Motivational Interviewing with College Drinkers

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UNT School of Public Health

What’s Happening on Campus?

Use of Substances, 30-Day

Source: MTF (2009)
### Consequences, Past Year

<table>
<thead>
<tr>
<th>Problem</th>
<th>1993</th>
<th>1999</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hangover</td>
<td>68.6</td>
<td>69.5</td>
<td>68.0</td>
</tr>
<tr>
<td>Did something regrettable</td>
<td>38.3</td>
<td>44.2</td>
<td>39.8</td>
</tr>
<tr>
<td>Missed a class</td>
<td>35.2</td>
<td>35.1</td>
<td>34.9</td>
</tr>
<tr>
<td>Forget what you did</td>
<td>34.8</td>
<td>34.9</td>
<td>38.2</td>
</tr>
<tr>
<td>Fell behind in school work</td>
<td>25.2</td>
<td>27.5</td>
<td>24.5</td>
</tr>
<tr>
<td>Argued with friends</td>
<td>24.3</td>
<td>27.5</td>
<td>28.3</td>
</tr>
<tr>
<td>Unplanned sexual activities</td>
<td>23.7</td>
<td>25.9</td>
<td>26.1</td>
</tr>
<tr>
<td>Rode with a high or drunk driver</td>
<td>23.1</td>
<td>27.9</td>
<td>22.3</td>
</tr>
<tr>
<td>Drove after five or more drinks</td>
<td>13.4</td>
<td>19.9</td>
<td>14.6</td>
</tr>
<tr>
<td>Got hurt or injured</td>
<td>12.9</td>
<td>16.3</td>
<td>17.5</td>
</tr>
<tr>
<td>Did not use protection during sex</td>
<td>11.4</td>
<td>10.9</td>
<td>11.8</td>
</tr>
<tr>
<td>Got in trouble with the police</td>
<td>6.2</td>
<td>7.1</td>
<td>7.5</td>
</tr>
<tr>
<td>Medical treatment for an overdose</td>
<td>0.4</td>
<td>0.6</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: Nelson et al. (2009)

### "Second Hand" Effects, Past Year

<table>
<thead>
<tr>
<th>Problem</th>
<th>1993</th>
<th>1999</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had studying/sleeping interrupted</td>
<td>63.8</td>
<td>67.6</td>
<td>63.9</td>
</tr>
<tr>
<td>Had to take care of drunken student</td>
<td>53.3</td>
<td>54.9</td>
<td>56.2</td>
</tr>
<tr>
<td>Been insulted or humiliated</td>
<td>31.9</td>
<td>33.7</td>
<td>27.4</td>
</tr>
<tr>
<td>Found vomit in residence</td>
<td>0.9</td>
<td>54.1</td>
<td>56.4</td>
</tr>
<tr>
<td>Unwanted sexual advance</td>
<td>10.7</td>
<td>19.9</td>
<td>18.3</td>
</tr>
<tr>
<td>Had a serious argument and quarrel</td>
<td>19.0</td>
<td>18.7</td>
<td>18.5</td>
</tr>
<tr>
<td>Had property damaged</td>
<td>12.6</td>
<td>12.5</td>
<td>14.4</td>
</tr>
<tr>
<td>Been pushed, hit, or assaulted</td>
<td>12.0</td>
<td>12.4</td>
<td>9.6</td>
</tr>
<tr>
<td>Victim of sexual assault or rape</td>
<td>2.6</td>
<td>1.4</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Source: Nelson et al. (2009)

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**Do college students drink more than other young adults?**

- Yes!
- Young adults enrolled in college drink more (but use less drugs) than those not enrolled.
- In HS, college bound drink less, but accelerate upon matriculation.
- Substantial increases in drinking (and other risky behavior) after school starts, especially "intent" to get drunk.
Peak BAC by Week

Protective Behaviors by Week

“Intent to Get Drunk” by Week

Source: Nguyen et al. (2011)
Has college drinking gotten worse?

- Maybe, maybe not...
- Rates probably stable over last 20 years.
- Evidence of a “polarization” of drinking over last decade, with more drinking at the extremes.
- Since the 1990’s, heavy drinking rates have increased greatly for women, somewhat for men.

How is college drinking distinctive?

- Tendency to “bunch” drinks in heavy episodes.
- Tendency to drink around known (and especially social) events.
- Environmental, individual and developmental factors interact to determine drinking.
- Most students change drinking after graduating. College drinking, for most, does not cause later problems.

What do students think about drinking?

- In general, less concerned about alcohol than older community members.
- Some amount of consequences tolerable to most students.
- Most students have mixed feelings about alcohol, but see drinking as part of the "normal" college experience.
- Most see a place for prevention, but think they don’t/won’t need it.
### How “Bad” are Consequences?

<table>
<thead>
<tr>
<th>Consequence (YAAPST)</th>
<th>Negative (%)</th>
<th>Neutral (%)</th>
<th>Positive (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrested/Citation</td>
<td>92.5</td>
<td>5.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Belongings Stolen</td>
<td>90.9</td>
<td>3.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Received Lower Grade</td>
<td>87.5</td>
<td>12.5</td>
<td>0</td>
</tr>
<tr>
<td>Regretted Sex</td>
<td>83.8</td>
<td>12.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Vomit</td>
<td>76.7</td>
<td>14.2</td>
<td>9.1</td>
</tr>
<tr>
<td>Physically Embarrassed</td>
<td>57.5</td>
<td>37.2</td>
<td>5.3</td>
</tr>
<tr>
<td>Blackout</td>
<td>53.4</td>
<td>34.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Late to Work or Class</td>
<td>53.3</td>
<td>34.8</td>
<td>12.0</td>
</tr>
<tr>
<td>Socially Embarrassed</td>
<td>51.1</td>
<td>42.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Hangover</td>
<td>47.3</td>
<td>27.8</td>
<td>24.9</td>
</tr>
<tr>
<td>Awoke in Another’s Bed</td>
<td>41.8</td>
<td>41.8</td>
<td>16.4</td>
</tr>
<tr>
<td>Binge-Eating</td>
<td>16.8</td>
<td>56.0</td>
<td>27.2</td>
</tr>
</tbody>
</table>

Source: Mallett et al. (2008)

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### Thinking about Change

[Diagram of the 5 stages of change: Precontemplation, Contemplation, Preparation, Action, Maintenance, and Relapse Recycle.]

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So… delivery style is extremely important. How you say it makes a difference.

Change is more likely to stick if people believe that:

- It was their choice (Autonomy)
- They have the skills (Competence)
- Other people will support the change (Relatedness)

What is Motivational Interviewing?

Motivational Interviewing

- Suggests ways to use statements and questions strategically to motivate.
- Logically linked with client centered, stages of change, self perception theory.
- Sometimes linked with CBT, skills training or relapse prevention.
- >150 studies showing positive effects on drinking, addiction, other health behaviors.
- Although technique important, emphasized over technique.
What Does MI Look Like?

<table>
<thead>
<tr>
<th>Relational</th>
<th>Technical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• quality.</td>
<td>• Identification of a target behavior.</td>
</tr>
<tr>
<td>• Respect for client choice, personal responsibility.</td>
<td>• Selective use of questions, reflections, and other techniques to increase change talk and decrease sustain talk around target behavior.</td>
</tr>
<tr>
<td>• MI “Spirit”: Autonomy, Collaboration, Evocation.</td>
<td></td>
</tr>
</tbody>
</table>

Relational Aspects

Basic Strategies

Open-Ended Questions
Affirm
Reflect
Summarize
**Open-Ended Questions**

*More than one possible answer; gets people talking.*

- What else?
- Tell me a little bit about your drinking.
- What things might work for you?
- What concerns do your parents have about your drug use?

**What questions do you ask?**

- Questions to gather information
  - Can be open or closed
- Questions to encourage thinking and to raise motivation
  —Mainly open questions

**Very Useful Questions**

- *some not-so-good things about...?*
- What concerns you most about ...?
- How has that caused trouble for you?
- If you wanted to change, how would you go about it?
- What do you want to do about that?
- What can I do to help you succeed at...?
- What else?
Reflect
Use a statement rather than a question.

GIVE BOTH SIDES
GIVE THE EMOTION
REPEAT
REWORD

What do you reflect?

Reflect Resistance—
Lets the client know that you hear him.

Reflect things you want to hear more of—
Encourages talk in a positive direction.

Ask about Action
Reflect
Emphasize Personal Choice
Rolling with Resistance
Disclose Personal Feelings
Agree with a Twist
Offer to Help

Offer to Help
It’s not that big a deal. Everybody I know uses weed.

I don’t know why I’m here. This whole thing is stupid.

Everyone drinks like I do. I mean, didn’t you drink when you were in college?
Very Useful Statements

• At this point, it doesn’t seem that big a deal to you.
• Drinking has some positive aspects for you.
• It’s hard for you. (It might be hard for you.)
• So the thing that most concerns you is...
• If you decided to...the main reasons would be...
• That’s a great idea.
• Thanks for talking with me.

Powerful Reflections

★ essential element.
★ Fill in the blanks.
★ Say what would come next if the person continued to talk.
★ You’re...
★ It feels like...
★ It’s frustrating/difficult/hard...
★ And when that happens, you...

I think that will really work for you.
Thanks for taking care of that.
That’s a good idea.
I appreciate you showing up on time.

Affirm

Look for ways to affirm; makes change more likely.
Summarize
Before you leave, connect the dots.

You decided to...
So what we’ve decided is that...

Let me see if I can summarize.

When we meet in 2 weeks, you’ll...

Elements of MI “Style”

<table>
<thead>
<tr>
<th>Evocation</th>
<th>• reasons and ideas around change.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>• Provider encourages power sharing so that client’s ideas influence the direction of the interaction.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>• Provider actively emphasizes client’s own personal control and choice in deciding outcome.</td>
</tr>
<tr>
<td>Empathy</td>
<td>• Provider shows a deep understanding of the client’s perspective, not just what has been explicitly stated, but what the client means and how he/she feels.</td>
</tr>
</tbody>
</table>

Good/Not-So-Good Things

• What are some of the Not so Good things about…?
  - Causes hangovers
  - Makes me fatter
  - Costs money
  - Girlfriend nags me
  - RA lectures me
  - Periods of blackout

• the Good things about…?
  - Social interaction
  - Fit in with friends
  - Helps me relax
  - Quenches thirst
  - Relieves pain
  - Like taste
The Flow of Change Talk

Desire → Ability → Commitment → Change

- Desire: Want, wish, like ("I want to do well in school."")
- Ability: Can, could, would ("I guess I could ask my roommate to help keep me accountable."")
- Reasons: If, then ("If I limited my drinking, I guess it would make it easier to wake up for my 9:00 AM class."")
- Need: Need, have to, got to ("I've got to do something about this!")
I’d like to be able to study more.

If I wanted to be more careful about my drinking, my coach would help me out.

If I quit going over to the frat house during the week, I guess I would be less likely to drink.
Imbedded Change Talk

Roommate worried about drinking.

Worry doesn't concern him.

My roommate has really started to bug me about my drinking, but that's OK. She nags me about a lot of stuff.

Roommate worries about many things.

One of these days I'll probably drink less, but for now I'm a college student. I'm only going to be young once!

So I got caught with a little weed. Everybody else is all concerned, but I don't think it's such a big deal. It's not even like I was smoking it.
It probably wasn’t the best idea to drive home from the party, but it’s not like I caused an accident or anything.

I’m just here because the party was in my room. I wasn’t even drinking!

Some Examples: Feedback, Rulers, Values Sort
Motivational Feedback

- responses.
- Content may include summary of use, risk factors, related problems, financial cost, normative comparisons.
- Good evidence in college drinking literature showing changes to at least 6 months.
- Used in a stand-alone format or combined with MI (i.e. MET format).

Feedback--OARS Revisited

- Ask questions about what the client is thinking or feeling
- Reflect what the client says (or doesn’t say)
- Highlight discrepancy.
- Summarize and ask key question at end: “What do you make of all this? What’s next?”
- Put attention on feedback, minimize resistance.

Ask a Scaled Question

On a scale of 1-10, how important is it for you to make a change in your…?

<table>
<thead>
<tr>
<th>1</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Not Important”</td>
<td>“Very Important”</td>
</tr>
</tbody>
</table>

a. What makes it that important?

b. Why are you at a xx and not a 1?

c. What else?
C: A one.
T: OK, so it’s not that important to you at this time. What would you like to change? What would you like to talk about?

C: Maybe about a 3.
T: So, about in the lower middle. But I’m wondering, why did you say a 3 and not a 1? So, one reason it’s important is… What else…?

C: Probably a 9 or so.
T: So it’s very important for you to do something about your drinking. Why is that? So, one reason it’s important is… What else?

Ask a Scaled Question
On a scale of 1-10, how confident are you that you could change if you wanted to?

1 10
“Not Confident” “Very Confident”
a. What makes you that confident?
b. Why are you at a xx and not a 1?
c. What would it take to raise your score to a xx?
d. How can I help you get there?

C: A one.
T: Hmmm… Pretty low. What would it take to raise that 1 up to, say, a 5? Tell me about a change you made in the past. How did you go about it?

C: guess about a 4.
T: So, about in the middle. But why a 4 and not a 1? What else…? What would it take to raise your confidence to, say, an 8? How would you go about it? How can I be of help?

C: A ten.
T: So, you’re quite confident. How would you go about it? What would it look like? What else…? How would you go about it? How can I be of help?
Values Cardsort

- reasons for change
- Ask for elaboration, stories to “flesh out” values
- Looking for clusters, themes
- Asking for connection between behavior and value set (help/hinder you from getting that value?)

Source: Miller & C’deBaca (2002)

God’s will
Family
Acceptance
Respect
Genuineness
Adventure
Compassion
Purpose
Humor
Fun

Strengthening Commitment for Change
Ask an “Action Question”
Provide Options
Ask About Change in the Abstract
Give Advice with Permission

Phase 1

Phase 2

Ask an Action Question;
Provide Options
• Ask an “action” question or offer a
  options.
  –
  –
  –
  –
  Which of these would you like to try?”
• Reflect and ask for elaboration.
  – So that might work for you. How would (will) you go
    about that?
  – That’s a good idea. What would that look like?

Ask About Change in the Abstract

<table>
<thead>
<tr>
<th>Conditional Statement</th>
<th>Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you wanted to…</td>
<td>How would you do it?</td>
</tr>
<tr>
<td>If you decided you</td>
<td>How would you go</td>
</tr>
<tr>
<td>wanted to …</td>
<td>about it?</td>
</tr>
<tr>
<td>If the time were right…</td>
<td>What would you do?</td>
</tr>
</tbody>
</table>

21
Giving Advice Without Telling Someone What to Do

• Ask for permission.
  – “Would it be OK if I gave you some information about...”
• Preface advice with permission to disagree.
  – “This may or may not apply to you, but...”
• Follow advice with a statement that emphasizes personal choice.
  – ...but again, you should decide what's right for you. It's your choice.

Elicit, Provide, Elicit

• “What do you know about the effects of...”
  – “What concerns do you have about...?”
• “The results of your tests suggest that...”
  – “What happens to some people is that...”
  – “As your probation officer, I strongly urge you to”
• “What do you think?”
  – “How do you think you might...?”

Brief Screening and Intervention
Which Students Need an Intervention or Referral?

- Traditional profile of drinking “problems” may be an awkward fit for college drinkers.
- The things that motivate young people may be different than things that motivate older drinkers.
- Some options: Inquiring about (or watching for) drinking amount, problems, or dependence symptoms.
- When in doubt, inquire. You may be it!

What Questions do we Ask?

- Pick the questions to suit the purpose.
- Use standard quantity/frequency or screening measures (e.g., AUDIT, CUGE).
- Ask about other information as is relevant to the setting.
- Assessment questions can be followed by brief advice, referral, or intervention.

Ask Quantity/Frequency Questions

- How many days per week do you have something to drink?
- On a typical day when you are drinking, about how many standard drinks do you have?
- During the last month, how many times have you had 5(4) or more drinks in one occasion?
Rules of Thumb for At-Risk Drinking

<table>
<thead>
<tr>
<th></th>
<th>Per Week</th>
<th>Per Occasion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>&gt;14 drinks</td>
<td>&gt;4 drinks</td>
</tr>
<tr>
<td>Women</td>
<td>&gt;7 drinks</td>
<td>&gt;3 drinks</td>
</tr>
<tr>
<td>Elderly</td>
<td>&gt;7 drinks</td>
<td>&gt;1 drink</td>
</tr>
</tbody>
</table>


Use a Simple Screen like the “CUGE”

- Have you ever felt the need to (C)ut down on your drinking?
- Have you ever driven (U)nder the influence?
- Have you ever felt (G)uilty about your drinking?
- Have you ever needed a drink to get you going in the morning? ((E)ye Opener)

Include the AUDIT in Intake

- Dependence, and consequences
- Very well normed, used worldwide
- 8/40 or more an indicator of possible alcohol use disorder
- AUDIT-C, first three questions
1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six drinks or more on one occasion?
4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what was normally expected from you because of drinking?

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
7. Have you or someone else been injured as a result of your drinking?
8. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

Other Screening Options

- CAGE/CUGE
- AUDIT
- AUDIT-C
- RAPS4
- RAPS4-QF
- CRAFFT