCUS



- ▶ Customer feels shamed or blamed by family and then encounters a “listener” who does the same
- ▶ Rx: stay neutral, acknowledge the gambler’s dishonesty but don’t beat her up!!!
- ▶ Understand client is sensitive to being blamed; be assertive, understand the victim syndrome; also be aware of the possibility of PTSD.

OBSTACLE: BLAMING



- ▶ Feedback
- ▶ Responsibility
- ▶ Advise
- ▶ Menu of Options
- ▶ Empathy
- ▶ Self-efficacy

FRAMES



- ▶ Desire
- ▶ Ability
- ▶ Reasons
- ▶ Need

- ▶ Commitment
- ▶ Activation
- ▶ Taking steps

DARN CAT

- ▶ Partnership – equal experts
- ▶ Acceptance – worth, empathy, support, affirmation
- ▶ Compassion – caring, other focused
- ▶ Evocation – helping client find their wisdom is most important

P A C E

ESSENTIAL FOUNDATION OF MOTIVATIONAL INTERVIEWING

- ▶ RESPECT – honor the individual and ability to change
- ▶ EMPATHY – people are more likely to change if they feel understood
- ▶ ACTIVE COLLABORATION
- ▶ LISTENING

REAL



- ▶ Hodgins, D.C., Currie, S.R., & el-Guebaly, N. (2001) Motivational enhancement and self help treatments for problem gambling. Journal of Consulting & Clinical Psychology, 69, 50-57
- ▶ Miller, W.R., & Rollick, S (1991). Motivational Interviewing: preparing people to change addictive behaviors. New York: Guilford Press
- ▶ Prochaska, J. O., Norcross, J. & DiClementi, C. (1994) Changing for Good. (1994) New York: Avon Books

REFERENCES:

MINDFUL AWARENESS

Being present with each client takes practice



- ▶ “....each of us literally chooses, by his way of attending to things, what sort of a universe he shall appear to himself to inhabit.”
 - ▶ William James – Varieties of Religious Experience

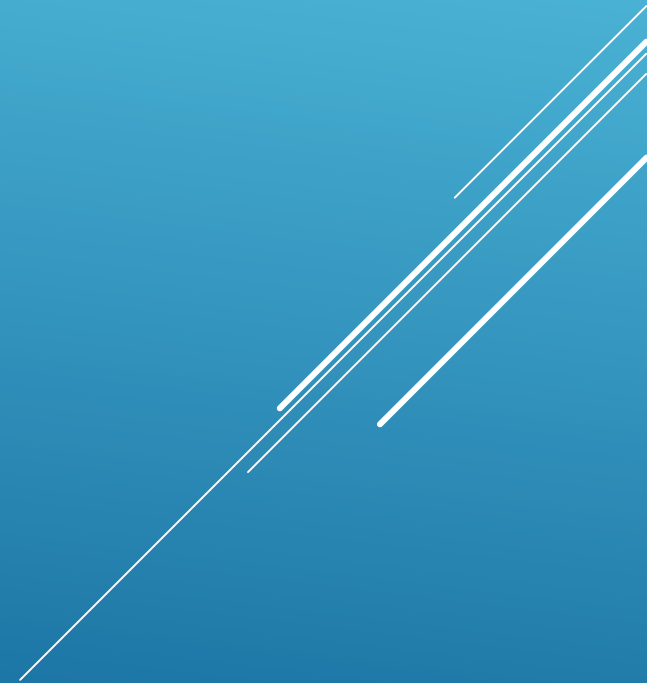
FORMATION OF SELF CONCEPT

- ▶ Addictions and Habits follow this pattern:

Trigger _____ Behavior _____ Reward



JUDSON BREWER, MD, PH.D.



- ▶ Stress
- ▶ Withdrawal symptoms
- ▶ Preoccupation with gambling, or obtaining money to gamble
- ▶ Family
- ▶ Marriage
- ▶ Boredom

TRIGGERS

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

- ▶ The ritual of getting ready to gamble
- ▶ The gambling event/activity
- ▶ The shift of the brain into default mode that is now conditioned to escape unresolved issues
- ▶ The shift of the brain into a default mode to chase levels of excitement, or to live on the edge

BEHAVIOR

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

- ▶ The escape or excitement
- ▶ The elevation of neurotransmitters that match the escape or excitement
- ▶ Wins/near wins
- ▶ Anticipation of wins
- ▶ Money in terms of credits, jackpots, chips

REWARD

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

▶ Prefrontal Cortex

- ▶ 1. Cognitive control tries to help us stop a negative behavior.
- ▶ 2. But, it is the first thing to go off line when we are stressed.
- ▶ 3. When we fall off line - we are more likely to fall back into our bad habits.
- ▶ 4. Becoming really conscious of what we are experiencing allows us to feel disgusted with our behavior and at a very visceral level.
- ▶ 5. Mindfulness – being curious about what we are experiencing. Especially at the level of our triggers, i.e. – Stress
- ▶ 6. When our triggers turn into craving - we are experiencing fear and want to relieve the emotion.
- ▶ Default mechanism – in the post cingulate region which carries our self identity, we resort to soothing yet unhealthy patterns.

JUDSON BREWER, MD, PH.D.

DEFINITIONS OF MINDFULNESS

- ▶ Jon Kabat-Zinn

- ▶ “Mindfulness is about love and loving life. When you cultivate this love it gives you clarity and compassion for life.”
- ▶ “Mindfulness means paying attention in a particular way: on purpose, in the present moment and nonjudgmentally”.
 - ▶ P. 273 The Monastery and the Microscope.

- ▶ Mindfulness is connected to the practice of:
 - ▶ Love/compassion
 - ▶ Values
 - ▶ Ethics
 - ▶ Wisdom

MINDFULNESS IS A WAY OF LIVING
NOT JUST SITTING ON A CUSHION

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against the blue background.

- ▶ 9 middle pre-frontal functions:
- ▶ 1. Regulating our bodies
- ▶ 2. Attuning to others (attuned communication)
- ▶ 3. Having emotional balance
- ▶ 4. Calming fear (fear modulation)
- ▶ 5. Pausing before acting (flexibility of response)
- ▶ 6. Having insight
- ▶ 7. Having empathy
- ▶ 8. Being moral in our thinking and actions
- ▶ 9. More access to intuition

DANIEL J. SIEGEL, M.D. – THE
MINDFUL THERAPIST

- ▶ Mindfulness is harmony and balance practiced by the therapist in the counseling session, producing an environment of:

- ▶ 1. nonjudgmental.

- ▶ 2. equanimity (evenness of temper even under stress).

- ▶ 3. awareness of what is happening as it is happening.

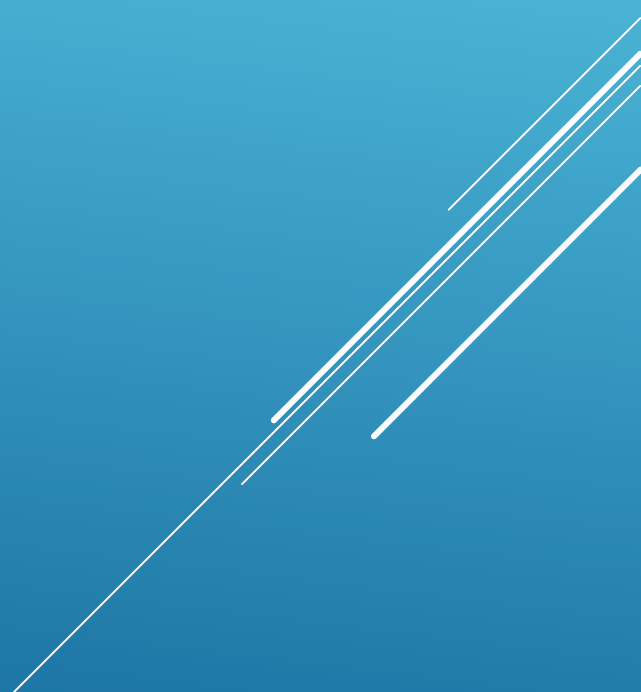
MINDFULNESS

- ▶ 4. ability to describe with words our internal world

In turn, our clients develop:

- ▶ 1. Flexibility
- ▶ 2. Adaptive
- ▶ 3. Coherence
- ▶ 4. Energized
- ▶ 5. Stability

MINDFULNESS



“ Moments of meeting cannot be planned – they happen. The moment of meeting is the event that rearranges implicit relational knowing for both the patient and the therapist”.

DANIEL STERN

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

- “If we pour more information and interpersonal experience into the neuroplastic mind – it strengthens synapses, alters neural networks and increases regulation of neurotransmitters and hormones”.
- This quiets the old rehearsed/familiar neural pathways of self, creates a pause and allows room for something new.

KATHY STEELE (2009)

- ▶ “Instead, the brain has a property called neuroplasticity, the ability to change its structure and patterns of activity in significant ways not only in childhood, which is not very surprising, but also in adulthood and throughout life.”

RICHARD J. DAVIDSON

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

- ▶ Philip Flores – Addiction as Attachment Disorder
 - ▶ “Addiction hijacks the attachment system”.
 - ▶ “Long term recovery requires ongoing attachment relationships to ensure Central Nervous System homeostasis”.

THE ROLE OF THE THERAPIST

A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

- ◎ Philip Flores
 - > “Addiction is a disease of isolation”.
 - > We find our clients who are willing to take the “dopamine effect” and ignore the experience of relationships/connection which is the natural experience of **Oxytocin**.
 - > Where is my son, daughter, husband, wife, etc.

DOPAMINE VS. OXYTOCIN

- ▶ “A word about the amygdala, which has a privileged role as the brain’s radar for threat: it receives immediate input from our senses, which it scans for safety or danger. If it perceives a threat, the amygdala circuitry triggers the brain’s freeze-fight-or-flight response, a stream of hormones like cortisol and adrenaline that mobilize us for action. The amygdala also responds to anything important to pay attention to, whether we like it or dislike it.”
 - ▶ p. 87 Goleman and Davidson.

STRESS AND TRAUMA

- ▶ Philip Flores

- ▶ “Until an addict, alcoholic, or gambler, develops the capacity to establish mutually satisfying relationships, they will remain vulnerable to relapse and to the continual substitution of one addiction to another”.

- **P. Ornstein**

- “Being understood as an adult has the same effect as being held as a child”.

DOPAMINE VS. OXYTOCIN

- Drugs/Alcohol/Gambling hijacks the individual's ability to have genuine relationships. With conditioning – the addict will choose the “dopamine” effect over the oxytocin until the pain of the addiction is greater than the chase.
- Dopamine and Oxytocin flow along the same brain pathways. If we substitute dopamine it prohibits oxytocin and actually prefers the dopamine.

DOPAMINE VS. OXYTOCIN