SECTION H: *Transcripts and Ratings of Demonstration Interviews*

Topic	Page
Tom and Andrew	
1. MI Rating Worksheet	143
2. MI Adherence and Competence Feedback Form	145
3. MI Skill Development Plan	146
4. Rated Transcript	147
Tammy and Karen	
1. MI Rating Worksheet	165
2. MI Adherence and Competence Feedback Form	166
3. MI Skill Development Plan	168
4. Rated Transcript	169
Beatriz and Sofia	
1. MI Rating Worksheet	197
2. MI Adherence and Competence Feedback Form	200
3. MI Skill Development Plan	201
4. Transcript	203
Mariellis and Billy Bob	
1. MI Rating Worksheet	213
2. MI Adherence and Competence Feedback Form	216
3. MI Skill Development Plan	217
4. Transcript	219

blending initiative
NIDA • SAMHSA

MI Assessment Demonstration Interview

Tom and Andrew

Item		Page
1.	MI Rating Worksheet	143
2.	MI Adherence and Competence Feedback Form	145
3.	MI Skill Development Plan	146
4.	Rated Transcript	147

blending initiative
NIDA • SAMHSA

MOTIVATIONAL INTERVIEW RATING WORKSHEET

Demonstration 1: Tom and Andrew

RATING ITEM	ADHERENCE: FREQUENCY & EXTENSIVENESS	COMPETENCE: SKILL LEVEL COMMENTS
1. MI Style or Spirit (p.105)	Extensive	Very good – attuned to client, follows client's lead, evocative, rolls with resistance, collaborative. Repetitive "I gotcha," and "I follow ya" statements decrease skill rating.
2. Open-ended Questions (p.106)	///////////////	Good – clear, concise, used to evoke change talk, lots of reflections in between Qs; some Qs vague or less effective due to tagged on closed Qs.
3. Affirmation of Strengths & Self-efficacy (p.107)	/	Acceptable – could have been more explicit in what was being affirmed.
4. Reflective Statements (p.108)	////////////////////// Ø // Ø ///////////	Very good – reflective style throughout, accurate, deeper reflections develop discrepancies, reflections roll with resistance.
5. Fostering a Collaborative Relationship (p.109)	/////	Adequate – emphasizes what client wants help with and the client's goals. Underscored client's concerns, separate from his girlfriend's concerns.
6. Motivation to Change (p.110)	/////	Good – Used clear evocative questions to draw out how drinking was problematic; how changing his drinking behavior could be beneficial
7. Developing Discrepancies (p. 111)	////////	Very good – nicely drew from the client how DWI, needing alcohol to sleep, & potential negative effects on health are discrepant with client's self-image.
8. Pros, Cons, and Ambivalence (p. 112)	//////// Ø	Good – developed pros/cons of drinking and changing drinking. Could have asked for client's reaction to activity at end.
9. Change Planning Discussion (p. 113)	//	Adequate – sufficient effort to begin discussion about how client wants to change drinking near session ending.
10. Client-centered Problem Discussion and Feedback (p. 114)	/	Adequate – At beginning, simply asks client what brings him to treatment. Objective feedback as a strategy was not used.

RATING ITEM	ADHERENCE: FREQUENCY & EXTENSIVENESS	COMPETENCE: SKILL LEVEL COMMENTS
11. Unsolicited Advice, Direction Giving & Feedback (p.115)		
12. Emphasis on Abstinence (p. 116)		
13. Direct Confrontation of Client (p.117)		
14. Powerlessness and Loss of Control (p.119)		
15. Asserting Authority (p.120)		
16. Closed-ended Questions (p.121)	////////////////////////////////	Good assessment of psychosocial issues and amount and frequency of drinking.

ALWAYS CONSULT RATING GUIDE WHEN TRANSFERRING FROM WORKSHEET TO RATING FORM, ESPECIALLY WHEN UNCERTAIN.

ADHERENCE RATINGS:
FREQUENCY AND EXTENSIVENESS

BEHAVIOR OCCURRED	RATING_____
Never occurred =	*Not at all (1)*
Once but not in depth =	*A little (2)*
Twice, but not in depth =	*Infrequent (3)*
3 – 4 times or once in some depth =	*Somewhat (4)*
5 – 6 times or more than once and once in depth =	*Quite a bit (5)*
More than 6 times or several times in depth =	*Considerably (6)*
Dominated session =	*Extensively (7)*

COMPETENCE RATINGS:
SKILL LEVEL

BEHAVIOR	RATING____
Unacceptable, unprofessional =	*Very poor* (1)
Lack of expertise, competence =	*Poor* (2)
Fair; below average =	*Acceptable* (3)
Average =	*Adequate* (4)
Above average =	*Good* (5)
Skill and expertise shown =	*Very good* (6)
High level of mastery =	*Excellent* (7)

MOTIVATIONAL INTERVIEWING
ADHERENCE AND COMPETENCE FEEDBACK FORM

Demonstration 1: Tom and Andrew

MI Consistent Items		Adherence Rating*								Competence Rating*							
		1	2	3	4	5	6	7		NA	1	2	3	4	5	6	7
1	MI Style or Spirit							X								X	
2	Open-ended Questions						X								X		
3	Affirmations of Strengths & Self-efficacy		X										X				
4	Reflective Statements							X								X	
5	Fostering Collaboration					X								X			
6	Motivation to Change					X									X		
7	Developing Discrepancies						X									X	
8	Pros, Cons and Ambivalence						X								X		
9	Change Planning Discussion			X										X			
10	Client-centered Problem Discussion and Feedback		X											X			
MI Inconsistent Items																	
11	Unsolicited Advice, Directions & Feedback	X								X							
12	Emphasize Abstinence	X								X							
13	Direct Confrontation	X								X							
14	Powerlessness, Loss of Control	X								X							
15	Asserting Authority	X								X							
16	Closed-ended Questions						X								X		

*ADHERENCE: 1 – Not at all 2 – A little 3 – Infrequent 4 – Somewhat 5 – Quite a bit 6- Considerably 7 – Extensively

** COMPETENCE: 1 – Very poor 2- Poor 3 – Acceptable 4 – Adequate 5 – Good 6 – Very Good 7 - Excellent

MI SKILLS DEVELOPMENT PLAN

Name: Tom and Andrew Date:

Strengths Demonstrated in Session

- Very good MI style/spirit (collaborative, supportive, attentive, evoked change talk, and followed client's lead)
- Very good reflective listening skills (reflection of both change talk and resistance draws out some ambivalence and how bothered client is about DWI)
- Good use of direct strategies (asks evocative questions, develops discrepancies, uses decisional balance activity)
- Eliminates MI inconsistent strategies and uses closed-ended questions infrequently.

Skill Development

MI Skill Targeted for Improvement	What specifically will be developed or improved?	How will the goal be reached?	Date of next supervision
1. MI Style or Spirit and Reflections	Decrease use of repetitive statements such as "I gotcha" or "I follow ya" as a means of indicating understanding or as a prelude to reflecting.	Heighten awareness about this tendency and practice reflecting without using repetitive statements in the next practice session. Identify and practice alternative ways to demonstrate understanding.	
2. Affirmations of Strengths & Self-efficacy	Increase use of affirmations	Read the OARS Tool and the Affirmations Self-Assessment Skill Summary. Role-play with supervisor to identify instances when affirming the client may be an effective MI strategy.	
3. Reflective Statements - Summaries	Summarize succinctly the client's perspective about his/her substance use by linking together the very good reflections made in the session.	Talk in supervision about what might have been summarized to capture the client's ambivalent stance during the first part of the session and what might have been summarized near the end after the clinician had developed discrepancy with the client and the client indicated a desire to alter his drinking patterns. Read/discuss how summaries may improve the MI process.	

blending initiative
NIDA • SAMHSA

MI Assessment Rated Transcript
Tom and Andrew

Therapist: Hello, welcome. I always like to start with a general type of question. That is just, what brings you here today? How can we help you? **(Open-ended Question, Client-Centered Problem Discussion, Fostering a Collaborative Relationship)**

Client: Uh, well, um. I was uh… My attorney suggested that I should come and I thought it was a pretty good idea. I was um… I have a court date coming. I was pulled over for my second DUI in two years. Almost two years.

Therapist: Uh huh. **(Neutral)**

Client: In September and so we have a February court date and my attorney thought that it would be… That it would look good for the court that I come.

Therapist: Okay, so you got your second DUI and you got an attorney and after talking to him, given that you have the court date coming, up he thought that it would be a good idea for you to come in and talk to a counselor. And as you said this is your second DUI. **(Reflection – good)**

Client: Yeah, you know, it sounds awful. It's not as bad as it sounds. The tiniest bit over the legal limit; very late at night. I really didn't feel like I was impaired at either occasion. I do designate a driver if I'm going out hitting the town or you know going to see a concert at a club or something like that. I always make sure that I go with a friend and this was just an occasion where that just… I didn't feel like I had that much to drink.

Therapist: I gotcha. So this was out of the ordinary for you. It's not something you normally do. You normally have… You try to be cautious.

Client: Yeah.

Therapist: So, this was kind of unusual for you and you feel a little embarrassed by it. **(continued from above … Reflection – very good, Developing Discrepancies – very good)**

Client: I feel like a total fool, yeah.

Therapist: So, that's bothering you. That you have to do this; that you're here. **(Reflection)**

Client: Not that I have to do this. I mean this isn't… You know if I'm driving under the influence… If somebody's driving under the influence that's what police are for. That's what your taxes and my taxes go for; it's for public protection.

Therapist: This is an understandable consequence of your actions. **(Reflection - good)**

Client: Exactly!

Therapist: Besides the DUI's; and that sounds like one concern for you. What other concerns do you have about your drinking? **(Open-ended Question – very good, Motivation for Change – very good)**

Client: Well, you know I… Okay I um… I'm a musician. I play drums and I'm in a… You know, being a musician you're in situations where you know everybody's on something, it seems like sometimes, it's actually pretty annoying.

Therapist: Playing a lot of bars, that sort of thing. **(Reflection)**

Client: You gotta start somewhere and everybody smokes and everybody drinks. And you know people buy you drinks and it's kinda rude to say no. But that's not the big deal. The big deal is that we do a show and I get um… Drums are very physical and you really, really get into what you're doing and I… The only times that I consistently drink, like I know I'm gonna be drinking before the night even starts, is if we've got a gig and I need… I work you know… I work in an optometrist office as well and I gotta sleep at night and I don't like taking sleeping pills because they make me groggy all day the next day. And I will have a couple of drinks after a gig to kind of wind down.

Therapist: You get pretty wired after playing. It's intense. **(Reflection)**

Client: Exactly, you get really, really physically engaged in what you're doing and the heart is pumping. And my brain… The show will be over and my brain will still be going through the set list and I'll still be worried about the transition getting messed up. Or you know, thinking about what are we doing differently when we're playing Canal Club next week and stuff like that so it's to calm down a little bit.

Therapist: Something you use to help you go to sleep. And that concerns you a little bit. **(Reflection - good, Developing Discrepancies - good)**

Client: Well, I don't like being… I don't like relying on it. I've tried… Bought books and tried things like relaxation exercises and yoga stuff and things like that. And it doesn't do anything more. It doesn't do anything for me. I have a tendency to not sleep well anyway. The brain will just not shut up; it just will not let me go. And I'll get a song stuck… The chorus of a song will be stuck in my head for like 45 minutes while I lie in bed. So having a drink and a couple of martinis or a glass of wine before I go to bed is pretty much the reliable thing that I've come across that doesn't cause me to be compromised at work the next day.

Therapist: And that you have to rely on something is a concern. That you just can't go to sleep. **(Reflection – very good, Developing Discrepancies – very good)**

Client: Yeah, it didn't ev er occur to me. It was my girlfriend who pointed it out, she was kinda concerned about that. That I didn't feel… It didn't even occur to me that it was a reliance thing but she said that she was kinda worried about it. She didn't want me to become an alcoholic. I know cause she sees… I've got a couple members of the band who I think are in some kind of trouble but… And she sees them too. She hangs out with us and she sees ours shows and so she's worried for me so, I might even be coming here without the DUI. She's a lot more concerned about it than I am.

Therapist: I gotcha. I gotcha. Well, to kinda summarize at this point, you got two DUI's, and that concerns you. I mean, you know, you don't like doing that. You don't like driving that way. You don't like driving under the influence. That's uh… Having to go to an attorney and deal with all this is something you wouldn't want to do, you don't like to do. **(Reflection - good, Developing Discrepancies - good)**

Client: Well, it's expensive and inconvenient to say the least. And I don't like having that on my record because I'm not that guy. I'm not the guy who drinks and drives.

Therapist: Like you said, that's not your normal behavior. Nor something you would normally do. **(Reflection – good, Developing Discrepancies – good)**

Client: No.

Therapist: And you're also concerned about having to rely on it. Like you said, you play in a band, you're a drummer and you get pretty keyed up. You get those tunes going through your head and its something you've come to rely on to kinda get you to sleep. And that's been something that's really, like you said it's not so much something you thought of but it's something your girlfriend has pointed out to you. **(Reflection - good, Developing Discrepancies - good)**

Client: Well, she's kinda got me thinking about it a little bit as well and I'm realizing… I'm sounding kinda like a jerk here talking like I wouldn't… The only reason… I'm just here… Is because my lawyer would make me or I'm just here because I wanna make my girlfriend be relaxed or anything like that. I don't want you to be thinking that. I don't want you to feel like I'm just here to make other people happy.

Therapist: You've got some concerns about this yourself. You think… You're kinda thinking well maybe there's something about this I need to look at for myself. **(Reflection – very good, Fostering a Collaborative Relationship – very good)**

Client: No, you… You don't want stuff like this to get to a point where it's a problem. You know, it's… I'm kinda heading it off at the pass, you know what I mean. Trying to sort of look at it in a pre-problem stage. Maybe determine, is this a problem or is it not a problem? Like I said, both times that I got pulled over for DUI, I didn't feel like I was impaired at all. But I… apparently I was…

THERAPIST: I gotcha. Your assessment right now is that it's not a serious issue. However, you have some concern that it could develop into one. **(Reflection – very good, Pros, Cons and ambivalent – very good)**

CLIENT: You said assessment, that's a good word. That's actually kinda what I'm trying to do here is…

THERAPIST: Try to figure some stuff out here for yourself. **(Reflection, Fostering a Collaborative Relationship)**

CLIENT: Yeah, I guess.

THERAPIST: What… And you mentioned your girlfriend having a concern about, you know, relying on it in the evening. What other concerns does she have or that you have? Anything else kinda jump out at ya? **(Open-ended Question, Motivation for Change, Closed-ended Question)**

CLIENT: Well, uh, I don't know she's uh… You know, like I said she. She's with me and with the band. And she's always… Friends with my coworkers at the eye Dr's office. And she's not… She's not crazy about a couple of the guys in the band… She's not crazy about… And you know one of the guys, you know, may be doing a little drinking too much. One of the other guys may be doing some recreational drugs. Not to a major degree, but that concerns her maybe more than it concerns me and not… You know, I'm not a… It's not like I don't feel like these things are problems but I've been playing drums professionally or semi-professionally for twelve years and you know, you can't escape it. You can't make the decision. The only way to escape it is to say, alright I'm done; I'm not playing drums anymore. I'm not playing in bands anymore. There's no way around it.

THERAPIST: You're surrounded by it. **(Reflection - good)**

CLIENT: It's just part of the culture and it sucks. It makes people unpleasant to work with. And it makes uh… Gigs are smelly and people are unreliable sometimes but, uh, you know, you can't just stop. Well, I guess you can but I won't. This is a gift that I have; it's something that I want to do.

THERAPIST: It's pretty important to you. Something you enjoy. **(Reflection - good)**

CLIENT: I think it's important to everyone. Everyone deserves music.

THERAPIST: So, she kind of sees some of the people that you play with… She has concerns about them.

CLIENT: Yeah.

THERAPIST: And, like you said earlier, she's kind of afraid that you could… Kinda… That your problem or your use could develop to that extent too. **(continued from above… Reflection - good)**

CLIENT: Well, and you know… Yeah, there's… It's a… She sees it as a big peer pressure thing and I don't know… You know… I'm a big boy. It's not that big… It's… It's…

THERAPIST: Right. I'm following you. **(Neutral)**

CLIENT: Its not a…

THERAPIST: You don't feel like its…**(Not enough to rate)**

CLIENT: Somebody I really really like wants me to smoke crack, I'm not gonna smoke crack to make him like me, you know, or to keep the friendship. Or… Well, somebody in my band was smoking crack he's out of the band. He's gone. We'll throw him out. Peer pressure is not the same at thirty-four that it is when you're seventeen you know.

THERAPIST: Yeah, so you're… Her concerns… You feel like are a little overblown. **(Reflection - good)**

CLIENT: Well, I mean… Yeah, ok, yeah. But she loves me and that's her job. I mean we're supposed to take care of each other, so you know she's got some things in relationships that she has that I keep an eye on and I trust her to do the same thing. People need each other. That's why we're together.

THERAPIST: Kinda like you feel two ways about it. I mean, in part, you feel like maybe you're making too big a deal out of this and another part of you says…**(Reflection, Pros, Cons, and Ambivalence)**

CLIENT: I'd rather have her be concerned about me and be wrong than be right and not say anything.

THERAPIST: I see. **(Neutral)**

CLIENT: If that makes any sense.

THERAPIST: Sure, yeah. **(Neutral)**

CLIENT: It's not like she nags me constantly about this stuff. But it comes up every now and then.

THERAPIST: Alright, what else? Anything else? **(Open-ended Question - acceptable, Closed-ended Question - acceptable)**

CLIENT: Uh, well, um, I don't know. I'm… I guess I'm just trying to sorta come up with… I don't want this to happen again.

THERAPIST: Uh huh, I follow ya. **(Neutral)**

CLIENT: And I… I don't know. I… You… Like I said, I mean… Both times that this happened that I've been pulled over have been situations where I didn't know anything was wrong so… I don't know, if I don't do anything, there's no reason to think that it's not going to happen again. So I kinda… I mean, I don't know what I should be doing. I don't know if I should be coming up with, like, strategies to… It sounds so cliché. I'm about to say to come up with a strategy to drink less. To do something less, when I really don't, I really don't drink that much.

THERAPIST: mmhm. **(Neutral)**

CLIENT: It's like being a 140 pound guy who's thinking of going on a diet because he wants to, you know, lose just that 5 pounds I guess. Or something like that.

THERAPIST: I follow ya, yeah. **(Neutral)**

CLIENT: I don't know if I should be doing that or if I should be trying to, just sort of get a better way to tell when I've… Just kinda build my… Just be able to maybe… To ask people more… You know, "Hey, are you sure… Do you think I'm ok to drive because I feel like I'm ok? Am I acting like an idiot?" Or… I don't know.

THERAPIST: Yeah, I gotcha. You know Andrew, it strikes me that you are really bothered by this. That this is not; this doesn't fit into your idea of yourself and this is not something you want to happen again. Although, you're not thinking that you have a serious problem with drinking, you do consider it a problem enough to say 'I need to do something so this doesn't happen again.' And that's kinda what you're struggling with. You're struggling. It sounds like you're struggling with what to do about it. **(Reflection – very good, Developing Discrepancies – very good)**

CLIENT: Yeah. Yeah, well I… Maybe even about figuring out. Maybe not even just talking about what is a solution but talking about what is the problem.

[TRANSITION FROM THE INITIAL MI INTERVIEW TO MORE STRUCTURED PSYCHOSOCIAL INFORMATION GATHERING PHASE]

THERAPIST: Well, let me kinda summarize to this point because I want to make a shift cause I need to ask you some pretty specific types of questions. Two DUI's and, as you said, you were right above the limit. You didn't feel like you had drank a whole lot and that was, um, unusual for you because often you will get a designated driver if you feel like you've drank to much. And you feel maybe you had a lapse of judgment for these two times and those concern you. You also talked about your girlfriends concern about… It seems as though… Not seems, but you've kinda come to rely on the use to help you get to sleep at night so that you can get up and go to work tomorrow morning. And she's also pointed out some concerns she has about your use. She's thinking… You know maybe your, in this culture in this environment, she's afraid that you might start drinking as much as some of the other people drink. You mentioned one other guy that you played with and maybe getting into some other drugs and that concerns her. Anything else? That kinda… Anything else? **(Extensive Reflection, Closed-ended Question)**

CLIENT: No, that's…

THERAPIST: Pretty much covers it? Let me, like I said, ask you some pretty specific questions here. Tell me about your family history, growing up and so forth, where you

grew up, what it was like growing up. **(Closed-ended Question, Open-ended Question)**

CLIENT: Um, the family is from Northern Virginia. We moved around kinda… Well that's hard to answer… We moved around kind of a lot. I was born in Connecticut. We moved to South Jersey when I was two. I'm the 7th of 8.

THERAPIST: Wow, big family! **(Neutral)**

CLIENT: The family had moved around a lot in the north east before that.

THERAPIST: Uh huh. **(Neutral)**

CLIENT: My dad worked for Sylvania and for GTE... And something like that… Hot shot accountant. We moved around from area to area where they could solve problems and fix stuff. And then we moved from South Jersey to Northern Virginia when I was in 4th grade.

THERAPIST: Right. **(Neutral)**

CLIENT: So we were in Middlebrook for the rest of the time.

THERAPIST: You moved around a lot. **(Reflection)**

CLIENT: Not as much as my older siblings. They moved around sometimes every 2 years or 3 years. Especially my oldest siblings. They don't have a lot of old friends from school because they kept moving.

THERAPIST: Mom and Dad still together? **(Closed-ended Question)**

CLIENT: My mother passed away in 93. My dad remarried.

THERAPIST: Sorry about that. **(Neutral)**

CLIENT: It's a long time ago. She deserved it. She had cancer for a long time.

THERAPIST: Kind of a blessing. **(Reflection)**

CLIENT: Yeah, well yeah. She had some good years. She had one mastectomy in the mid 70s and another one in the early 80s. And they said that they were disconnected and it turned out, we only know this now, that they were essentially the same cancer. She ended up having stomach and esophageal cancer that was taken care of in the mid 80s, um, and then she went through horrible chemo therapy radiation. She was a big woman. She lost about 100 pounds. And she was in remission, she was well enough to go to England for 2 years with my dad right before they retired and then soon after they got back it turned out that it was in her spine, in her lungs and it was inoperable so… She had been aggravated and inconvenienced by it for a long time so it was, in some ways, it was a blessing. Um. But, uh, my dad remarried about two years later to a really really wonderful wonderful lady who was a friend of both of theirs from childhood. It's funny because my mom, this is off the subject, before my mom died she talked to me and let me know that "You make sure your father is dating women because your father loves being married." It was a big deal for her that dad be married, he was pretty hopeless as a bachelor, as a widower, so it was good. It was good that he found her.

THERAPIST: Sounds like ya'll were pretty close… had a close connection **(Reflection - good)**

CLIENT: Being an Irish-Italian Catholic family. Being very close.

THERAPIST: Pretty sad to see it go. **(Reflection)**

CLIENT: Yeah, yeah. It, um, kinda in a way, it kinda brought us all closer together of course, but yeah. Yeah. I was less sad than pissed off, kinda, because she was not yet sixty. So, I… You know I… I… I… It still makes me a little angry sometimes when I'm doing something particularly special, since I was 22 when she died… When I'm doing something, you know, she… I can't call her. I can't tell her about it. She can't be there cheering me on. She didn't get a chance to see me grow into the man that she molded. You know what I mean? And I guess that I intellectually know that she is looking down from wherever she is… But intellectually isn't the same thing as concept…

THERAPIST: Yeah, that kinda might be that it pisses you off sometimes when something good or some success you

had, you might like to be able to share it with her. **(Reflection)**

CLIENT: Yeah and not like every… I don't wake up with anger in my coffee every morning because of this. But it's…

THERAPIST: It's every once and a while then. **(Reflection)**

CLIENT: Yeah.

THERAPIST: Alright and a big family like you said. You ever have any concerns about your Mom or Dad's alcohol use? **(Closed-ended Question - good)**

CLIENT: Um, you know there was recreational drinking. We're… There's a lot of Irish and Italian and German in the family so you get… I guess you got whiskey and wine and beer in there I suppose… There's no big excessive drinking. We get together and hang out and act like idiots and drink a lot of beer, me and my brothers. And my dad used to always have a… He used to get home from work and walk in the door and kiss my mom on the neck and make a martini and sit down and read the national review and watch the news. And then have a beer or two watching the baseball game after dinner or something like that. But no one… There's no, like, alcoholism or drug addiction in the immediate family history at all.

THERAPIST: Okay. **(Neutral)**

CLIENT: Responsible recreational drinking.

THERAPIST: Um and your girlfriend? Any concerns about her use? **(Closed-ended Question - good)**

Client: No, no. She's not like a tea-totaler but she drinks a little. She went through a pot smoking phase in college before I knew her.

THERAPIST: Okay. Do you ever feel like that you were ever mistreated as a child, physically abused? Any sexual abuse? **(Closed-ended Question - good)**

CLIENT: No.

THERAPIST: Okay. **(Neutral)**

CLIENT: Nothing of that kind. And I was a rotten kid. I actually probably could have used a smack in the ass.

THERAPIST: Um, you mentioned the two DUI's. Anything else? Any other legal charges in your past? **(Closed-ended Question - good)**

CLIENT: Just speeding tickets on occasion. I pulled pranks as a teenager that the police warned us about but there were no charges.

THERAPIST: Tell me a little bit about your pattern of use. Are you a daily drinker? Every other day? How often do you do it, how much do you do it, you know, range when you do do it? **(Open-ended Question - poor, Closed-ended Question – acceptable)**

CLIENT: Well, um, if there's… If I'm like watching a baseball game or a football game, I'll like have a beer or two. When we have… My girlfriend Elaine is… She's a big wine nut. Everywhere she goes, she has to learn everything about the local wines, so we drink a lot of Virginia wine with meals. With dinner and stuff like that. You know, if I'm going out… You know before… We play 2 or 3 gigs… About 2 gigs a week. We usually play Friday and Saturday night. Sometimes we do a Thursday or Wednesday also. And at shows you know, I'll have like a martini with the guys before the show and have a beer next to me during the show. A beer and a thing of water. Funny, kinda. John Entwistle, the base player from the WHO, used to always have 2 bottles on his mike stand. One of them was water and one was whiskey. And he was singing for crying out loud. At least I'm not singing so I'm not trying to... I don't drink like during the show more than like one beer because it's a diuretic and it dehydrates you and I sweat like crazy. You know, we'll hang out after the show afterwards and have a few beers, scotch or something like that, afterward… after we break down and load everything back in the van so…

THERAPIST: So on the night of a gig you might have like 3 drinks. Three beers… The equivalent to 3 or 4 probably? **(Closed-ended Question - good)**

CLIENT: Yeah, that might be wrong. That's about right. Sometimes if the show went really really badly, like 4 or 5.

THERAPIST: Okay, so that's usually the higher end of your use… about 4 or 5? **(Closed-ended Question - good)**

CLIENT: Yeah.

THERAPIST: Okay. And maybe three or four days out of the week? How many days out of the week would you say? **(Closed-ended Question - good)**

CLIENT: That many?

THERAPIST: No, just on a regular. Your drinking. **(Neutral)**

CLIENT: Oh, I'd probably have at least one drink about almost every day of the week. Six or seven.

THERAPIST: Okay, okay, six to seven days. **(Reflection)**

CLIENT: We drink wine with dinner a lot, cause… Especially red wines because it's supposed to have heart benefits and it's yummy. So that's ok too.

THERAPIST: So, if you're at home, you don't have a gig, you'll do 1 or 2 and then if you're at a gig you'll do maybe anywhere from 3 up to 5 or 6 being the upper limit. **(Reflection - good)**

CLIENT: Probably something like… Yeah, yeah.

THERAPIST: And you intend to have gigs; how many a week? **(Closed-ended Question - good)**

CLIENT: Two nights a week most of the time; three nights sometimes. And during the summer time it can be 4 or 5, like as far away as Nova. We might play Jackson, Alexandria or Iota. Or we might go to Virginia Beach. We may be doing a thing at Virginia Beach, where we have almost like a residency, where we play for about 2 months, playing for 3-5 nights a week.

THERAPIST: So, in the summertime you might drink a little bit more just because you are on the road more and you have more gigs and that sort of thing. **(Reflection - good)**

CLIENT: Um, yeah, I hadn't thought about it quite that way but I guess, yeah.

THERAPIST: Alright, um, any history of depression? Any… How are you doing? **(Closed-ended Question, Open-ended Question - poor)**

CLIENT: You know, I went, not recently… I did go to a counselor in Jr. High for a little while. Not very long. My grades weren't very good and my folks were concerned that I was depressed. That was in Jr. High School. I don't pay very much attention to things, even now, I don't remember if it was a psychiatrist, a psychologist. I wasn't into it enough to pay a lot of attention to it. I've always been like that.

THERAPIST: You mean as far as not paying attention? **(Closed-ended Question)**

CLIENT: Yeah, as far as not paying attention to the things that I'm not really interested in…

THERAPIST: But you had some…**(not enough to rate)**

CLIENT: But I didn't go to see a counselor for; once a month? I don't remember… It doesn't seem like once a month would do very much good so it may have been twice a month for about a year.

THERAPIST: What was going on? Do you know? **(Open-ended Question – acceptable, Closed-ended Question)**

CLIENT: Well, I mean my mom was going through chemotherapy.

THERAPIST: I see. She was pretty sick. **(Reflection)**

CLIENT: Well and it was a little more… My oldest sister came home with… She left her husband. Her husband was beating the kids. She came home with her two kids and was pregnant with the third. She had the baby and everybody else was either too old or too busy or too young and I ended up taking care of those kids a lot as well as… My mom lost a lot of weight, she couldn't eat very much. She had this feeding tube in her nose. The fridge was like half full of these bottles of food that you would put on this thing and it would be a slow drip. And my older brother Phil helped with that a lot too; between he and I, we were doing a lot of that. It was just a bad combination of factors. My best friend Paul, is a CIA brand family, they moved out the country for a couple of years. Funding

changed for the Catholic school I was going to and they couldn't bus me in anymore. I had to go to a public school for the first time ever; I wasn't very popular.

THERAPIST: Just a lot of changes. **(Reflection)**

CLIENT: A lot of changes. Well, as well as being a 7th grader, which is depressing enough. But yeah, I am convinced that there are no creatures in the universe as evil as junior high school kids. So I don't know.

THERAPIST: Tough time anyway being a 7th grader. **(Reflection)**

CLIENT: Even under the best of circumstances; and it was bad circumstances.

THERAPIST: Mom was pretty ill and you had quite a bit of responsibility it sounds like for a 7th grader as far as taking care of kids, a friend moved away; pretty good friend… you said. **(Reflection)**

CLIENT: He has been my best friend ever since we met, my first day of school when we moved to Vienna. My first day of school in 4th grade, I ended up being seated next to him, which was fortunate. And we have been best friends ever since. He gets me Redskin tickets sometimes.

THERAPIST: He got transferred to another school too? **(Closed-ended Question)**

CLIENT: His dad works for the CIA. Actually, Paul works for the agency now as well. They moved around a lot. Before they were in northern Virginia, they were in Thailand and they were in England for about 2 y ears. It came up really really suddenly. And we communicated through letters. But I didn't really… I didn't have a lot of friends to start with and then I was in a new school as well. That's when I started reading though and that was good. I've been a big reader ever since.

THERAPIST: Kind of a way to get away for a while. **(Reflection)**

CLIENT: It wasn't like I was… We talk in terms like that, pop psychology sort of rhetoric a lot… It's not like I sat down and said, 'Oh my life is miserable, what can I do to get away from it? I know, I'll read books.' That may have happened, that may have been my sub-conscious process, I don't know. I may have just for the first time ever picked up a book that I really, really liked and thought maybe 'I'll read something.'

THERAPIST: I understand. Could have been a coincidence. **(Reflection)**

CLIENT: I try to limit how much…

THERAPIST: How you doing now with… Do you have concerns about depression now? **(Closed-ended Question)**

CLIENT: A little, I go through low jacks every now and then. I think everybody does. I think maybe its part of the artistic temperament. I don't like to blame things on that. I hate the whole idea that if you're an artist you have to be an artist because you are somehow mentally disturbed. That all artists are you know tortured souls or… I really, really reject that idea. I am an artist because I was born and created with good rhythm and because we listen to a lot of music that grunts, frankly. Not because I want to kill my father and marry my mother or anything like that.

THERAPIST: Not bad temperament…huh. **(Reflection)**

CLIENT: Yeah, exactly. Yeah, I mean I'll go through kinda… Especially if the band isn't doing well for a while or sometimes if we are doing really really well and we are really busy I'll get worried about all the stuff that I have do. I still have my job at the Dr's office and we are not getting paid enough to be doing it professionally. And I… Depressed is maybe not the best way to put it. Maybe just kinda worried about stuff. You know it's the night time, cant stop thinking sort of thing. You'll get in bed and you'll have like this project that you're supposed to be working on now… That I was… That… We've got studio time booked where we're trying really really hard to record an album. We've got studio time booked and I don't have… In the middle of the night it will worry me how much time it's gonna take to… Am I gonna be able to get Matt's truck to transport my drums… In the middle of the morning you realize that that's a problem that is solvable in 10 minutes but at night when you're trying to sleep it rattles around your head. It seems insurmountable And I always wake up in the morning

feeling like a moron and I pick up the phone and I call Matt and I say 'By the way, am I still going to be able to borrow your truck today' and he says 'Yes.' And there you go, the problem is solved. At 2 o'clock in the morning that seemed like something that was going to go on forever.

THERAPIST: So, it's more anxiety than depression that kinda gets ya.

CLIENT: I guess, yeah.

THERAPIST: Like you said, you start worrying about all kinds of different things. What happened that evening and whether things are going to work out right the next day, like you said with the example of the car and so forth. **(continued from above… Reflection)**

CLIENT: Then it feels… You… I know… At times it feels like those anxiety things are insurmountable and it gets you down, then the problems get solved and things get better.

THERAPIST: And kinda going back, that's when you're, like you said, liable to stay up late and have learned or rely on the alcohol to help you sleep. **(Reflection - good)**

CLIENT: I guess, I guess.

THERAPIST: Have you ever been admitted to any drug or alcohol treatment programs in the past? **(Closed-ended Question)**

CLIENT: (Client shakes head no)

THERAPIST: Okay, what about any mental health inpatient programs like a hospital? **(Closed-ended Question)**

CLIENT: Never.

THERAPIST: Okay. You just mentioned the one counseling you did back when you were in junior high? That's pretty much it. **(Closed-ended Question)**

CLIENT: Yeah.

[TRANSITION FROM MORE STRUCTURED PSYCHOSOCIAL ASSESSMENT SECTION OF INTERVIEW BACK TO MI]

THERAPIST: Uhm. I'm gonna shift gears again, I've got some exercises I want to do with you. **(Neutral)**

CLIENT: Okay.

THERAPIST: It sounds like you do have some anxiety that you struggle with or some worrying that like you said does keep you up at night sometimes. And that's… How long's that been a concern for you? How long's that been a struggle? **(Reflection - acceptable, Closed-ended Question)**

CLIENT: Um, just maybe the last few years.

THERAPIST: Uh huh. **(Neutral)**

CLIENT: I always had sleeping kind of problems. Problems getting the brain to shut up. Problems getting the brain to shut up. To sleep. But as long as I could grab a book… I don't need to talk about the… Like talking to yourself. Talking to yourself. So, I try talking to myself to prove it. Just really the last few years. Yeah, just really the last few years.

THERAPIST: I'm gonna go back again to pick up where we kinda stopped and talk a little bit more about the alcohol use. And again you… Two DUI's. Kind of tying it in with the anxiety; kind of using it to kinda get to sleep, to help you get to sleep. And the girlfriend identifies some; some concerns about it maybe getting out of hand like she seems to think it is with some of your friends; some of the people you play with. I got an exercise that I do with people and its kinda what I call the pros and cons. It's kinda looking at some of the benefits of using and the cost of use. One thing I haven't asked you about that I think is important for me to do before we step into this is, is there any drug use… Besides the alcohol? **(Reflection - acceptable, Pros, Cons and Ambivalence - poor, Closed-ended Question - acceptable)**

CLIENT: I've… I can't deny it now. For a while there I was smoking a little weed. Not a lot and that was more of a peer pressure kind of situation. It was another guy who was in the band at the time, Rob, who was the pianist and

that was our bonding thing. But not for a long time. Not since he left.

THERAPIST: Been a while. **(Reflection)**

CLIENT: Been 2 years.

THERAPIST: That was one instance where you said, like the peer thing, that was one instance… **(Reflection)**

CLIENT: I don't know that it was a peer pressure thing as much as… It wasn't like those commercials from the 80s with the kid saying, 'You know its gonna make you feel good, gonna make you feel good.' Cause I tried it for the first time in high school and used to do it in that kinda school kid kind of thing when you can get it, which is not very often And when you can, it's not very good. But no, I mean it was just a thing that we did. We didn't like… You know… we didn't like… It was very very rare. It was very rare.

THERAPIST: Okay. Well back to this exercise. **(Neutral)**

CLIENT: Okay.

THERAPIST: What do you think… What are the benefits of using for you? What do you like about it? What do you get out of it? You kind of mentioned it helping you to go to sleep. Maybe that's one benefit. I don't want to put words in your mouth. **(Open-ended Question, Pros, Cons and Ambivalence, Reflection)**

CLIENT: You know, it... Maybe more specifically than to help me get to sleep. Shift down into a lower gear.

THERAPIST: Okay, I understand. To help you relax. **(Reflection)**

CLIENT: You know to turn off the overdrive. It's to relax, to chill out a little bit. It's like if you go to a baseball game or a football game. You watch the baseball game with the hotdog in one hand and the beer in the other. It's part of the communal experience. You look to your left and there's your boy over there and he's got a beer and you look to your right and there's your girlfriend and she's got a corndog and she's got a beer. And it's the communal experience. If you're the guy drinking Perrier… Once again I'm making it sound like more of a peer pressure thing and it's not like people will hate me if I'm not… If they're all drinking and I'm not. It's that I enjoy being part of the communal experience.

THERAPIST: Part of the group. **(Reflection)**

CLIENT: Alcohol is not cocaine. It's a legal intoxicant. It's a very strongly government regulated product and you know its getting together with adult friends and having that kind of communal experience. It reminds you that you're not 19 anymore. In a way it's kind of nice to have a drink because you can. Does that make any sense? It sounded very profound.

THERAPIST: You enjoy being part of the communal experience. Maybe you would kind of feel a part of… Be a separate from… Kinda odd in that situation. **(Reflection - good)**

CLIENT: Odd is a good word; awkward. Frankly being the one sober person with a whole bunch of drunk musicians'; man is that boring.

THERAPIST: Not soo fun. **(Reflection)**

CLIENT: Man is that boring. I'm very, very glad than Joe doesn't drink as much. That he will always be the designated driver.

THERAPIST: So you enjoy that connection. You enjoy that time. **(Reflection - good)**

CLIENT: Connection is another good word for it.

THERAPIST: You enjoy that experience with the people, your friends and so forth. Anything else… that you enjoy about it? **(Reflection, Closed-ended Question, Pros, Cons, and Ambivalence)**

CLIENT: There is a certain amount of enjoyability to getting into a safe place at a club where everybody knows you or at somebody's place after the show at a party. And you know getting plastered and acting like a fool. And in a safe place.

THERAPIST: Just hanging out. **(Reflection)**

CLIENT: I'm trying to find more verbose and deep ways of just saying that it's fun.

THERAPIST: Okay. In a place where you feel like you're surrounded by your friends, you're comfortable, it's ok to let your hair down so to speak. **(Reflection - good)**

CLIENT: We wouldn't drink as much like at the ballgame. Or something like that cause there's guys that get drunk and act like idiots at the ballgame and ruin it for everybody else because their just idiots. But you know if you're in a safe place and you're having a party and just hanging out with the boys its fun. It's fun.

THERAPIST: Okay. Any other things? Anything else you enjoy? **(Closed-ended Question, Pros, Cons, and Ambivalence)**

CLIENT: No. I'd say that pretty much encapsulates the experience of being a musician and being with your friends and drinking.

THERAPIST: What do you feel like are some of the costs to you for using? What are some of the downsides? **(Open-ended Question - good, Pros, Cons, and Ambivalence – good, Motivation to Change - good)**

CLIENT: Lawyer fees are one.

THERAPIST: Lawyer fees, okay. **(Reflection)**

CLIENT: Tickets and court costs are one.

THERAPIST: Uh huh. **(Neutral)**

CLIENT: Um, you know, I don't know. I've always made sure that if I'm going to drink a lot, I'm going to drink a lot in a place where it's safe to drink a lot. Drink in a place where I can crash. Where, you know, if I get to a point after drinking where I get really dumb and sleepy and if I go to sleep, it's a place where I will be safe all night. I guess I kind of intellectually know that excessive alcohol is bad for your liver, whatever and of course a lot of calories. So I keep trying to lose a little bit in the front there and that just ain't happening. A high caloric content and my metabolism is such that I've never been a guy who gets hangovers. I don't know why. I've never really had a bad hangover.

THERAPIST: So that's not so much of a downside. **(Reflection)**

CLIENT: I'm not like sloppy throwing up like a lot of guys are. Joe, the guitarist in the band, he cannot drink without getting a hangover. He cannot drink without getting sick. Which, I guess, is the reason he doesn't drink very much.

THERAPIST: Not an issue for you.

CLIENT: No.

THERAPIST: You can drink quite a bit and not have a hangover the next day. **(continued from above… Reflection - good)**

CLIENT: Yeah.

THERAPIST: And it does concern you a little bit, though, that the effects it may be having on your body, the extra weight, the liver…**(Reflection - good, Developing Discrepancies - good)**

CLIENT: Uh, yeah, I mean that occurs to me every now and then.

THERAPIST: You said an intellectual sort of thing at this point, not so much… **(Reflection)**

CLIENT: Exactly, exactly. Once we're at a point where we can play music full time and that will take up less time than working 40 hours a week. Also I'll be able to get back into the gym like I used to be in high school or in college. But, yeah, I guess that's about it.

THERAPIST: You kind of had an inquisitive look when you mentioned that piece about drinking a lot and not getting hangovers. Do you have something on your mind about that? **(Closed-ended Question)**

CLIENT: Not that I'm aware of.

THERAPIST: Oh, okay. **(Neutral)**

CLIENT: No, just that I wonder what the medicine is behind that. Why some people get hangovers and other don't. Just a curiosity.

THERAPIST: It's kind of interesting to you that you are able to drink a lot as compared to other people…and not experience… **(Reflection)**

CLIENT: And I'm not like a big… I'm a little guy. You would think that it would be the guy who got really really sick and I got really terrible. I get migraines. You'd think that it would get really, really terrible headaches the next day but I don't. Perhaps I'm a medical marvel.

THERAPIST: That's kind of the interesting thing it sounds like for you. It almost has that quality of being able to… You know it's… You can do something that could be bad for you but you don't get any warning signs. **(Reflection - excellent)**

CLIENT: Yeah, yeah, yeah, I guess that makes sense. I mean, I don't get that hangover warning sign afterwards that is like you have done something horrible to yourself and like I said with both of the DUI's I didn't feel like I was drunk. So I guess that kind of makes sense.

THERAPIST: You have a high tolerance. **(Reflection – very good)**

CLIENT: I guess. I mean with those genetics.

THERAPIST: With the Irish and so forth? Is that what you're saying? **(Closed-ended Question - good)**

CLIENT: Yeah, with the Irish and Italian and German. And not knowing those tea-totaling peoples.

THERAPIST: Okay, well, what do you think some of the benefits if you were to stop your use? What would be some of the benefits for that for you? **(Open-ended Question - good, Pros, Cons, and Ambivalence – good, Motivation to Change - good)**

CLIENT: Um... Well alcohol ain't cheap. It's cheaper than smoking dope which is part of the reason I don't do that anymore.

THERAPIST: It's not cheap; so there's the expense. **(Reflection)**

CLIENT: It's the kind of starving artist thing. The first thing I'm thinking of is financial every time you ask a question... I'm really not that shallow.

THERAPIST: So, it would help you with your finances. I gotcha.

CLIENT: It would help with the finances.

THERAPIST: If you weren't using. **(continued from above… Reflection - good)**

CLIENT: You know, obviously, I've been thinking about… I've been trying to do dietary things to get into better shape. I don't eat sweets as much. I do salad and yogurt for lunch. And so that would count down on the caloric count. I wouldn't have to worry about the DUI's.

THERAPIST: It would help your belly like you said earlier. Not worry about the DUI's. **(Reflection)**

CLIENT: It would definitely put Elaine at ease. And then again she might get suspicious. She might think something's wrong. You know somebody for the certain amount of time and you fall in love with their foils too.

THERAPIST: It could create some problems maybe. **(Reflection)**

CLIENT: I'm not…

THERAPIST: Or are you just joking? **(Closed-ended Question)**

CLIENT: I'm just joking when I say that.

THERAPIST: Okay. **(Neutral)**

CLIENT: It would make her happy. It's not like a huge relationship straining problem. It would make her happy if like when she came home at night... That makes her sound incredibly shallow. I was gonna say if I had painted the kitchen or something. You know, strike that from the record. Those are bad analogies.

THERAPIST: Okay, what's some of the costs of stopping use? What would you miss? **(Open-ended Question - good, Pros, Cons, and Ambivalence - good)**

CLIENT: Those guys would… I don't know, I feel like… Well, I feel like the guys would rag on me which is not a big deal because we're musicians and we just bust on each other. We just bust each other's chops constantly all the time. Anyway. I worry that they might… you know

THERAPIST: Might…might… **(Reflection)**

CLIENT: Might feel like I'm disapproving of them.

THERAPIST: I gotcha. **(Neutral)**

CLIENT: You know what I mean?

THERAPIST: Okay. **(Neutral)**

CLIENT: You can't really... You know.

THERAPIST: I gotcha. **(Neutral)**

CLIENT: There are guys in that band that drink a hell of a lot more than I do, on a much more regular basis than I do, and there are guys that… The bass player is an older guy. He's had all these issues in multiple states and for little ol' me with my two measly DUI's. Obviously I'm exaggerating.

THERAPIST: I understand, relatively speaking. **(Reflection)**

CLIENT: Little me, with my relatively small issue, were I to stop drinking entirely, I feel like they're gonna worry that…

THERAPIST: You making a judgment about them. **(Reflection - good)**

CLIENT: Yes, exactly!

THERAPIST: Concern about the tension that would create. **(Reflection - good)**

CLIENT: Well, yeah. Maybe not tension but I can't imagine that it wouldn't be weird or awkward. Like I said drinking is part of the culture.

THERAPIST: I gotcha. **(Neutral)**

CLIENT: I'm trying to come up with a comparison.

THERAPIST: You would stand out again. **(Reflection)**

CLIENT: It would be like the one guy in the Senate who always told the truth. His friends in the Senate would be suspicious of him for doing that and they would treat him differently.

THERAPIST: You would be an oddball sort of. **(Reflection - good)**

CLIENT: Yeah. I mean, I know guys who are in the biz who don't drink. Close friends of the whole band that are a Christian, hard core band. They are all complete; it's total prohibition for these four guys. And they play the hardest, loudest, ugliest music. It's like the cookie monster in a chain saw factory and you would expect them to be… You can't even understand the words, so I don't know what they are hoping to accomplish being a Christian band. They are the guys you would listen to and expect to be the guys who do the hardest drugs and have all the groupies and do all the rock and roll stuff and they don't do it at all. And they all are the same and they do it together and after the show is done and the…

END SIDE A

CLIENT: So these guys, they can; you know, they'll finish their show in this slimy bar where everybody's got a scotch in one hand and a beer in another and in the back alley there's four people passing around a giant bong. Then they're done, they pack up their gear, and they go home. They leave. They're gone.

THERAPIST: They are all doing it as a group. **(Reflection)**

CLIENT: Yeah, but the only reason that I know these guys is that I went to college with one of them. We went to music school together. They're kinda odd balls. And it's not just like a social thing. Professionally, when you sit down with an agent… I sat down with agent and managers and promoters who were interested in our band. We took a ride around in their car or their limo and the guy sat down in his car and before he even started talking to us, he immediately took out a joint. Or would immediately pour a drink from the mini bar or something like that. So you know, if we're like in a situation like that

with a professional and he offers you a drink and you say no, they make judgments about you too. They make judgments about you too.

THERAPIST: So it would be odd. It would be strange at times… and uncomfortable **(Reflection)**

CLIENT: Yeah and annoying to be the one guy who's not faced when everybody else is having a good time.

THERAPIST: Like you said earlier, when we we're talking in the beginning. It's part of the culture. It would be like you're an oddity in this culture in terms. And that would feel pretty uncomfortable to you. **(Reflection)**

CLIENT: Yeah. It wouldn't just feel uncomfortable. It wouldn't be just like crying myself to sleep at night because my friends don't like me anymore. There are very specific things that it would very specifically make very specifically difficult.

THERAPIST: Like the situation you were just describing with an offer. **(Reflection)**

CLIENT: Promoters and stuff like that and agents and record producers. We're not headliners, we don't play a show all by ourselves. We do a show at the canal club, we headline, but there are three other bands that play before us and we hang out with them.

THERAPIST: I follow you. Even it if wasn't spoken, there would be that unspoken sense of judgment occurring. That person maybe having a judgment of you and them thinking you're maybe having a judgment of them because you're... **(Reflection - good)**

CLIENT: Well, that crap doesn't bother me a whole lot. What strangers think of me.

THERAPIST: That's not so much an issue. **(Reflection - good)**

CLIENT: For crying out loud, I do what I do really really well and watch me do it and listen to me do it and it's obvious that I do it well. That's all that I care about. I'm more concerned with professional contacts and the people I work with.

THERAPIST: So it's more to do with how it would affect your business; affecting your livelihood. **(Reflection - good)**

CLIENT: And it would.

THERAPIST: Yeah, that's more the concern if you were to stop the use. Okay, just to kind of summarize these. The pros of continuing your use, what you like about it, is that it helps you shift down, you say. It allows you to shift down to a lower gear. You also enjoy being part of that communal scene; being part of that communal experience. That connects in your life. You like that connection that you experience. You mentioned a ball game with your buddies and your girlfriend and all of you doing the same sort of thing that's fun. On the other side, flip side, the cons of continuing use. It would lower your fees; don't like that soo much. Some of the court costs, the tickets. A little concerned about how the alcohol might be affecting you physically. Like you said it was more of an intellectual thing. I hear you kinda saying its not that you've had any real negative experiences at this point.

CLIENT: No, not at all.

THERAPIST: But you know enough about alcohol to know that excessive use can harm you. Some of the pros of stopping use is that it would help you financially. Wouldn't have to worry about DUI's and it would help you on that physical side again. Maybe lose some weight, get you in shape a little bit better. Some of the cons of stopping use, you might feel that you're making a statement. That the guys you're playing with in the band… That you are disapproving of them.

CLIENT: Yeah.

THERAPIST: You also had some concerns that it wouldn't fit well with the business that you're in and with the people that you do business with. The professionals and so forth; in terms of them offering you a drink and saying 'No, no, no, don't want one' how they are going to react. How's that going to affect you and your business. **(Extensive Reflection - good, Extensive Pros, Cons, and Ambivalence)**

THERAPIST: Okay, I have a question. Imagine a ruler, and this is not necessarily wanting to quit or not quit. But

maybe just wanting to make some changes with your drinking. If you were to rate yourself on a 1 to 10 point scale with 1 being not ready for any changes and 10 being very ready for some changes, where would you put yourself? **(Closed-ended Question - good)**

CLIENT: Like a 6 or a 7.

THERAPIST: Okay. **(Neutral)**

CLIENT: Well, make that like a 7 or an 8. This DUI stuff sucks. I at least have to change something to make sure that crap doesn't happen again.

THERAPIST: So you're like… You don't want this to happen again. You are pretty upset about this. Pretty unhappy about this and you want to make sure you prevent this from happening again. **(Reflection – very good)**

CLIENT: Yeah.

THERAPIST: Okay, anything else? Why a 7 or an 8, as opposed to a 5 or a 6? You mentioned the DUI. **(Open-ended Question – good, Motivation for Change - good)**

CLIENT: Just, I don't know. I just don't like the… I don't need… I don't need it. And I know guys who need it. And I don't want to need it. I want to enjoy it. I want to drink because I want to, not because I have to and I want to head that off at the pass. I don't want to be coming in here two years from now like an addict. I'd rather come in here now, as, like a peer for advice, not in desperate need. I don't want to be in desperate need.

THERAPIST: You don't want to put it off to the point where you are totally out of control with it. **(Reflection – very good)**

CLIENT: Yeah, yeah, that's it. That's it. I want to exercise some control over it while I still have some control over it.

THERAPIST: That's commendable. That's neat. **(Affirmation - acceptable)**

CLIENT: Thank you. I hadn't really thought of it like that. That's why I talk to myself all the time. Talk about stuff. Get it squared away.

THERAPIST: So, yeah, it's something worth looking at to do something about so it doesn't get to that point, as you said where, you need it. You have to have it. You want to do it because you want to. **(Reflection – very good)**

CLIENT: Yeah.

THERAPIST: So, what do you think? What now? What do you think? What's the next step for you? **(Open-ended Question, Fostering a Collaborative Relationship, Change Planning Discussion)**

CLIENT: I think I'm gonna… It sounds soo simplistic. I think I'm gonna get drunk less. I think I'm gonna get drunk less. Just have two instead of five. I gotta figure out how to… Maybe kinda… We talked about the problems with being judged and stuff. I wonder if maybe there's some way for me to kinda get them on my side a little bit? Kind of involve them?

THERAPIST: You mean like the guys you play with. **(Reflection)**

CLIENT: Yeah, involve them in helping me out. Tell the guys, 'Hey, I got this second DUI and I'm thinking about really cutting back.' It's like I used to do drama. I used to act in high school and college and we did Treasure Island and I was Long John Silver. And I couldn't stop saying 'argh' for like months afterward and it eventually got to a point where my friends all wanted to kill me. And so I wore a rubber band around my wrist and anytime I said 'argh' they would grab it and snap my wrist. So they solved my 'argh' problem. And maybe I could give them the authority to say 'Hey, you're done.'

THERAPIST: I gotcha. Involve them in it and get their support and… **(Reflection)**

CLIENT: Yeah, enroll a couple of them in it. They're a couple of the most reliable individuals in the world. They are more enablers than anything. I said I wasn't going to say any pop psychology stuff and I just did. They're the enabler types of guys.

THERAPIST: They are more likely to encourage you to use, than to cut back. **(Reflection)**

CLIENT: (says something that is inaudible)

THERAPIST: It sounds like you have a specific goal for yourself. You don't want to get intoxicated. And even just move back from 5 to drink, down to 2. **(Reflection - good)**

CLIENT: At least on…(says something inaudible)

THERAPIST: Try to give that a try. **(Reflection)**

CLIENT: Like I said, I wanted to stop before it's a problem. I want to stop before it's a problem. I guess it happens easier for these things to get more. They kinda do that all by themselves. As opposed to getting less by themselves. You have to exert some effort for them to get less. I don't know. I never really thought about it.

THERAPIST: That kinda feels right to you, is what you are saying. That might be what you need to do.

CLIENT: I guess.

THERAPIST: Kinda changing it for yourself. Make a conscious effort at it. **(continued from above… Reflection)**

CLIENT: Yeah.

THERAPIST: So that might be a goal for you. Like you said to reduce your use, at least give that a try. **(Reflection - good)**

CLIENT: Yeah.

THERAPIST: You think you need to do anything else to kinda help you accomplish that? **(Change Planning Discussion, Closed-ended Question)**

CLIENT: Well I gotta find some way to consistently be able get to sleep before 3:30 in the morning.

THERAPIST: So maybe having… You could use some help with that. Finding something that might help you do that. **(Reflection)**

CLIENT: I don't know. Finding something… Go home and do counted cross stitch or play scrabble. Find a good encyclopedia to start reading. I don't know. Aromatherapy candles or white noise. Do something.

THERAPIST: Finding something to help you with the anxiety, to help you sleep at night instead of the alcohol. And that will help you to reduce your use. Maybe I can help you with that. Maybe that's something I can help you with. **(Reflection, Fostering a Collaborative Relationship)**

CLIENT: Sure, yeah.

THERAPIST: To close, it sounds like we have come to an end here for today. You want to make some changes, it sounds like to me. You want to reduce your use, you want to not have to rely on it to get you to sleep. You are thinking that that's gonna keep you from getting worse. As you said earlier, you want it to be a want, not a need and you'd like to head that off at the pass. Alright, why don't we close for the day. Maybe what we could do is schedule something else and see how you're doing with that. **(Reflection)**

CLIENT: Great!

MI Assessment Demonstration Interview

Tammy and Karen

Item		Page
1.	MI Rating Worksheet	165
2.	MI Adherence and Competence Feedback Form	167
3.	MI Skill Development Plan	168
4.	Rated Transcript	169

blending initiative
NIDA • SAMHSA

MOTIVATIONAL INTERVIEW RATING WORKSHEET

Demonstration 2: Tammy and Karen

RATING ITEM	ADHERENCE: FREQUENCY & EXTENSIVENESS	COMPETENCE: SKILL LEVEL COMMENTS
1. MI Style or Spirit (p.105)	Considerable	Good – engages resistant client, supportive, reflects resistance often, tries to evoke change talk. Talks fast, is apologetic, self-referential/uses "I" often.
2. Open-ended Questions (p.106)	//////////////////// ////////////////	Good – mostly clear, concise, some evocative reflections in between Qs, but a few times poorly worded or lost in complex clinician statements.
3. Affirmation of Strengths & Self-efficacy (p.107)	////////////////	Adequate – mostly notes client's willingness to talk despite her resistance, positive intentions for her kids, but not related to client's change potential.
4. Reflective Statements (p.108)	// // Ø //////	Good – reflective style throughout, accurately notes client resistance, double-sides several times, but use of "I" and cliché risks insincerity.
5. Fostering a Collaborative Relationship (p.109)	/////// Ø ///////	Very Good – "freedom of personal choice" statements to handle her resistance/ facilitate information gathering and engage her in discussion; asks permission
6. Motivation to Change (p.110)	///////////////	Good – used clear evocative questions to draw out the client's (and others') concerns about cocaine use and benefits of change.
7. Developing Discrepancies (p.111)	//////	Good – inquired how client would not like her children to know about her cocaine use, looking forward technique .
8. Pros, Cons, and Ambivalence (p.112)	///////////////	Good – pros/cons effectively reveal strong reasons for weekend cocaine use while introducing some reasons to not use cocaine.
9. Change Planning Discussion (p.113)		
10. Client-centered Problem Discussion and Feedback (p.114)	//// Ø / Ø	Adequate – Looks at client's perspective, acknowledging Social Service pressure. Carefully goes over release of info and gives feedback when solicited.

RATING ITEM	ADHERENCE: FREQUENCY & EXTENSIVENESS	COMPETENCE: SKILL LEVEL COMMENTS
11. Unsolicited Advice, Direction Giving & Feedback (p.115)	//	Acceptable – asserts anorexia is tough to handle/how it is a struggle for many women and how client's situation is a "bump in the road" that she might address in treatment.
12. Emphasis on Abstinence (p.116)		
13. Direct Confrontation of Client (p.117)		
14. Powerlessness and Loss of Control (p.119)		
15. Asserting Authority (p.120)		
16. Closed-ended Questions (p.121)	////////////////////////////////// //////////////////////////////////////	Acceptable – bulk during middle section with review of release and psychosocial issues, covering all the bases, but too apologetic

ALWAYS CONSULT RATING GUIDE WHEN TRANSFERRING FROM WORKSHEET TO RATING FORM, ESPECIALLY WHEN UNCERTAIN.

ADHERENCE RATINGS:
FREQUENCY AND EXTENSIVENESS

BEHAVIOR OCCURRED	RATING
Never occurred =	*Not at all (1)*
Once but not in depth =	*A little (2)*
Twice, but not in depth =	*Infrequent (3)*
3 – 4 times or once in some depth =	*Somewhat (4)*
5 – 6 times or more than once and once in depth =	*Quite a bit (5)*
More than 6 times or several times in depth =	*Considerably (6)*
Dominated session =	*Extensively (7)*

COMPETENCE RATINGS:
SKILL LEVEL

BEHAVIOR	RATING
Unacceptable, unprofessional =	*Very poor* (1)
Lack of expertise, competence =	*Poor* (2)
Fair; below average =	*Acceptable* (3)
Average =	*Adequate* (4)
Above average =	*Good* (5)
Skill and expertise shown =	*Very good* (6)
High level of mastery =	*Excellent* (7)

MOTIVATIONAL INTERVIEWING
ADHERENCE AND COMPETENCE FEEDBACK FORM

Demonstration 2: Tammy and Karen

MI Consistent Items		Adherence Rating*								Competence Rating**							
		1	2	3	4	5	6	7		NA	1	2	3	4	5	6	7
1	MI Style or Spirit						X								X		
2	Open-ended Questions						X								X		
3	Affirmations of Strengths & Self-efficacy						X							X			
4	Reflective Statements							X							X		
5	Fostering Collaboration						X									X	
6	Motivation to Change						X								X		
7	Developing Discrepancies					X									X		
8	Pros, Cons and Ambivalence						X								X		
9	Change Planning Discussion	X								X							
10	Client-centered Problem Discussion and Feedback						X							X			
MI Inconsistent Items																	
11	Unsolicited Advice, Directions & Feedback			X									X				
12	Emphasize Abstinence	X								X							
13	Direct Confrontation	X								X							
14	Powerlessness, Loss of Control	X								X							
15	Asserting Authority	X								X							
16	Closed-ended Questions						X						X				

*ADHERENCE: 1 – Not at all 2 – A little 3 – Infrequent 4 – Somewhat 5 – Quite a bit 6- Considerably 7 – Extensively

** COMPETENCE: 1 – Very poor 2- Poor 3 – Acceptable 4 – Adequate 5 – Good 6 – Very Good 7 - Excellent

MI Skills Development Plan

Name: Tammy and Karen Date:

Strengths Demonstrated in Session

- Very reflective and provides many opportunities for the client to describe her experience without judgment, pressure, or unsolicited input from the clinician.
- Very affirming and collaborative throughout the session.
- Keeps a client who is highly resistant to changing her substance use and who feels unfairly judged by the child protective services engaged in conversation.
- Rolls with resistance many times by emphasizing the opportunity the client has to prove social services wrong and how participation in treatment and considering altering her substance use patterns may help her make her case.
- Uses decisional balance (pros/cons) activity effectively to draw out some negative consequences of her use, albeit in the face of many perceived benefits and difficulties she believes she might experience if she were to stop using.

Skill Development

MI Skill Targeted for Improvement	What specifically will be developed or improved?	How will the goal be reached?	Date of next supervision
1. Developing discrepancies	Improve skills for developing discrepancy in highly resistant clients. Develop skill in comparing client's goals/values with behavior. Learn to reflect with emphasis as a way to handle resistance skillfully.	Discuss/read about how to identify a client's goals and values and how substance use's impact on them can reveal some motivation for change. Review points in tape where reflecting with emphasis might have been an effective strategy.	
2. MI Style or Spirit	Be less apologetic, wordy, and quick paced when seeking information or inquiring about sensitive matters. The client was engaged and did not require many of the additional qualifiers to the clinician statements and queries.	Listen to the tape and identify instances when excessive apology occurred. In supervision, practice how to simplify and rephrase these occurrences and slow down the rate of speech to improve the client's ability to respond to what the clinician has said or asked.	

blending initiative
NIDA • SAMHSA

MI Assessment Rated Transcript
Tammy and Karen

Therapist: Hi, nice to meet you. **(Neutral)**

Client: Nice to meet you too.

Therapist: I'm glad you came in today. Um, I'll tell you I'm Tammy Bays, and I'm a counselor here at the Mental Health Center. And I know that you had a little contact with us, like, before you came in. And, um, you met with someone and… and answered a bunch of questions and I'm really thankful that you were willing to come in and meet with me after all that. **(Neutral)**

Client: Yeah, no problem (laugh).

Therapist: Um, I guess, basically so you know, even though you answered all those questions with somebody, I really don't know much about you. I'm not even sure about you name, or any specifics about you. What would help me, if it's okay with you, is just too kind of; if you could tell me what brought you here. **(Open-ended Question, Client-centered Problem Discussion)**

Client: Well first my name is Karen.

Therapist: Hi Karen.

Client: Hi, um, I… I guess they wanted me to come in and talk to somebody; Social Services I guess thinks that there might be a problem with, like, me and my kids for some reason and they just wanted me to come in and talk to somebody I guess to make sure that it's okay.

Therapist: Someone at Social Services sent you here,

Client: Yeah, yeah.

Therapist: to talk with me. Well I appreciate you coming in. I know it's not a very easy step to have someone tell you to come,

Client: Yeah.

Therapist: to a place like this, so. So, can you tell me a little more about what's going on? Help me understand. **(continued from above…Reflection, Affirmation, Closed-ended Question, Client-centered Problem Discussion)**

Client: Um, well, they think that some of the stuff that I do is endangering my kids. I have two little girls, and um, and that there's some things that I do when I'm not at home that they think might be endangering my kids when I am home. So, um, I guess they just wanna make sure that I'm not gonna hurt my kids or like, abandon them or something.

Therapist: So someone at Social Services is worried about some things that might be going on, and sent you here. **(Reflection)**

Client: Yeah.

Therapist: Tell me all about; about, your two daughters just their ages or, **(Open-ended Question – acceptable)**

Client: Um, well their names are Marasol and Emma,

Therapist: Okay. **(Neutral)**

Client: And Marasol is ten and Emma is seven,

Therapist: Alright. **(Neutral)**

Client: And they're the love of my life.

Therapist: They sound cute. **(Neutral)**

Client: Yeah.

Therapist: Sounds like your girls are really important to you. **(Reflection – good)**

Client: They are. They're the most important thing to me. So, I… if it's important that I'm here to be able to make sure that our family stays together and that

everybody knows that we're okay, the three of us together, then, you know, I'll do what I have to do.

THERAPIST: What a great attitude. I mean, I know it's tough that when someone sends you to a place like this and it might not be something that you would have chosen to do on your own. It's not easy to come in and open up to somebody you don't know. **(Affirmation – good, Reflection – good)**

CLIENT: Yeah, it's kind of weird (laugh).

THERAPIST: Yeah, I'll bet it's weird. So, I'm impressed that your able to come in and have such a good attitude about this, because not everybody comes in can have a real positive, . .

CLIENT: Yeah,

THERAPIST: . . . attitude about it. ***(continuation from above…Affirmation)***

CLIENT: I just wanna do what I need to do to, to help my kids and help our family stick together.

THERAPIST: Good for you. Your family's really important to you. Well, I know that at; sometimes when Social Services sends people here it's for a lot of different reasons and it, it's usually for something that's going on outside the home, or, um. Can you give me a little bit more information, or tell me a little bit more about what it is they're concerned about. **(Reflection, Closed-ended Question - acceptable, Open-ended Question – acceptable)**

CLIENT: Um, well I, I have a boyfriend,

THERAPIST: Okay. **(Neutral)**

CLIENT: And I'm not married anymore,

THERAPIST: Okay. **(Neutral)**

CLIENT: Uh, my daughter's father; we split up a couple years ago, and so, I figured, well you know, this sometimes happens,

THERAPIST: Yeah. **(Neutral)**

CLIENT: Some marriages don't stick; whatever,

THERAPIST: True. **(Neutral)**

CLIENT: Um, that you know, now that I broke up with him, um, I am able to, like have more freedom. He kind of made me stay at home a lot with the kids and he went out and had a good time and I had to stay at home with the kids a lot. He didn't really help. But, you know, now that he's gone I'm able to do some more things that I wanted to do. And, um, so I go out more now than I used too.

THERAPIST: Sounds like that was a rough situation, . . .

CLIENT: Yeah.

THERAPIST: . . . and you made some decisions to make things better for yourself. **(continued from above…Reflection – good)**

CLIENT: Right, and you know, some of that was, you know, sometimes you need to have fun and I never really got to have any fun. He would go out and have a good time and I'd stay home with the kids. That was kind of the thing we would do at night and on weekends and stuff.

THERAPIST: Right **(Neutral)**

CLIENT: And, you know, I have a job too! I work hard and I should be able to have fun. You know, so, now I go out to party sometimes,

THERAPIST: Uh-huh **(Neutral)**

CLIENT: And my boyfriend has a lot of friends and we go and party with them and my mom watches my girls. It's not like, you know, I'm leaving them home alone or anything.

THERAPIST: You make sure that they're taken care of. **(Reflection – good)**

Client: Yeah, yeah. And you know, if they need to spend the night with my mom it's not a big deal and she loves them and they're her grandkids, you know, and she likes to take care of them. And they like spending time with her. So, it's; that's a good thing that she can help. And they love her.

Therapist: Sounds like they have a good time together. **(Reflection)**

Client: Yeah, they do, they do. And so, you know, I go out with; my boyfriend and I, you know, we've been together a couple of years, and, we don't know if we're gonna get married but I go out and we party,

Therapist: Uh-huh. **(Neutral)**

Client: And party at his friends house and, you know, sometimes, um… we just drink,

Therapist: Uh-huh. **(Neutral)**

Client: And sometimes there's other stuff there that, you know, I've tried a couple times.

Therapist: Okay, okay. So on the one hand you make these great arrangements for your kids and you have a plan, and so, basically it sounds like you're not all that concerned about your girls' safety,

Client: Yeah; no, not at all.

Therapist: You have a plan for them. But on the other hand, some other people have concerns about them. Can you tell me a little bit more about their concerns? **(continued from above… Reflection, Closed-ended Question, Motivation for Change - acceptable)**

Client: I guess they're worried that I just go out maybe, they think, too much?

Therapist: Okay. **(Neutral)**

Client: Or that I'm not at home with my kids enough,

Therapist: Mm-hmm **(Neutral)**

Client: Or maybe that I'll bring the party home or something, you know, and maybe they're worried that I'll bring the party to our house one time and I would never do that around the kids,

Therapist: Okay. **(Neutral)**

Client: I wouldn't have people drinking and stuff around them, you know, that's part of my life that's not part of our life as a family. Its part of what I do outside, you know; my boyfriend and I, we… we have a good time with our friends, but that's that, and then when I'm home I'm a mom.

Therapist: Okay. This partying thing is something that happens outside of your family and it doesn't really have a direct impact on your girls. **(Reflection – good)**

Client: I don't think it does,

Therapist: Okay. **(Neutral)**

Client: I guess other people think it does, but I don't. I don't think it does.

Therapist: What other people? **(Open-ended Question)**

Client: Um, I don't know—like they're teachers would ask me about it. You know, and, you know maybe, I dunno if my girls are mentioning maybe friends that I've gone out with in school and they don't know who they are so they ask? Maybe my kids have said 'oh mommy hangs out with them sometimes,' or something.

Therapist: Okay. So even though you always make plans for your girls and make sure they have a safe place, you're wondering if maybe your girls have said something to them. **(Reflection)**

Client: Yeah.

Therapist: Okay. **(Neutral)**

Client: Okay, you know, kids are really sharp and they know stuff.

Therapist: Kids are very smart. **(Reflection)**

CLIENT: You know, they remember everything. Names and… and maybe they hear the word party and then that makes the teachers worried. They don't want to hear about someone's mom partying.

THERAPIST: Okay. **(Neutral)**

CLIENT: You know, if I… if it was just going out on a date maybe that wouldn't worry them as much. But they hear the word party; they think it's some wild crazy thing.

THERAPIST: You go and you drink sometimes and you try to do things but it doesn't get real wild and crazy. **(Reflection – good)**

CLIENT: No, and I never like, drive drunk or anything.

THERAPIST: You've never had illegal charges related to that. This is the first big time that somebody's questioned you. **(Reflection – acceptable)**

CLIENT: Yeah.

THERAPIST: Okay, okay. So, I wanna make sure that I understand; just wanna kind of summarize for a second. It sounds like, maybe what happened is that your kids went to school and talked about some of the stuff that's; which is kind of a new thing for you, going out and partying on the weekends, and maybe a teacher was concerned and talked to Social Services. And they have some concerns, and, even though you don't see it as a big problem, you wanna come here and do what you need to do to put their minds at ease, . . .

CLIENT: Right.

THERAPIST: . . . and make sure that everything's okay. It's really important for you to stay with your kids and be an intact family. **(continued from above…Reflection – good)**

CLIENT: Yeah, it's the most important thing.

THERAPIST: Okay. It sounds like the teachers may have had some concerns or Social Services may have had some concerns. Tell me a little bit more about your concerns. **(Reflection, Open-ended Question – very good, Motivation for Change – very good, Fostering a Collaborative Relationship - good)**

CLIENT: I'm just concerned that people don't know what I'm actually doing, like they think I'm being irresponsible or maybe they think I'm being a bad mother.

THERAPIST: They might think that you're doing a lot more than you are doing. **(Reflection – good)**

CLIENT: Yeah.

THERAPIST: Tell me your version. Tell me what's sort of going on then, because it sounds like a lot of people have a lot of ideas about what might be going on. I'm more concerned with your interpretation of what's going on. Tell me, tell me what the parties are like; tell me what's going on. **(Open-ended Question – very good, Reflection, Fostering a Collaborative Relationship – very good)**

CLIENT: Well, I mean, we, you know; their just parties, their just people sittin around talking and, you know, having a few drinks and if somebody brings something else we can all share it, you know? It's not, it's not like anybody's, you know, like going crazy and breaking stuff and getting the cops called,

THERAPIST: Right. **(Neutral)**

CLIENT: You know? I mean we're adults and we have a good time and, yeah, I mean I know it's not all like, legal and whatever, but it's in somebody's house, we're not hurting anybody, we're not going out, you know, vandalizing or driving drunk and killing ourselves or other people. You know, so I don't see that it's that big of a deal; that we're partying in someone's house and it's an adult home.

THERAPIST: Things aren't getting out of control. **(Reflection – good)**

CLIENT: No.

THERAPIST: Things aren't getting to a point where you might be as worried as other people are about all this, . . .

CLIENT: Yeah.

THERAPIST: . . . but on the one hand, your worried enough about the prospect of losing your girls, . . .

CLIENT: Yeah.

THERAPIST: . . . that your willing to come here and talk about it. **(continued from above…Reflection – good, Pros, Cons, and Ambivalence – good)**

CLIENT: Yeah, absolutely. I wanna clear it up, I want people to understand what's actually happening instead of what they're afraid is gonna happen.

THERAPIST: People are really overreacting to this. **(Reflection – good)**

CLIENT: Yeah.

THERAPIST: Okay. You mention a couple of times Karen… other stuff—other drugs. I'm curious, tell me about what you've tried, what you've used there, whether or not it's been a problem for you, just to help me understand. **(Open-ended Question - good)**

CLIENT: Um, well I mean sometimes there's pot,

THERAPIST: Okay. **(Neutral)**

CLIENT: And you know, it's usually like the first thing that people have, it's just the thing that they'll have most often or the first thing that somebody pulls out,

THERAPIST: Yeah. Sometimes you drink, sometimes you smoke pot. **(Reflection)**

CLIENT: Yeah,

THERAPIST: What else? **(Open-ended Question)**

CLIENT: And you know it helps everyone just chill out and I mean there's been; somebody brought ecstasy one time and I didn't like it. So, I've only tried that once. You know, I think that's like for college kids.

THERAPIST: It wasn't your thing. **(Reflection)**

CLIENT: No! It wasn't my thing, like people do that in clubs and they get really crazy and dance all weird and, I dunno, I'm not interested. I didn't like how it made me feel,

THERAPIST: Okay. **(Neutral)**

CLIENT: So I didn't do it again.

THERAPIST: Okay. **(Neutral)**

CLIENT: Um, there's been some cocaine a few times.

THERAPIST: Mm-hmm. **(Neutral)**

CLIENT: Um, I mean I've tried that a few times, but I mean it's just something; just another thing to do at the party.

THERAPIST: It's just something that you've tried; it hasn't been a problem for you. **(Reflection)**

CLIENT: No, I don't think so.

THERAPIST: Tell me about any concerns that your boyfriend might have about this partying or your use or what's going on with Social Services right now. **(Open-ended Question – good, Motivation for Change – good)**

CLIENT: Well, I mean he's worried that my kids would be taken away too, because you know, maybe we'll wanna get married some day,

THERAPIST: Right. **(Neutral)**

CLIENT: And he loves my girls and they like him. You know, he doesn't come over to our house a whole lot, but you know, they like him.

THERAPIST: He's not there all the time, . . .

CLIENT: No.

THERAPIST: . . . but he cares a lot about them. **(continued from above…Reflection)**

CLIENT: Yeah.

THERAPIST: This isn't the kind of thing that you'd want your family to split up over. **(Reflection)**

CLIENT: No, not at all. But I mean, I do love him, and he loves me and he'd be willing to be a good dad to my girls.

THERAPIST: Okay. Tell me about his views. **(Open-ended Question)**

CLIENT: Um, I have only been with him for a couple years so,

THERAPIST: Okay. **(Neutral)**

CLIENT: I don't know like, whatever he does, but um,

THERAPIST: He parties with you some. **(Reflection)**

CLIENT: Yeah, you know, and he has a good job and has a lot of friends, you know, so sometimes he brings stuff.

THERAPIST: Okay. **(Neutral)**

CLIENT: It's just, it's like, if any of our friends brought it,

THERAPIST: Okay. **(Neutral)**

CLIENT: You know, it's just another place where they're sharing what they have; it's to help the party along.

THERAPIST: Okay. That doesn't bother you that he brings stuff. **(Reflection)**

CLIENT: Un-unh, not really. I mean that's his business if, you know, he wants to. I mean he hasn't lost his job over it or anything.

THERAPIST: Sounds like you two have; you're not exactly sure where your relationship will go, but you're talking about the future a little,

CLIENT: Yeah.

THERAPIST: 'Yeah, you know, if we wanted to get married we wouldn't want this kind of thing to split our kids up, he cares about my kids.' It sounds like your future oriented. **(continued from above… Reflection)**

CLIENT: I'd like to have a father for my girls again, because they're dad is just not really; seem to care anymore.

THERAPIST: You'd like to get remarried one day. **(Reflection)**

CLIENT: Yeah, yeah sure.

THERAPIST: Keep your family together, with someone like your boyfriend who likes them and they like him. **(Reflection)**

CLIENT: Yeah, Jeff loves them, you know, he's really good with them and they like, you know, go to McDonalds with him and stuff.

THERAPIST: Mm-hmm. So on the one hand you two are using, he doesn't have a lot of concerns about your use, and you're not all that worried about it. This is something that you've done, it's been a change of lifestyle for you, but it's not something you feel like is getting out of hand,

CLIENT: Un-unh.

THERAPIST: but on the other hand, now you have these people in your life and they're telling you 'I'm worried about this,' 'We need to take a look at this,' 'I'm worried about your kids.' That must be really frightening for you. **(continued from above…Reflection – good)**

CLIENT: It is. I mean it's like they're looking at me like I'm a monster or something and then I'm just living my life the way I wanna live it. I'm a grown up, I know what I'm doing.

THERAPIST: You're doing the best you can. **(Reflection – good)**

CLIENT: Yeah. I'm doing the best I can. It's not easy being a single mom. You know, sometimes I got to go out and party.

THERAPIST: Being a single mom is really tough.

CLIENT: Yeah.

THERAPIST: You're working really hard to do a good job. **(continued from above… Reflection – good, Affirmation)**

CLIENT: I am.

THERAPIST: So, this partying thing on the weekends is kind of a nice release for you. **(Reflection – good)**

CLIENT: Yeah, I mean it's better than other things you could do. It's better than taking out any problems I have on my kids,

THERAPIST: Right. **(Neutral)**

CLIENT: You know, and I don't use drugs at home. Never.

THERAPIST: You have lines that you don't want to cross…

CLIENT: Exactly.

THERAPIST: You don't want to bring that into your house. And at this point it hasn't and maybe there are some people who are worried that it might go there. How about your mom? Tell me about her. Now I know some people have concerns; I know you and your boyfriend don't. Tell me about her concerns or what she knows. **(Reflection - good, Open-ended Question, Motivation for Change)**

CLIENT: Um, she doesn't really ask a lot. She really just asks about what my kids are doing, I don't know, it seems sometimes like she's more interested in them than me. Like, she just loves them and is kind of just really interested in her grandkids and I'm kind of a way for her to see them. We don't really get along that great but,

THERAPIST: Okay **(Neutral)**

CLIENT: We've gotten a little closer since she's been willing to go and help me out, since Carlos and I split up; where she's willing to help us and that's kind of—we come together little by little.

THERAPIST: Sounds like you're really trying to work on a relationship with your mom, too. **(Reflection)**

CLIENT: Yeah, I am.

THERAPIST: Okay. You've got a lot of good things in the works for yourself. Some good plans—you're trying to reconnect with your mom. Sounds like, you know, you feel her focus is more on your kids. **(Reflection, Affirmation)**

CLIENT: Yeah it is.

THERAPIST: What's that like for you? **(Open-ended Question)**

CLIENT: I feel a little mad at her sometimes because, you know, I was her kid first (laugh). But, I mean, I don't really think anything's going to change it. You know, I'm 28 now, it's not like I can change the last ten years of her being kind of mad at me or whatever.

THERAPIST: You'd like her to be more interested in the things that you're doing, . . .

CLIENT: Yeah.

THERAPIST: . . . and it's frustrating sometimes that she's not, but on the other hand you kind of accept where your relationship is now and hope that things will get better. **(continued from above…Reflection, Pros, Cons and Ambivalence)**

CLIENT: Yeah, I hope it gets better.

THERAPIST: It's hard at 28 to change all the things she's been mad about over the past couple of years. Tell me more about what that is. **(Reflection, Open-ended Question)**

CLIENT: Well, um, I got pregnant with Marasol when I was in high school,

THERAPIST: Okay. **(Neutral)**

CLIENT: I was eighteen and,

THERAPIST: You've had a really tough time over the past ten years. **(Reflection – acceptable)**

CLIENT: Well, um… she didn't like that I was with Carlos in high school. He's Puerto Rican and she's like 'Why are you with a, you know, dirty spic,' or whatever she called him.

THERAPIST: Yeah. **(Neutral)**

CLIENT: And, you know, I just was like 'Well, if you can't accept who I love, then forget it.'

THERAPIST: Yeah. She's judged you some over the past,

CLIENT: Mm-hmm.

THERAPIST: but you have to be who you are. **(continued from above…Reflection – good)**

CLIENT: Yeah. And you can't help who you love. You know? If you fall in love with somebody, especially if it's high school and you're together a lot,

THERAPIST: Love is tricky. **(Reflection - acceptable)**

CLIENT: Yeah, and you know, I got pregnant and that was it. And we got married and I think she should've been kind of happy about that. You know, we were kids but we were trying to make a family.

THERAPIST: You want her to recognize how responsible you've been in some ways, even though in other ways it's been tough for you and a struggle. **(Reflection – good)**

CLIENT: I kept my kids.

THERAPIST: Your kids are really important to you. You know one thing I really like about you just talking to me for like, you know, 15-20 minutes or so is that it's really important that you're your own person. You recognize that if people are concerned, you have to do what you have to do to keep your kids. But your focus is really on them, and on being who you are and on having the kind of life that you want. You seem really driven to do that. **(Reflection – good, Affirmation - good)**

CLIENT: Yeah, that's…that's; I just want really for people to leave me alone, let me live and to be a mom,

THERAPIST: I hear you. ***(Neutral)***

CLIENT: That's it. That's all I want.

THERAPIST: You hit bumps in the road but you handle them as they come up. **(Reflection)**

CLIENT: Yeah.

THERAPIST: Sounds like you're going to handle this one too. **(Reflection)**

CLIENT: I think so.

THERAPIST: Probably just like you've handled everything else that's been going on. **(Reflection)**

CLIENT: (laugh) Yeah, you know, and I'm still here! It's not like; none of it's killed me and I'm still here.

THERAPIST: You seem very strong. **(Reflection)**

CLIENT: I try (laugh).

THERAPIST: Well, it sounds like your coming here to do what you need to do for Social Services to sort of clear this misunderstanding about your… or clear this concern up. A lot of people do, Karen, get sent to me; their ordered in some way or maybe not ordered by the court, but referred here and sometimes what I'll say to them is "I know your ordered here, you don't necessarily want to be here, but sometimes while you're here there could be something that you want to talk about or work on or focus on." We don't have to get to that now, but I'm wondering before we kind of get started on something else, is; I know, again, you've been sent here but is there anything sort of; tell me about what you might wanna talk about while you're here or what you might want to focus on. It may just be a clean record with these people. I don't know. **(Reflection, Client-centered Problem-Discussion and Feedback, Fostering a Collaborative Relationship - good)**

CLIENT: Um, I don't know. I mean, like, I dunno… with the drugs that I have tried it seems like I like cocaine the best,

THERAPIST: Okay. **(Neutral)**

CLIENT: And I don't know why that is.

THERAPIST: So one thing that comes to mind when you knew you were being sent here, one thing that sort of, your thinking about or concerned about is 'Why do I like this drug the best?',

CLIENT: Yeah.

THERAPIST: 'There's other stuff I've tried." But tell me what you mean. **(continued from above…Reflection - good, Open-ended Question – good)**

CLIENT: I don't want it to be like something I can't live without and I don't do it that much, but it seems like I wanna do it.

THERAPIST: Okay. Right now it hasn't been a problem for you. Other than the Social Services referral, that could have been about anything you were using or just for partying, but on the hand your wondering 'is this gonna be a problem for me?' **(Reflection – very good, Developing Discrepancy – very good, Pros, Cons, and Ambivalence – very good)**

CLIENT: I think so, and I don't know why I like it.

THERAPIST: That concerns you…

CLIENT: Yeah.

THERAPIST: Concerns of where you might be, six months from now—a year from now, it sort of continues. **(Reflection – good, Developing Discrepancy – good)**

CLIENT: Yeah. Because I don't know, if it's not at a party would I, you know, am I gonna be asking somebody for it? And I don't want to pressure my boyfriend for stuff.

THERAPIST: When he brings it to the party like any other friend it's cool.

CLIENT: Right.

THERAPIST: You don't want to get to a point in your relationship where you're looking at him to supply you. **(continued from above… Reflection – good, Developing Discrepancy - good)**

CLIENT: Yeah. 'Cause that's not cool, and then that puts pressure on him for something that really shouldn't be that important,

THERAPIST: True. **(Neutral)**

CLIENT: I see what you mean.

THERAPIST: So again, on the one hand as far as Social Services is concerned, this may not be a big deal. On the other hand, okay, maybe it's something that you want to take a look at while you're here, and I appreciate your honesty, because that's sort of what happens during this process—people are forced into this, or they're referred and it's not comfortable but somewhere along the way they try to learn something about themselves or take a look at something. And that's kind of what I'd like for you to do today, if we get to that, but no pressure on you. **(Reflection – good, Affirmation, Pros, Cons, and Ambivalence - good, Client-centered Problem Discussion and Feedback, Fostering a Collaborative Relationship - good)**

CLIENT: But, I don't really want you to tell Social Services that I have a problem with it, because I don't think I have a problem with it.

THERAPIST: So, if I were to tell them anything it would be that, 'look, Karen doesn't see a problem with that.' **(Reflection)**

CLIENT: Yep.

THERAPIST: This is one of those things that, I'm glad you brought it up, sometimes when Social Services refers people here, it gets confusing maybe in terms of what they want to know, what they don't. Let's make sure before you leave today that we're really clear about that. We can talk a little bit about it now if you're concerned about the kind of information you would get. Would that, make you comfortable? **(Fostering a Collaborative Relationship – very good, Closed-ended Question - good)**

CLIENT: Yeah, I wanna know what they're gonna hear.

THERAPIST: Okay, did they give you any idea of what they were looking for? **(Closed-ended Question)**

CLIENT: It just seemed like they were really scared for my kids. Like they were really scared; what's gonna happen to them and what's happening to them right now and if I'm doing stuff that's gonna hurt them.

THERAPIST: Okay. One thing, and this might be actually; you know, you've come here because of them but you acknowledge maybe there's something I need to look at. It's not a big problem, **(Reflection - good)**

CLIENT: Mm-hmm.

[TRANSITION TO ADMINISTRATIVE AND PSYCHOSOCIAL INFORMATION GATHERING PHASE OF INTERVIEW; THIS SECTION IS NOT RATED]

THERAPIST: And so this might be a nice transition; kind of what I could transition to now. It might be a little different than how we've been talking. When you come here we open your case, even if you're never going to be a client here again. So I'm going to ask you some questions that are gonna seem like, 'oh my gosh! This woman's opening my case, I'm gonna be stuck here in counseling for the next two years.' It's not like that at all. Any contact that we have with a client, where we have to open up a case, I may close it the next day if you're not interested. But if it's okay with you this might be a good time then to talk about—okay, what's the kind of information Social Services is looking for? What kind of information does this woman need to make this kind of assessment? Would it be okay with you if we kind of switched gears a little? **(Fostering a Collaborative Relationship – very good, Closed-ended Question)**

CLIENT: Okay, that's good.

THERAPIST: Well, before I ask you these questions that I kind of have to do to open up your case here at the agency I want to talk to you a little bit about the Social Services issue because it's a huge issue, and when people come in it's unsettling. And I want to honor that with you, because I wouldn't want to come and talk to somebody. So I'm real impressed that you're willing to do that. Typically the kind of stuff that Social Services might want to know, and this is going to be up to you, because you choose whether or not you would sign a release of information to share this information out there. Asking you to do it, there's sort of an understanding that you're willing to give them the information, but that, Karen is really up to you.

CLIENT: Okay.

THERAPIST: You and I can sign a release if you want to or you can think about it; to let me know what kind of information you want them to know. The kind of thing they're usually looking for is, um, 'is there a glaring problem that we really need to look at?' They'd want to know if you would, say, have a diagnosis of substance addiction, but you can choose whether or not you want them to have that information it could be that all you want me to tell them is, 'Hey, she came here for an assessment. She was compliant and cooperative and she completed it.' So a lot of this Karen is really going to be up to you in terms of what information they get.

CLIENT: Okay.

THERAPIST: You know they could pressure you for more or whatever, I can't guarantee that. There are some cases where they can subpoena my records—I'm being upfront with you about that, I'm not pleased with that. It doesn't happen very often, in fact it almost never happens. And if they do, they don't get the information, only the attorney's get it. But that's something you need to know, and I want to be upfront with you about that.

I tell them what I need to tell them to sort of give them the information they need or what your willing to give me, but there is a case that; there's a chance that they could subpoena your records,. . .

CLIENT: Mm-hmm, okay.

THERAPIST: . . . and I think that you need to know that. Again, it doesn't happen very often. They're more concerned with you coming and doing the assessment. And what happens after that is really up to you and me, not up to them. **(Extensive Client-centered Problem Discussion and Feedback)**

CLIENT: Why would they get a lawyer?

Therapist: Um, that's an excellent question. It's kind of scary to think about that isn't it?

Client: Mm-hmm.

Therapist: If they were concerned, like if you said 'No way! She can't have this information, forget it. I don't want any of these Social Workers to know anything about me." My guess is that you probably wouldn't take that approach since you already walked through the door.

Client: Yeah (laughter).

Therapist: But if you choose too, that might be a case where they get concerned and they try to court order some records. That's the only scenario I can think of where they would do that. They're going to be really impressed, from my perspective, just like I am that you came in and you're willing to talk to me. That is my impression, but I don't want to mislead you in any way and have you think that they're not going to want to know anything. Does that answer; this, it's a sticky area, it's hard for me… **(Client-centered Problem Discussion and Feedback)**

Client: Yeah, that makes sense.

Therapist: Okay. So how would you feel about signing a release? What kind of information would you want me to share with them? **(Open-ended Question, Fostering a Collaborative Relationship - good)**

Client: Just that, I have a separation between how my life is lived at home with my kids and outside with my friends.

Therapist: You want them to understand this isn't going on around your kids. **(Reflection)**

Client: Right.

Therapist: Even though you acknowledge at some point you wonder if it could progress. It's not now; and it's not around your kids. **(Reflection – good)**

Client: They're not planning on it, you know. I want them to be safe; I want them to know a safe life and life where they don't have to be afraid of the police showing up.

Therapist: I understand. You want to be a good mom. This isn't something you want to get out of hand. **(Reflection)**

Client: Right.

Therapist: Well, let me show you the release, how about that? That might answer it for you and, um, I think I have it in this packet here with all this paperwork (searching for paper). Here's kind of what it looks like Karen. You basically fill in the names of people; who would the information go to and who would send it. It would authorize me, at the Mental Health Center, to send it to Social Services. And then there are all these boxes you can check to talk about the kind of information that you would be willing to release. And we actually have to write in the dates here, because it may be that you only want them to know about the information we talked about today. It could be that if you decide to keep coming you'd want them to know that information. So we get to decide that. You get to decide when it would expire. So it could be that you don't want me to talk to any Social Workers after next week or next year or whatever,

Client: Okay.

Therapist: And so you really get to decide on this release the kind of information you want them to have. So your going to go ahead and start there; it's not typically where we start but it's kind of come up in the conversation, so why not do that. **(continued from above… Neutral administrative information sharing)**

Client: Okay.

Therapist: What do you think? **(Open-ended Question)**

Client: Sure.

Therapist: Okay. So I'm going to just say that you authorize me, and I'll put Chesterfield CSB (filling in form), that's the building that your in today. A lot of people don't hear CSB, they hear mental health. And the roll or the program; I work for Substance Abuse Services, so is it okay if I write that in there?

CLIENT: Sure.

THERAPIST: Okay. And then, just for our address, I'll put 'See Above,' because it's right up here. And then it would be released to—do you have a Social Workers name? **(Closed-ended Question)**

CLIENT: I don't remember what they said their name was.

THERAPIST: Okay, would it be okay if I just put, 'Release to the Department of Social Services,' knowing that nobody over there would probably know your case except for that Social Worker? **(Closed-ended Question)**

CLIENT: That would happen, right? They would look it up, so it doesn't show up in somebody's random pile?

THERAPIST: Right. If you want, one thing you could do is call over there and try to get the name of your caseworker, and I could write it on the release too make sure that's the person I talk to. I could give you my card and you could call me back, or use my phone before you leave.

CLIENT: Okay.

THERAPIST: And then their address is this. I'll fill that in. Some of this stuff you could check is just not going to apply like audiologic; I'm not doing hearing tests on you, birth records. It sounds like your presence here is something you'd want to let them know, . . .

CLIENT: Yeah, definitely.

THERAPIST: . . . just that you came. Okay, this is going to be one question I'm going to need to ask you anyway Karen, but, would you want them to know if you're on any medications now? Or is that something that your… **(Closed-ended Question)**

CLIENT: I don't think it's that appropriate.

THERAPIST: Okay. Um, developmental… That'd be if you were a kid. You might want to let them know when your case is closed here, or when you're done here.

CLIENT: Okay, that's good.

THERAPIST: Okay. Again, this is kind of personal; HIV information. It might not be applicable or immunization; more for a kid. Your service plan; this is going to be up to you whether or not you want them to know that. What that would mean Karen, is that if you kept coming here and you came up with a plan; like 'I wanna see Tammy Bayes once a week to discuss A, B, or C.' Sometimes people want their Social Worker to know that. It's up to you whether you want them to know what you're working on here if you choose to stay.

CLIENT: Do they look at that; like, do they think it's a good thing if people keep coming or do they think it means you have a big problem?

THERAPIST: That's a great question, I hadn't thought that through. That's an interesting question. Um, your worried that if you keep coming they're gonna go 'oh look, she has a problem. She's,'

CLIENT: And they'll think I know that I have a problem. That I'm telling myself I have a problem.

THERAPIST: Well, I don't know how I can answer the question, in terms of if it looks good or bad. What I would encourage you to do is to do what's best for you. Easy for me to say because I'm not in your situation, (laugh); where someone's going to be looking at my records. It may not be something that you want to check. But if you'd want them to know your plan, that's kind of up to you. But again, just to answer your question—I think that I would do what's good for you, in terms of how it looks and what you need to do. If you come back for five sessions, maybe don't assume that they're gonna think the worst. Again though, I can't kind of control what,

CLIENT: Yeah, I think right now I don't want them to know.

THERAPIST: Okay, okay. I don't think a lot of these are going to be applicable. Now this is one; this is probably the last one that we need to talk about. Well there are two. If you were going to see a doctor here, and I know we haven't gotten to that point in the discussion, if you're seeing a doctor; whether or not you want them to know that information. A doctor meaning like a Psychiatrist or Medical Doctor if you've had something, and again, we

haven't really talked about that so I don't even know if it's even applicable, but is that something that you'd want them to have knowledge of? **(Closed-ended Question)**

CLIENT: Only if it, like, shows that I am ok…fit…

THERAPIST: Okay.

CLIENT: It's clear I take care of my family and there's nothing that's really keeping me from being able to keep them safe and healthy.

THERAPIST: That makes sense. Why don't we not check that now then, because you—we haven't decided whether or not you would see…This is the last thing you would kind of decide Karen about Substance Abuse Assessment. That's sort of what I'm doing with you now. In fact it's exactly what I'm doing with you right now so, if I check this box what that means is that they can have general information about the sorts of stuff that we've discussed and that's going to be up to you. It may be that you just want me to let them know that you came and that we met. It's up to you whether or not you would want them to have information about the kind of stuff we talked about.

CLIENT: Maybe it would help me because they would know that I was being really up front about it.

THERAPIST: Okay.

CLIENT: Do you think they would?

THERAPIST: I think that they would appreciate the information. I think that you need to do what's comfortable for you at this point. They may want more information. They may be okay with knowing that you came. My experience is that they want a little more information so that they can ensure that your kids are safe, which is exactly what you want to do too. Show them that.

CLIENT: So they like, come looking for that information if I don't release it?

THERAPIST: I can't guarantee that, maybe not. What they would probably do, is come to you and just say, 'is it okay if we get this information?'

CLIENT: Well, but I guess, I mean it would be easier to just do it now than wait for them to come ask for it.

THERAPIST: Okay, how about I check it, but know this. I want you to understand this part too. You can revoke a release at any time. So just know that if your feeling like this isn't information you want to share any more, you can do that. Okay? I have to put dates of treatment services. I noticed in your chart that you haven't been here before. So, the beginning date I'm going to put here is today. It's up to you about whether you want me to release information that happens after today. What do you think about that? **(Open-ended Question)**

CLIENT: Um, I don't know! (laugh) I don't know what's going to happen after today.

THERAPIST: True, true. Down here we can, what we can do, is keep this release open for up to a year. You may not want it to be that long. Some people do that because it's just easier; and knowing that they can revoke it at any time, but it's sort of up to you to decide how long you would want this release to be—I don't think that you'll probably be coming here in a year. That will be having contact, but you know, some people do that just in case. If you case is closed then this wouldn't be applicable anymore.

CLIENT: Oh, okay.

THERAPIST: I just need to put a date in. So it's really up to you.

CLIENT: I don't know, like, I just want to give them whatever they need to like, clear me so that they can leave me alone.

THERAPIST: I hear ya.

CLIENT: So I don't know how long, you know; I mean do you know how long they usually ask for or they wanna get information for?

THERAPIST: Sometimes our program, you know, and again—I don't' know that you'd be in our program; this is a decision we'll make far later, but it can be a month, three months, six months, nine months, twelve months. We could put an arbitrary date and then change it later.

CLIENT: I would like three months.

THERAPIST: That sounds great. That would be February 1, 2005. And then, um, is it okay if I just close this immediately if they call me or do you want—? **(Closed-ended Question)**

CLIENT: Sure.

THERAPIST: Okay. And this authorization does or does not extend to dates after this form, meaning, is it okay if I talk to them about things that happen after this day? **(Closed-ended Question)**

CLIENT: Yeah.

THERAPIST: Okay. So all you would do is just sign here and date, okay. (Client signs form). Thanks Karen. **(continued from the multiple volleys above… Extensive Fostering a Collaborative Relationship, and Extensive Client-centered Problem Discussion and Feedback)**

CLIENT: Sure.

THERAPIST: I'm going to give you a copy of this. While we're on paper; I know paper, this is probably a lot different than when we're just kind of talking openly, so I hope you'll bear with it,

CLIENT: Yeah.

THERAPIST: It's not fun for me either. It makes me feel like I'm back in school.

CLIENT: Whatever you need to do.

THERAPIST: Okay. A few of the questions that I'm going to ask you are going to seem really personal really fast so, it's up to you just kind of how comfortable you are sharing this information. One form that I have to fill out is this admission form, and you know it goes into this database; it doesn't have your name attached to it. It's just we keep statistics on the kind of clients that we see because of the kind of funding that we get. So it wouldn't enter here to say 'Karen has these things going on.' But it goes into a general database of the kinds of clients that we see. So what would help me out is if you could sort of list; and I know you gave this information to the person before but I don't have access to that yet, so I'm sorry if this is a repeat.

Out of everything that you've used or tried, whether or not you've had a problem with it, what would you say would be the thing you use the most? Probably tried the most or your drug of choice if you had to list one? **(Closed-ended Question)**

CLIENT: Well, mostly over the past few years it's been alcohol. You know, I go out with the girls to a bar and drink, (laugh) you know?

THERAPIST: Okay, so how about I list alcohol. **(Neutral)**

CLIENT: Okay.

THERAPIST: How old were you the first time you drank Karen? **(Closed-ended Question)**

CLIENT: I don't know. It was probably some high school party, maybe 16,

THERAPIST: Okay, I'll put down 16, **(Neutral)**

CLIENT: Nobody remembers that.

THERAPIST: I know, I'm asking you to go back aren't I. Um, and frequency of use in the past 30 days, like just in the past month in general, how much would you say you drink. Some of the categories are like- everyday, a couple times a week, three to six times a week, **(Closed-ended Question)**

CLIENT: Probably a couple of times a week.

THERAPIST: Okay. What would I list next, in terms of things you've tried or used? **(Closed-ended Question)**

CLIENT: Lately it's been coke—cocaine.

THERAPIST: Powder cocaine, crack cocaine? **(Closed-ended Question)**

CLIENT: Um, a little of both,

THERAPIST: Okay, okay. **(Neutral)**

CLIENT: You know whatever's around.

THERAPIST: What'd probably be the first time you tried it Karen? **(Closed-ended Question)**

CLIENT: Um, I'm 28 now so, twenty seven; yeah, last year.

THERAPIST: Okay. And in the past 30 days, how often, again just like the alcohol: a couple times a week, everyday. **(Closed-ended Question)**

CLIENT: Um, sometimes three or four times a week but usually one or two.

THERAPIST: Okay. And recently you've been snorting and smoking, **(Reflection)**

CLIENT: Mm-hmm.

THERAPIST: Okay. I have to put a method here, of use so that's why I'm asking. Now you've mentioned marijuana. Is that something that you've used as well? Is that something that I would list or would there be something else that maybe you've tried at least once? **(Closed-ended Question)**

CLIENT: No, that's, that's something that; somebody usually has some.

THERAPIST: Okay. How old were you the first time you used marijuana, roughly? **(Closed-ended Question)**

CLIENT: Probably…18.

THERAPIST: Eighteen. And in the past month, again same kind of categories: one in three times the past month, a couple times a week, three to six times, daily. **(Closed-ended Question)**

CLIENT: Probably, I would say, a couple times a week.

THERAPIST: Okay. Thank you. Is there anything else I should list? I have three boxes here, but I can certainly add some other things that you've used or tried or,**(Closed-ended Question)**

CLIENT: Well I've only tried ecstasy that one time. That's it.

THERAPIST: Right. How long ago was that? **(Closed-ended Question)**

CLIENT: Probably a couple of years ago.

THERAPIST: Alright. Again, these questions get really weird and really personal really fast, so bear with me and just answer what you feel comfortable answering. One of the questions is 'Have you ever been admitted to a drug or alcohol treatment program in the past?' **(Closed-ended Question)**

CLIENT: No.

THERAPIST: No. Have you ever been admitted to a hospital for mental health problems in the past? **(Closed-ended Question)**

CLIENT: No.

THERAPIST: Okay. And, were you referred by the court or ordered? Did they just sort of suggest that you come? **(Closed-ended Question)**

CLIENT: I don't really know the difference.

THERAPIST: Okay. One would be that you had a copy of a court order that said from a judge that you have to come for this assessment. One would be that they strongly suggested that you come here, just sort of referred you. That could be confusing to figure out. So, you may not even know. **(Neutral information)**

CLIENT: Well they told me I had to.

THERAPIST: Okay. **(Neutral)**

CLIENT: So whatever that means.

THERAPIST: Okay. These are again, weird demographic questions so bear with me. You can tell me it's none of your business lady and I'll pull it back. Okay? Have you ever tested; you know the TB test they give you? Have you ever tested positive for TB? **(Closed-ended Question)**

CLIENT: (Inaudible)

THERAPIST: Have you ever been tested for HIV? **(Closed-ended Question)**

CLIENT: Yes.

THERAPIST: Were you negative? **(Closed-ended Question)**

CLIENT: Yes.

THERAPIST: And, are you pregnant again? **(Closed-ended Question)**

CLIENT: No.

THERAPIST: Okay. You have two children under eighteen when you had them. **(Neutral)**

CLIENT: Mm-hmm.

THERAPIST: Okay. And they're still living with you? **(Closed-ended Question)**

CLIENT: Yes. They're together, both of them.

THERAPIST: This is another personal question, so I apologize for it. It's another thing that we kind of keep track of. Has there been any domestic violence in your home, as it is now? **(Closed-ended Question)**

CLIENT: No. There was when Carlos was around but,

THERAPIST: Not since Carlos. **(Reflection)**

CLIENT: He's gone now.

THERAPIST: Okay. Carlos has been gone for a couple of years? **(Closed-ended Question)**

CLIENT: Mm-hmm.

THERAPIST: Sounds like you've made a really good decision with that, it must have been hard, that. **(Affirmation - acceptable, Reflection – poor)**

CLIENT: Yeah.

THERAPIST: And, okay, let's see. I only have a couple more questions here. **(Neutral)**

CLIENT: Okay.

THERAPIST: Sorry. Okay, this is personal. Feel free to share or to say it's something you wouldn't really want to discuss. One thing they don't ask you when you first come in is if you've had any previous treatment, like a mental health diagnosis. Some people come in and they'll tell me they've been diagnosed with depression in the past or anxiety disorder or something. Has there been a past mental health diagnosis that you've had or previous treatment provider? **(Closed-ended Question)**

CLIENT: I was anorexic for a while.

THERAPIST: When did you get treatment for that Karen? **(Closed-ended Question)**

CLIENT: I guess I was like, fifteen or sixteen.

THERAPIST: You sought counseling for a while or you went to a hospital? **(Closed-ended Question)**

CLIENT: Mm-hmm, I went to a counselor for a little while.

THERAPIST: Do you remember who that was? I know that's been a while ago. **(Closed-ended Question)**

CLIENT: I think it was at school initially, so I don't even remember if it was just the high school person or,

THERAPIST: You'd say your okay now, your not having any symptoms? **(Closed-ended Question)**

CLIENT: I don't think so. I mean I don't think about being fat anymore or… and I don't have to worry about how do I fit in to… just so many pieces anymore.

THERAPIST: Sounds like you've struggled with that, but you really got through that,

CLIENT: Yeah.

Therapist: That's really impressive. That's a tough thing to deal with. I meet a lot of women who deal with that and it's a big struggle. I'm impressed that you got help for it so young. **(Reflection, Affirmation, Unsolicited Advice/Feedback - acceptable)**

Client: Well, my parents kind of made me. They got scared, so, I guess I should thank them for that.

Therapist: Any other diagnoses I should know about? **(Closed-ended Question)**

Client: Un-unh.

Therapist: Any current medications that you're taking? **(Closed-ended Question)**

Client: I'm on the pill.

Therapist: Okay, birth control?**(Closed-ended Question)**

Client: Yeah.

Therapist: No other medications. No prior hospitalization you've said? **(Closed-ended Question)**

Client: Un-unh.

Therapist: Okay. This is again, another weird question. It's okay if you don't want to talk about it. I get some information from the first appointment you had. Anything that's rated over what we call a Level 2 is something that we talk about and one thing that you were rated high on is just, um, depression or suicidal ideations. I just wanted to; I do this with everyone, so don't take offense to it. But I just want to make sure that you're not having any current thoughts of hurting yourself or you know, just that safety isn't a concern for you right now. **(Closed-ended Question)**

Client: I don't think so, I mean I get overwhelmed sometimes but you know I deal with it.

Therapist: Okay. Again, I know that's a weird thing to kind of bring up not knowing me very well, but it's just something I wanna check out. If you're here, if you leave I just wanna know that you're safe and you're okay. Okay? I think; let me see here, are you employed right now Karen? **(Closed-ended Question)**

Client: Yeah.

Therapist: You don't have to tell me where, but can you give me kind of an idea what you do. That was one of the questions on the form. **(Closed-ended Question)**

Client: I do data entry stuff.

Therapist: Okay. Are you working full time right now? **(Closed-ended Question)**

Client: Um, I temp so it's kind of like when I get the work, but I've been putting some good, like long term things.

Therapist: Good for you. **(Neutral)**

Client: Yeah, I learned how to type in high school.

Therapist: It's one of those things, **(Neutral)**

Client: You know, (laugh) it pays the bills I guess.

Therapist: No kidding, it pays off in the end. And, I'm gonna get a lot of this information from the assessment you did with the person you met with before me, but I'm wondering, again this is personal, you can tell me look lady none of your business, but I'm wondering if you've had any legal problems in the past or your on probation or anything like that. **(Closed-ended Question)**

Client: Un-unh.

Therapist: Sorry. **(Neutral)**

Client: It's okay.

Therapist: And then the last thing is; we ask you all these questions about your problems but one thing I like to know too if I'm going to help you, whether you stay or not, is to know some good things about you. You know, when people are referred here we ask you a million questions about things that might be going on but equally important is what your strengths are and so; what would people say is good about you, what are your strengths.

What are you good at? What do you like? **(Open-ended Question)**

CLIENT: I like to organize stuff. Like in my temp jobs sometimes they have me do that. Things that need filing and stuff like that.

THERAPIST: I wish I was organized. I'm so impressed. You like to organize things. **(Reflection – acceptable)**

CLIENT: Yeah.

THERAPIST: So you're in the right profession. **(Neutral)**

CLIENT: (laugh) Yeah, I guess.

THERAPIST: What else? **(Open-ended Question)**

CLIENT: I like to sing songs with my little girls.

THERAPIST: Another thing I can't do (laugh). I'm really impressed today. **(Neutral)**

CLIENT: I think it's good for those; you know, like CD's for kids, . . .

THERAPIST: They are so cute. **(Neutral)**

CLIENT: . . . they learn songs and you sing along. You have a good time.

THERAPIST: Sounds like you like to spend a lot of time with your girls. **(Reflection – acceptable)**

CLIENT: We have a good time. We're all buddies (laugh).

THERAPIST: What else; what would other people say is good about you Karen, or what your good at? **(Open-ended Question)**

CLIENT: I like to help people—if I can.

THERAPIST: Okay. Anything else? **(Closed-ended Question)**

CLIENT: Maybe my kids could help me come up with something (laugh).

THERAPIST: (Laugh) I'll bet they would, they're not here but I'll bet we'd have a whole mommy list of strengths. **(Affirmation – acceptable)**

CLIENT: Yeah, I would hope so.

THERAPIST: Tell me; this is a weird question and people are always like, 'what do you mean?' What are your needs, like do you have any, not just treatment needs, like needs from a counselor but are there things coming into an agency like this you might think, 'wow, this might be a need that I have.' And you may have none, I'm not sure, but…**(Open-ended Question – acceptable)**

CLIENT: I think I'll put time (laugh).

THERAPIST: Don't we all! I'm going to write more time down. **(Neutral)**

CLIENT: I need more time! You know, there's only so many hours in the day to balance everything.

THERAPIST: As a single mom for sure. **(Neutral)**

CLIENT: Yeah, you know. Like work then come home and do house stuff and there's hardly any time to, . . .

THERAPIST: Dinner and homework. **(Neutral)**

CLIENT: . . . have fun, you know. Help with homework and then it's time to go to bed.

THERAPIST: Do you have transportation here? **(Closed-ended Question)**

CLIENT: I took the bus.

THERAPIST: Okay, okay. Again, we're not at the point to decide what you'd be doing after this but just know that we offer some transportation. So that might be a way that we can help you. **(Fostering a Collaborative Relationship)**

CLIENT: Mm-hmm. I mean it would be nice to have a car, but then I'd have to pay for it.

THERAPIST: I know. **(Neutral)**

CLIENT: Yeah sure I need a car, but I need the money for the car.

THERAPIST: Right. So even if someone magically handed you the car right now, . . .

CLIENT: Yeah.

THERAPIST: . . . just all the expenses would be, **(continued from above… Neutral)**

CLIENT: Thanks, but I need to pay for the insurance and gas.

THERAPIST: What about your abilities Karen, I know that you're good at temp work and that you're very organized. What else could I put down? It could be work abilities or also be hobbies. **(Open-ended Question)**

CLIENT: I guess I'm pretty good with people.

THERAPIST: Good with people. **(Reflection – acceptable)**

CLIENT: Data entry jobs are also receptionists, and I've gotten a few of those.

THERAPIST: Okay, okay. Good with people. And this may be a hard question to answer, because we're really not there but, um; maybe I'll wait, I'll wait till we get there; but it talks about preferences. Meaning, some people when they come in we know like, 'my preference is that no matter what I want to see a woman counselor,' or 'my preference is that I would want to come to individual counseling and no groups.' And we may not be there yet, but I didn't know if you might have any preferences in terms of that. **(Closed-ended Question)**

CLIENT: I would only want to be in a group if it was people like me and I didn't know any of them.

THERAPIST: Okay. So anonymity is really important to you. **(Reflection)**

CLIENT: Yeah, it's really important.

THERAPIST: I understand. Okay, well I've done tons of this paperwork and I know you're probably sick of all that but it's important for me, so I appreciate you taking the time. **(Neutral)**

CLIENT: No problem.

[TRANSITION FROM ADMINISTRATIVE/PSYCHOSOCIAL INFORMATION GATHERING SECTION TO MI SECTION]

THERAPIST: Now I'm going to try and transition again, this is sort of a three phase process when you come here. The first phase is for me to get to know you. I know nothing about you and you really helped me with that. The second phase, which we just did, is to get all the agency paperwork done and just get the nuts and bolts of what I need to do done. So I appreciate you doing that. The third thing I really wanna do is just kind of better understand what you hope to achieve here. I know that you've been referred here by Social Services. Part of you thinks, 'look, they're really exaggerating here, this isn't a problem—I'll party a little, no big deal,' but there's part of you in the beginning that was really honest, and I appreciated that; that said, 'you know, is this something I'm going to have to worry about later? I don't want to get to a point where I have to.' And so what I thought we might be able to focus on is just kind of better understand that part, if that's okay with you, . . .

CLIENT: Okay.

THERAPIST: . . . and just kind of be more open ended again and more informal. I'm wondering; like on a scale of 1 to 10, just hypothetically, 1 being this is not important at all and 10 being, this is something that's so important I want to work on it and talk about it today. How important is it to you to kind of take a look at your cocaine use or the partying; this stuff they sort of referred you here for. **(continued from above… Reflection – acceptable, Affirmation – acceptable, Pros, Cons, and Ambivalence – acceptable, Fostering a Collaborative Relationship – acceptable, Closed-ended Question)**

CLIENT: A five.

THERAPIST: A five. Let me write that on the sheet here. What made you pick a five? **(Open-ended Question)**

CLIENT: Because, it's; I mean a five is in the middle (laugh). And it's something that I know is important to talk about but I think that I have a healthy perspective on it.

THERAPIST: Okay. Five sounds like a perfect number for where you are right now. It's important but on the other hand, why are they so worried about it. Okay, okay. I'm wondering what might make you get to a six or seven. Is there anything you can imagine happening, just hypothetically, that might get you to a six or a seven? That might make you a little more concerned. **(Reflection, Open-ended Question, Motivation for Change - good, Closed-ended Question)**

CLIENT: Maybe if; um, somebody from the school found out, or knew somebody at the party who saw me there. If somebody found out and it got back to people like teachers. Then I'd have more people to explain it to.

THERAPIST: One thing that might worry you more and make it more important to you to take a look at is if more people were concerned. **(Reflection - good)**

CLIENT: Yeah.

THERAPIST: Okay. That makes sense to me. Kind of on a similar note, how ready are you at this point, and you can be completely honest; how ready would you say you are to kind of talk some more about your cocaine use and any fears that you might have? Again, same scale 1 to 10. Not just how important it is but if you had to pick how ready you were right now to commit to talking about something like that. What do you think? **(Closed-ended Question - good)**

CLIENT: Um, probably four.

THERAPIST: A little less. What made you pick a four? **(Open-ended Question – good)**

CLIENT: Because I don't really understand why I like it,

THERAPIST: Okay. **(Neutral)**

CLIENT: And I don't understand why I like it more than other things.

THERAPIST: So there's at least one reason why you might be ready to talk about this and that is: 'I just don't get why this is so important to me or why I like this so much.' **(Reflection – good)**

CLIENT: Yeah.

THERAPIST: But you didn't pick a one. **(Reflection – good, Motivation for Change - good)**

CLIENT: Well I know it's important. I mean, this is the thing that I guess made people, I don't know; this is the thing that makes me worry I guess.

THERAPIST: I knew it made people worry. I guess I didn't notice that it made you worry so much. Tell me what you mean. **(Reflection – good, Open-ended Question – good, Motivation for Change - good)**

CLIENT: I don't wanna think that I can't stop any time. And I don't think that's a problem right now. But, um, some people get there.

THERAPIST: You know what I like? I like what you're saying; you're saying, 'look, I disagree. I don't think that this is a big problem for me.' What I like is that your perspective is very future oriented. You think of your girl's future, your relationship future, your future with your mom and your future with this too. And you're saying, 'okay, look you people are wrong but maybe because I like this so much I need to take a look at it.' **(Reflection – good, Affirmation – good)**

CLIENT: Yeah.

THERAPIST: I like that. **(Neutral)**

CLIENT: I have a lot of life ahead of me, you know; I don't want to mess it up.

THERAPIST: Absolutely. Your twenty-eight, your whole life ahead of you and your girls are young and I like that. Last sort of question along this line, I asked you what might make it more important to you. Same kind of thing; what might make you think higher than a four, what might make you more ready to look at it? **(Open-ended Question – good, Motivation for Change – good)**

Client: If I thought about doing it at work or if I thought about doing it when I was with the kids, which I don't do.

Therapist: I hear you. You're not doing that in your home. It's really contained now; it's happening at a time that you're not with your kids. **(Reflection – good)**

Client: It's when I'm there; it's when it's there.

Therapist: You would recognize it as a problem right away if you started using around your kids or at work. **(Reflection – good)**

Client: Yeah, if I wanted it outside of a party.

Therapist: Okay. That's a good perspective. It sounds like that's a good gauge for you in terms of how you would know it would be a problem. But on the other hand, you haven't gotten to that point yet and people are already kind of saying that it's a problem. **(Reflection – good)**

Client: Yeah.

Therapist: Okay. I'm wondering, again hypothetically—and your doing a really good job with this; I want to kind of keep going. Hypothetically, what might your life be like a year from now if you kind of continue to party the way you do now, or continue to like cocaine as much as you do now? I'm not sure, what do you think? **(Open-ended Question – good, Developing Discrepancy - good)**

Client: I don't know, I mean, I don't know what happens if you use it a lot of times.

Therapist: It's hard to say when you don't even know how it can affect you, . . .

Client: Right.

Therapist: . . . down the road. People's experiences are different and you may have heard some things about it, it being this or that; being addictive or whatever. But it sounds like regardless of what people say or what information you have about it, you know that if you started to want to use it more that would be a problem. **(continued from above…Reflection – good)**

Client: Yeah. I think so.

Therapist: Okay, okay. What do you think your life would look like if you changed your partying or if you changed your cocaine use altogether? Just curious, if you just decided that this just isn't for me or I'm done with this; what might your life look like? Would it look any different? **(Open-ended Question – good, Developing Discrepancy – good, closed-ended question – good)**

Client: I don't know if I'd have as many friends, because I see them at parties.

Therapist: One thing that would really change is that you'd lose contact with a lot of people that you use with now. **(Reflection)**

Client: Yeah, because we're all together and this is kind of our thing. We all get together and we have a good time together. And we all work during the week so this is like our thing on the weekends. We get together.

Therapist: Things might be really different for you if you gave this up you might lose a lot of people that you connect with on the weekends and hang out with. **(Reflection)**

Client: Well I don't wanna look like the one person that's not joining in the party.

Therapist: Mm-hmm, mm-hmm. Don't want to be left out. **(Reflection)**

Client: I don't want to be like, the loser at the party (laugh).

Therapist: 'Where did Karen go?' (Laugh) yeah, **(Reflection)**

Client: Sometimes I think if I changed a lot we might not all hang out together any more and I have to find new friends, when I'm 30 or something.

Therapist: You wonder what your social life might be like. Okay, so you can see clearly what it might be like if you stopped using altogether. It's harder for you kind of to imagine what it would be like if you continued using. **(Reflection - good)**

CLIENT: Cause I don't know; I mean that's what party; a party is to us. You know, that's something we do together.

THERAPIST: Socializing is a big deal for you and having some time to unwind. You bring up a good point. And maybe there's something else, if your okay with it, this is up to you—are you tired, are you okay with going a few more minutes? **(Reflection, Fostering a Collaborative Relationship, Closed-ended Question - good)**

CLIENT: No, I'm okay.

THERAPIST: Okay. You brought up a good point because I think that people forget that people use for a reason too. I mean, nobody would go out and use if it were just only a horrible thing, you know? There are some benefits to using too, and sometimes when you're at a crossroads like you are right now in your life. Or you're here, but maybe you don't want to be here but your willing to take a look at it, sometimes it's helpful to take a look at that; the good things and the not so good things about using and not using. And you don't have to do this, but I'm wondering if you'd be willing to do that with me now. **(Pro, Cons, and Ambivalence, Closed-ended Question)**

CLIENT: I mean, I don't know what the bad things are, so…

THERAPIST: Well, let's talk about it a little. Let's either make some guesses or leave that blank or say I'm just not sure. Okay? **(Closed-ended Question)**

CLIENT: Okay.

THERAPIST: My sheet here, the form that I use, talks about alcohol and other drugs, but I wanted to kind of focus on, if this is okay with you, cocaine; only because it's something you've brought out a couple of times as being a big thing. I'm not minimizing alcohol; sounds like it's a; it could be something that Social Services are worried about too. I don't know. Maybe we could do both, then we could, you know, combine them. I'm wondering Karen, what do you see is some benefit by continuing to use; you've listed some. What would be the good thing about continuing to use on the weekend? **(Open-ended Question, Fostering a Collaborative Relationship, Pros, Cons, and Ambivalence)**

CLIENT: Well it's around a lot. It sounds so lame but, yeah, everybody else is doing it. You know?

THERAPIST: (Laugh)

CLIENT: And it's something that's an experience that we can share; a shared experience.

THERAPIST: Sounds like a big social outlet for you. **(Reflection - good)**

CLIENT: Yeah, it is.

THERAPIST: What else? What am I leaving out? **(Open-ended Question)**

CLIENT: I like how it makes me feel. I'm not going to lie.

THERAPIST: I like that about you; you're open. You like how it makes you feel. It's a shared experience; it's a social outlet for you. You're around it a lot and everybody is doing it, . . . **(Reflection – good, Affirmation)**

CLIENT: Uh-huh

THERAPIST: . . . yeah, okay. A lot of your friends are doing it. A lot of the people you have contact with on the weekends are doing it. Okay, anything else I should add? **(Reflection, Closed-ended Question)**

CLIENT: No, that's about it.

THERAPIST: Okay. Let's talk a little about the not so good things about continuing to use. Let's kind of run that by. **(Pros, Cons, and Ambivalence, Motivation for Change)**

CLIENT: Well I don't know what's going to happen if it's, like, not around.

THERAPIST: Tell me what you mean. **(Open-ended Question)**

CLIENT: Is it going to change the people who, I mean with right now, if it's not there and we're not doing that together I don't know what else to do.

THERAPIST: Will I have friends…

CLIENT: Yeah.

THERAPIST: Is that what you mean? **(Reflection – acceptable, Closed-ended Question)**

CLIENT: Well, I don't know, like, the kinds of things we'll do instead.

THERAPIST: What will we do. **(Reflection)**

CLIENT: You know, because it's a part of my life.

THERAPIST: What will we do to relax; to get together and relax. **(Reflection)**

CLIENT: Yeah.

THERAPIST: So that would be one not so good thing about it. Okay, what are some not so good things about continuing to use? Like if you continued to party on the weekend, what would be some cons, some negatives; some not so good things about continuing to use? **(Open-ended Question – good, Pros, Cons, and Ambivalence – good, Motivation for Change - good)**

CLIENT: I mean, I don't know how it gets there, but I don't want to get to a point where I don't want to stop. I feel like I can stop now.

THERAPIST: Sounds like what you're saying is that you don't want to get hooked. Okay, what else? What other concerns or not so good things. **(Reflection, Open-ended Question, Pros, Cons, and Ambivalence, Motivation for Change)**

CLIENT: Somehow I'm going to slip and my kids are going to ask what cocaine is and I'll have to explain it.

THERAPIST: Your kids might find out. **(Reflection)**

CLIENT: Yeah, because I don't do it around them.

THERAPIST: Right, but you said earlier, 'kids are smart,'

CLIENT: Yeah.

THERAPIST: Kids pick up on stuff. It sounds like your little girls are very smart, and your wondering—gosh, what would it be like if they found out and I have to explain this to them. **(Reflection – good, Developing Discrepancies – good)**

CLIENT: Yeah, I don't want to have to explain that. They're not old enough to know what drugs are, what partying is. They shouldn't have to know. You know, when they're old enough to decide if they want to do stuff like that, they can decide.

THERAPIST: Okay. So some good things about continuing are: it's around a lot, my friends are doing it, it's a big social outlet, I like how it feels, and we can share it. But on the other side if you continue to use your wondering—am I going to get hooked, is this going to be something I'm going to need, are my kids going to find out? Are there other not so good things? Those sound like the two big ones for you. **(Reflection, Pros, Cons, and Ambivalence – good, Motivation for Change, Closed-ended Question)**

CLIENT: They are, yeah, the big ones.

THERAPIST: Okay. Tell me about some benefits, what some good things about stopping would be. If you cut it all out; just hypothetically, you decide not to use anymore. What would be some good things about that? **(Open-ended Question – good, Pros, Cons, and Ambivalence – good, Motivation for Change – good)**

CLIENT: Um, maybe; it's hard to say, it's such a part of what I do now.

THERAPIST: It's hard to even imagine just stopping, isn't it? **(Reflection, Closed-ended Question)**

CLIENT: Yeah, it is. Wow, I never really thought about that. Um, what would be good about stopping?

THERAPIST: Yeah. If you just decided this is it for me, I'm over it, again this is hypothetical. What would be good about that? ***(Open-ended Question, Pros, Cons, and Ambivalence, Motivation for Change – good)***

CLIENT: I mean I would be able to find other things that I like to do; other than parties.

THERAPIST: Okay. Be able to sort of expand yourself and find other things. Okay, that's a good one. I hadn't thought of that. What else? **(Reflection, Open-ended Question)**

CLIENT: I don't know; it'd be nice to know what it feels like to not do that and still party. I mean, I don't know what that's like really.

THERAPIST: It would be nice to know that you could have a good time and relax and unwind without getting high. **(Reflection – good)**

CLIENT: Yeah,

THERAPIST: Okay. **(Neutral)**

CLIENT: It would be nice to know. That sounds kind of, Pollyanna to me but,

THERAPIST: (Laugh) you don't sound lame or Pollyanna to me (laugh). Okay, I like it. Alright, you already gave me one not so good thing about stopping, so I put an arrow down here because I want to shift to that. A not so good thing if you just stopped would be—what would happen if it's not around, like what are we going to do on the weekends? Can you think about some other not so good things about just cutting it out? Some good things about cutting it out are—wow, I might be able to find other things to do! I might have fun without getting high. What are some not so good things about just stopping? **(Reflection, Open-ended Question – good, Pros, Cons, and Ambivalence – good, Closed-ended Question)**

CLIENT: Jeff has it and he gives it to me and it's like, it's something that; sometimes he gives some to me, and it's like a present.

THERAPIST: It's nice to be able to get something from Jeff or for him to think of you. I wanna make sure I have this right. **(Reflection - good)**

CLIENT: Yeah, and I don't know; maybe that…

END OF SIDE A

THERAPIST: So you were just saying that Jeff gives it to you and you wonder how it might feel for him to say 'no, I really don't want this.' **(Reflection)**

CLIENT: Yeah. I don't wanna like; I mean it sounds dumb, but it is like a present and if your boyfriend wants to give you something, you don't say you don't want it.

THERAPIST: Actually, it doesn't sound dumb to me at all. I'm just amazed because I hadn't thought of that and I'm glad you're willing to talk about it. It hadn't occurred to me but, yeah, one of the cons or not so good things about stopping is—what if he offers it to me and I turn it away; what will that do to our relationship or what will that feel like to him? How he feels in all this matters to you too. Your relationship is important to you; and what will happen if it's not around. What are my friends and I going to do? Relationships are really important to you, not only with your daughters, but also with your friends and your boyfriend. Anything else that maybe we hadn't though of? **(Affirmation, Reflection – good, Closed-ended Question)**

CLIENT: No, I think that's pretty much all I can think of right now, because I haven't really thought about not doing.

THERAPIST: What's neat to me is that as you were doing this you came up with a lot of stuff that you hadn't thought of and I hadn't thought of. It's kind of a neat exercise. It can get confusing, the pros and cons of this and that,

CLIENT: Yeah.

THERAPIST: but would it be okay with you if I just kind of read it back? **(continued from above…Affirmation, Closed-ended Question, Fostering a Collaborative Relationship)**

CLIENT: Sure.

THERAPIST: Okay. When we were talking about, well what if I gave this up or what if I didn't, you know, what would that look like? Some of the benefits of just continuing to use are; you were real honest, look, it's around a lot, it's a great experience for me, I like how it makes me feel it's a social sort of shared experience. I

appreciate your honesty about that. Some not so good things, though, about continuing along that path are: well what if I get hooked, or what if my little girls overhear something and start to figure this out and start asking questions? That would be a hard thing for you. So if you decided to stop altogether some good things about that too might be: wow, I might be able to find some other things to do and kind of expand my horizons and find out more about myself. And it might be nice to know that I can have fun on the weekends and relax without getting high. On the other hand, some not so good things about just cutting this out altogether is; you know, what will happen if it's not around? What are my friends and I going to do on the weekends, and what if they think I'm being lame and they, you know, kind of cut that off? And, what if Jeff offers this to me? This has been a part of our relationship, you know, we've used together; will that be weird to him or turn him away?

So, this is really a complex thing that we're talking about. **(Extensive Reflection – good, Pros, Cons, and Ambivalence – good, Affirmation)**

CLIENT: You know it's more than I ever thought about.

THERAPIST: Me too (laugh), and I'm wondering; it says to me you've made other changes in your life that you've really thought through. Even though you probably didn't write it down on paper like we just did and give it numbers, from like one to ten, my guess is that you went through a process that was similar to this; maybe in your head or with someone else, and you were able to figure it out. And I have no doubt that you'll figure this out too. It's another bump in the road and how you got here may not be great but that if you choose to stay, that while you're here, you're going to make some decisions. Okay, so it's kind of neat to talk to you about that. **(Unsolicited Advice and Feedback - acceptable)**

I'm wondering, what would be the next step for us? You've been here for an hour, a little over an hour, and I know you're probably wiped, because you've filled out all this paperwork. You know, this is for an assessment and I have enough information just to do a general assessment, but it'd be nice if you came back; that's up to you, but I'm wondering from your perspective, not from Social Services perspective or from my perspective. Just sort of, at this point, what might be the next step for you? Would you want to come back and talk to me some more or would you want to think about it for a while, would you want to hear something about the kind of program that we offer? It's really up to you at this point. I've enjoyed talking with you and seeing both sides but, you know—we can't do it all in one session. I kind of wanted to put the ball in your court and see what you were thinking after picking your brain with some of this information. **(Open-ended Question, Fostering a Collaborative Relationship – very good, Closed-ended Question – acceptable)**

CLIENT: Well, you know I didn't come here because I wanted too,

THERAPIST: I do. **(Neutral)**

CLIENT: So it's kind of hard to think about wanting to come back because I was kind of forced to come here.

THERAPIST: Yeah. **(Neutral)**

CLIENT: I mean you're really nice and it's been nice talking with you and stuff but… I don't really know about coming back because I didn't come here, you know, because I wanted too.

THERAPIST: Yeah, so when you walked in that door the thought wasn't, 'Hey, I'm going to come back and see her everyday!' **(Reflection)**

CLIENT: Yeah, it's not stuff I want to do all the time.

THERAPIST: Yeah, so coming back all the time and doing that is not something you can imagine. **(Reflection)**

CLIENT: No, not right now.

THERAPIST: But on the other hand I'll bet coming through the door you didn't imagine that you might see both sides to this, or maybe have some concerns about cocaine or… **(Reflection, Pros, Cons and Ambivalence)**

CLIENT: Yeah, it's nice to learn something. It's good to learn something about yourself. I mean, it wouldn't hurt to know what else is here. If I have a problem and I need more information, . . .

THERAPIST: Okay. **(Neutral)**

CLIENT: . . . because like I said, I don't want to have a problem later. And it would be nice, if I had a problem, to know that I could turn to some place and get help.

THERAPIST: I like that you say that, even though you don't anticipate a problem right now, I like that you're open about some of the down sides to this… and the upsides; that maybe it's something you'd be at least willing to get some more information about. I'm wondering, and I don't want to commit you to something your not interested in, if you could come back and I could tell you a little bit about our program. Maybe show you some information or I could stop the tape and spend some time with you for a few minutes. I don't have another session right now and just kind of give you some information and talk to you about it. And then, if I need more information, like I'm typing up my assessment for your chart and I'm thinking, 'Wow, I should have asked Karen this or that,' if it would be okay if I called you and asked you some information. Or if we could set an appointment I could just ask you then. **(Affirmation, Reflection, Fostering a Collaborative Relationship, Closed-ended Question)**

CLIENT: Okay. Yeah, I mean I do want more information just so I can have it.

THERAPIST: So you'd be at least willing to come back maybe one more time at least, just too kind of get more information. **(Reflection)**

CLIENT: Sure. Yeah, I'll do that.

THERAPIST: Well how about after I stop the tape you and I can… I can pull out my appointment book, I'll work around your schedule—I know you have a busy schedule and everything, maybe I can set up some transportation for you if that would help you. And then just kind of think about what the next step would be. **(Neutral)**

CLIENT: Okay, sounds good.

THERAPIST: I really appreciate you coming and answering all my millions of questions. I know you're probably wiped, but I appreciate it and I'll look forward to seeing you again. **(Affirmation – acceptable)**

CLIENT: Thank you.

MI Assessment Demonstration Interview

Beatriz and Sofia

Item		Page
1.	MI Rating Worksheet	197
2.	MI Adherence and Competence Feedback Form	200
3.	MI Skill Development Plan	201
4.	Transcript	203

blending initiative
NIDA • SAMHSA

Hoja de Puntuación para Entrevista Motivacional (Grabación) – Beatriz y Sofia

Ítem de Puntuación	Adherencia: Frecuencia y Profundidad	Competencia: Comentarios del nivel de Destreza
1. Estilo o espíritu de EM (p. 105)	IIIIØIIØII	**Muy bueno** – Centrado en el cliente, respetó la autonomía, colaboración, balancea la resistencia.
2. Preguntas abiertas (p. 106)	IIIIIIIII	**Muy bueno** – Claro, directo, evocó aseveraciones de cambio, usó preguntas abiertas para explorar cómo se veía a sí misma la cliente.
3. Afirmación de fortalezas y auto eficacia (p.107)	IIØII	**Muy bueno** – Le dijo a la cliente: "eres una buena madre, muy valiente." Afirmó las fortalezas de la cliente.
4. Aseveraciones reflexivas (p. 108)	IØØIØIIIIØIIIIIIIIIIIIØ	**Muy bueno** – Reflejó bien, mostró que escuchaba, usó todos los niveles de reflejo, los utilizó para balancear la resistencia.
5. Fomenta una relación de colaboración (p. 109)	IIIIØIII	**Bueno** – Uso oraciones que evocan un sentido de colaboración tal como "lo más importante es lo que usted piensa."
6. Motivación hacia el cambio (p. 110)	IIØIIII	**Muy bueno** – Uso estrategias claras de evocar aseveraciones de cambio tales como, "¿qué más le concierne sobre uso de cocaína? Pudo utilizar la regla mejor.
7. Desarrollo de discrepancias (p. 111)	IIØIIII	**Muy bueno** – Uso de extremos "¿Qué pasaría si no deja de utilizar?" y varios reflejos que le mostraba discrepancias a la cliente.

Ítem de Puntuación	Adherencia: Frecuencia y Profundidad	Competencia: Comentarios del nivel de Destreza
8. Pros, contras y ambivalencia (p.112)	**III**	**Aceptable** – No desarrolló pros y contras del uso de cocaína a profundidad, pudo haber utilizado el ejercicio para evocar aseveraciones hacia el cambio y explorar ambivalencia.
9. Discusión sobre el plan de cambio (p. 113)	**III**	**Pobre** – Hizo la mayor parte del trabajo de la cliente referente a pensar sobre las estrategias de cambio; un poco directivo. Pudo haber evocado de la cliente las estrategias de cambio.
10. Problema centrado en el cliente Discusión y retroalimentación (p. 114)	**IIII∅∅**	**Muy bueno** – Revisó cernimiento de depresión y del ISA objetivamente, sin forzar el cambio. Le preguntó a la cliente qué pensaba sobre la retroalimentación.
11. Consejo no solicitado, provee dirección y retroalimentación (p. 115)	**I**	**Adecuado** – Ofreció consejo sin haber sido solicitando para que la cliente buscara un especialista para la tratar la depresión, sin embargo fue un referido adecuado en el contexto de la sesión.
12. Énfasis en la abstinencia (p. 116)		
13. Confrontación directa al cliente (p. 117)		
14. Impotencia y pérdida de control (p. 119)		
15. Ejerce autoridad (p. 120)		
16. Preguntas cerradas (p. 121)	**II**	**Adecuado** – Utilizó pocas preguntas cerradas y fueron adecuadas en el contexto de la conversación.

	Puntuación de Adherencia: Frecuencia y Profundidad		Puntuación de Competencia: Nivel de Destreza	
Anotación	**Conducta Ocurrió**	**Valor**	**Conducta**	**Valor**
Ninguna	Nunca ocurrió	Nada (1)	Inaceptable, unprofesional	Muy pobre (1)
/	Una ocasión, pero no a profundidad	Un poco (2)	Ausencia de expertise, competencia	Pobre (2)
//	Más de una ocasión, pero no a profundidad	No frecuente (3)	Regular, bajo promedio	Aceptable (3)
Ø	Una ocasión, con alguna profundidad	Algo (4)	Promedio	Adecuado (4)
Ø //	Más de una ocasión, con una ocasión a profundidad	Bastante (5)	Sobre promedio	Bueno (5)
Ø / Ø	Más de una ocasión, a profundidad	Considerable (6)	Se demuestra destreza	Muy bueno (6)
ØØØ/ØØ	Dominó la sesión, muchas veces a profundidad	Extensamente (7)	Alto nivel de destreza	Excelente (7)

Entrevista Motivacional
Hoja de Retroalimentación de Adherencia y Competencia

Ítem Consistente con la EM		Puntuación de Adherencia*							Puntuación de Competencia**							
		1	2	3	4	5	6	7	NA	1	2	3	4	5	6	7
1.	Estilo y espíritu de EM						X								X	
2.	Preguntas abiertas						X								X	
3.	Afirmaciones de fortalezas y auto eficacia					X									X	
4.	Aseveraciones reflexivas							X							X	
5.	Fomenta la colaboración						X							X		
6.	Motivación hacia el cambio						X								X	
7.	Desarrollo de Discrepancias						X								X	
8.	Pros, contras y ambivalencia				X							X				
9.	Discusión de un plan de cambio				X						X					
10.	Problemas centrado en el cliente Discusión y retroalimentación														X	
Ítem Inconsistente con EM																
11.	Consejo, dirección y retroalimentación no solicitado		X										X			
12.	Énfasis en la abstinencia															
13.	Confrontación directa															
14.	Incapaz, falta de control															
15.	Ejerce autoridad excesiva															
16.	Preguntas cerradas		X										X			

* Adherencia	1 Nada	2 Un poco	3 Infrecuente	4 Algo	5 Bastante	6 Considerable	7 Extensamente
** Competencia	1 Muy pobre	2 Pobre	3 Aceptable	4 Adecuado	5 Bueno	6 Muy bueno	7 Excelente

Plan de Desarrollo de las Destrezas de la Entrevista Motivacional

Nombre: Cliente Beatriz Pérez **Fecha:**

Fortalezas demostradas en la Sesión

- Muy buen estilo / espíritu de EM (colaborativo, de apoyo, atento, evoca aseveraciones de cambio y sigue la conversación del cliente).
- Muy buenas destrezas de escuchar con reflexivamente (reflejo tanto de aseveraciones hacia el cambio y resistencia que provoca alguna ambivalencia).
- Buen uso de estrategias dirigidas (hace preguntas que facilitan, desarrollo de discrepancias).
- No utiliza estrategias inconsistentes con EM y no utiliza con frecuencia preguntas cerradas.

Desarrollo de Destrezas

Destreza a desarrollar de la EM	¿Qué específicamente se espera desarrollar o mejorar?	¿Cómo se logrará la meta?	Fecha de la próxima supervisión
1. Uso de la regla para medir la preparación para el cambio.	El consejero aprenderá a utilizar la regla para evocar aseveraciones hacia el cambio y "medir" la preparación hacia el cambio del cliente. El consejero va a reducir la confusión cuando utiliza la regla, será más objetivo y llevará a cabo la sesión con un sentido de propósito.	El consejero revisará el material escrito sobre el uso de la regla y hará una práctica usando la técnica del juego de roles en la próxima sesión. El supervisor hará la demostración primero y luego lo hará el consejero.	

Desarrollo de Destrezas (Cont.)			
Destreza a desarrollar de la EM	¿Qué específicamente se espera desarrollar o mejorar?	¿Cómo se logrará la meta?	Fecha de la próxima supervisión
2. Uso del Plan de Cambio como herramienta.	El consejero va a evocar de parte del cliente estrategias de cambio que sean factibles, evitando el sugerir y manejar la conversación. El consejero será más evocativo o facilitador en vez de ser sugerente.	El consejero hará un ejercicio de práctica de un Plan de cambio en la próxima sesión de supervisión y lo utilizará con un cliente en la semana siguiente.	
3.Uso de resúmenes para redirigir la sesión y explorar la ambivalencia.	El consejero aumentará el uso de resúmenes para identificar la ambivalencia y redirigir la sesión cuando el cliente se desvíe hacia la tangente.	El uso de resúmenes es una gran herramienta en EM, por lo tanto, las próximas reuniones de supervisión se van a concentrar en utilizar resúmenes durante el juego de roles para reflejar la ambivalencia al cliente y redirigir las sesiones cuando el cliente continua hablando sobre otros temas tangentes. Los resúmenes se van a utilizar también en sesiones abiertas y cerradas como una forma de hacer una conexión entre sesiones.	

blending initiative
NIDA • SAMHSA

Entrevista Motivacional
Beatriz y Sofia

Sonido de alguién tocando una puerta

Entrevistadora Buenas tardes; si.

Cliente Buenas, hola, ¿puedo pasar?

Entrevistadora Si

Cliente Okay.

Entrevistadora ¿Usted es Beatriz Peréz?

Cliente Si soy yo.

Entrevistadora ¡Ay, adelante, encantada! Yo soy Sofía, Sofía Morales. Siéntese, siéntese.

Cliente Ay gracias, gracias.

Entrevistadora Yo soy la consejera de este centro; bueno una de las consejeras de este centro. Me alegro mucho que haya decidido venir por aqui.

Cliente Gracias.

Entrevistadora De verdad me siento bien, bien contenta de que esté aqui. Nosotros recibimos un referido del Departamento de la Familia para que evaluáramos problemas que usted ha tenido relacionados a su uso de drogas. Así es que tenemos un ratito esta tarde. Tenemos como cincuenta minutos para esta primera sesión. Mayormente quiero escuchar sobre usted y esta situación que provocó que el Departamento de la Familia enviara un referido a este centro. Después más adelante vamos a completar algunos de los formularios con información específica y detallada sobre algunos aspectos de su vida. Pero ahora quisiera escucharla; ¿qué la ha hecho venir por aquí?

Cliente Pues mira, primero por favor llamame o por mi nombre o de tú, porque eso de usted es para viejos.

Entrevistadora Me encanta, me encanta Beatriz. Yo no tengo ningún problema con decirte tú. Pero para mi lo más importante es que sientas que te estoy tratando con mucho respeto. Lo que te pedi fué que habláramos de las razones por las cuales tu estás aquí esta tarde.

Cliente Bueno, yo no estoy segura de que debo estar aquí, pero si no lo hago me van a quitar a las nenas y ellas tienen tres y seid añitos.

Entrevistadora Oh, tienes dos hijas. Así es quer pudiste no haber venido, pero decidiste venir y estás aquí. Y me estás diciendo que estás aquí por algo que es muy importante para ti, que son tus hijas. Tus hijas de tres y seis años.

Cliente Si, mis hijas son muy importantes; lo más importante. Lo que no entiendo es porque me refirieron por droga; yo no soy adicta. ¿Qué tu cres?

Entrevistadora Bueno tampoco lo sé, pero so li deseas podemos aeriguarlo juntas. ¿Podríamos empezar hablando de las cosas que entiendes que provocaron este referido?

Cliente Yo creo que empezó cuando mi vecina se puso a bochinchar de mi y a decirle a los demás que yo dejaba las nenas para irme al punto de drogas. Yo soy una mamá responsable; yo soy una buena madre y a mis hijas no les falta nada.

Entrevistadora Me vuelves a decir que tus hijas son importantes para ti y que es importante cómo tu las atiendes. Tus hijas están bien atendidas. Cuentame más de cómo llegó a intervenir el Departamento de la Familia en tu caso.

Cliente Bueno, como te dije la vecina y sabrá Dios cuántos ma's empezaron a bochichar. A ellos sí que les gusta hablar dre más. Yo estaba en la esquina comprándoles leche, cuando llearon a casa, sin averiguar, dos trabajadores sociales del Departamento

de la Familia. Cuando la nena abrió la puerta, ellas estaban solitas. Ay, se formó un revolú. Empezaron a entrevistarme; chequearon la nevera; se metieron hasta en el bañ. Y ahí encontraron unas bolsitas. ¡Ay…pa' que fue eso!

Entrevistadora Beatriz, me dices que para ti es importante lo que piensen los vecinos y me dices que los trabajadores sociales encontraron unas bolsitas.

Cliente Si, unas bolsitas de cocaína; pero eso es de vez en cuando. Yo ni bebo, ni fumo; mi marido está preso y lo único que hago es trabajar y atender a las nenas. Así que de vez en cuando me doy mi pase y así estoy lo más contenta.

Entrevistadora Bueno, lo que yo crea aquí no es lo más importante. Lo más importante es lo que tú piensas. A mi me gustaría sabre qué es lo que tu piensas. ¿Qué tu crees?

Cliente Si uno abusa de esa droga es malo, pero yo no soy adicta.

Entrevistadora Veo que te preocupa pensar que puedas ser una adicta. A mí me gustaría tener más información. ¿Ha habido otros momentos donde te has metido en problemas por tu uso de cocaína?

Cliente Buenos, de que me cogen, me cogen, esta es la primera vez. Pero yo me doy 'mi pasesito semanal desde hace como... déjame ver...dos años. Empecé con mi marido, él usaba también, pero el sí que está bien mal. Ya é se rompió hasta la nariz de "nifear" tanta cocaína y está preso porque lo cogieron vendiendo droga en el punto. El sí es un adicto.

Entrevistadora Bueno, déjame ver si te estoy entendiendo con claridad. Me has dicho que tienes dos niñas y que son bien importantes para tí. No, no, no, me has dicho que son muy importantes para tí. También me has dicho que es importante que tus vecino sepan que eres una buena madre. Por otro lado, te preocupa pensar que eres una adicta y que por esta razón te pueden quitar tus niñas. Me has informado que por los ;ultimos dos años, has utilizado cocaína semanalmente. ¿Es esté un resúmen justo de lo que hemos compartido esta tarde, en este ratito?

Cliente Si, por lo que veo está muy pendiente y atenta de lo que yo estoy diciendo. Eso es bueno. Y ahora que te escucho; fiíjate me parece que como dos años, semanalmente, es mucho. ¿Cuántos chavos habré gastado yo en cocaína? Hasta me pueden botar del apartemento so me cojen con droga; eso sería terrible para nosotras.

Entrevistadora Beatriz, si tu recuerdas así, si tu piensas, ¿habra habido otras cosas que te hagan pensar que te preocupa tu uso de cocaína?

Cliente Bueno, como que a veces e me va la mano y estoy "jukea" casi todo el "wikén". Cuando eso pasa tengo que salir a busca más droga y a veces, las nenas se quedan solas. A veces tambien me las llevo.

Entrevistadora Mmm... veo. En ocasiones, tu consumo de drogas se prolonga más de lo que quisieras, y te preocupa que pueda poner en riesgo la seguridad de tus hijas. Eso tiene que ser preocupante.

Cliente Si, y más ahora que últimamente, ahora que lo pienso, he estado usando viernes, sábado, domingo. ¿Y eso es adicción? Yo no la uso como mi marido. Yo trabajo, atiendo las nenas y la casa. ¿Qué tu crees?

Entrevistadora Beatriz, me parece que es muy pronto para que yo conteste esa pregunta. Sin embargo, una cosa que si has notado y que nos podría ayudar a contestar tu pregunta, es que últimamente estás usando más cocaína que lo que usabas antes; que lo que acostumbrabas a usar antes. ¿Qué más me puedes decir?

Cliente Bueno no sé. Pues puedo dejar de usar drogas cuando yo quiera y a veces estoy hasta dos semanas sin usar nada. Cuando estoy usando todo el fin de semana, hasta puedo ir los lunes pal' trabajo como si na'.

Entrevistadora Entonces me estás diciendo que aunque has notado que últimamente está usando más cocaína de lo que acostumbraba a usar, esta situación no te está afectando.

Cliente Bueno, hasta ahora que me metieron en líos con el Departmento de la Familia, y quew se están

metiendo con las nenas; y hasta ahí llego yo porque no voy a dejar que nadie se meta con mis hijas.

Entrevistadora Eso es preocupante par ti, porque tus niñas son bien importante.

Cliente Si, yo no voy a dejar que por un vicio de cocaína mis hijas paguen; no.

Entrevistadora ¿Y has notado alguna otra cosa sobre tu uso de cocaína? ¿Has usado algo más?

Cliente No, no, pero déjame pensar... no sé. Bueno, es que si estoy triste y aborrecida; pues no me puedo controlar y termino en el punto. Ay, me siento bien mal de estar aquí.

Entrevistador Lo sé. Yo pienso, como te dije \al principio, que eres muy valiente, pues decidiste dale seguimineto al referido del Departamento de la Familia. Y a veces es díficil y doloroso cuando uno se escucha a uno mismo hablando de estas cosas. ¿Qué tu crees?

Cliente Si. Yo no saco mucho timepo para pensar en mí misma. Yo no quiereo que le pase nada malo a las nenas tampoco; eso ni me lo perdonaría. Ellas no tienen a nadie más que a mí y son tan buenas nenas.

Entrevistadora Beatriz, has compartido conmigo muchas cosas que son importantes. Quiero que me escuches atentamente y m digas si estás de acuerdo conmigo. Primero, mira me has dicho que tus hijas son muy importantes para ti y que deseas lo mejor para ellas. También, que has estado cusando cocaína por los pasados dos años, al menos una vez todas las semanas. Te has dado cuenta que, útimamente, estás usando en los fines de semanas sin para, especialmente si has has estado triste.

Cliente Si.

Entrevistadora Para ti sería terrible que tus hijas se afecten por tu uso de cacaína. Las cosas podrían empoerar si te quitan el apartamento por tu uso de drogas. ¿Qué te parece mi resúmen?

Cliente A ;a verdad yo no me había dado cuenta que las cosas estaban tan mal. Aunque tengo mi trabajito, las nenas son saludables y tengo mi apartamento, ¿cómo podría ser una adicta?

Entrevistadora Bueno no es tan sencillo y esto puede ser muy confuso para ti, porque me estás diciendo por un lado que hay cosas que te asustan de tu uso de cocaína y eso te preocupa. Por otro lado eso no encaja con los adictos que te conoces; necesitamos más información y hay varios modelos para definir lo que es un adicción. Pero di te parece y si estás ionteresada, podemos invertir un poquito más de tiempo en buscar más imformación. Hay varios cuetionarios o pruebas; puedo pensar más por los menos en dos para tratar de evaluar tu consumo de cocaína, y como ésto puede estar afectando tuvida. Por lo pronto veo que últimamente estás preocupada por tu uso de cocaína y que esto pueda provocar que te quiten a tus niñas y pierdas tu apartamento. ¿Qué tu crees?

Cliente Está bien. Vamos a salir de eso si no es mucho tiempo, verdad, porque me tengo que ir a trabajar.

Entrevistadora No, no nos vamos a tomar mucho tiempo, si ya mismo van a cerrar aquí. Me parece muy bien que hayas decidido estar aquí y darte esta oportunidad. Como te dije, eres una mujer valiente; no todo el mundo hace esto. Pasa por esta oficina para que esontestes este par de cuestionarios. No te va a tomar más e medio hora ó viente minutos como mucho tiempo.

Cliente Okay. Ha pues está bien.

Entrevistadora Déjame saber si necesitas alguna ayuda. Si no te veo en nuestra próxima cita.

Cliente Ha pues no hay problema; gracias.

PROXIMA CITA

Sonido de alquien tocando un apuerta

Cliente Buenos Días.

Entrevistadora Buenos Días.

Cliente Hola, ¿cómo estás?

Entrevistadora Hola Beatriz, que bueno que viniste. Siéntate.

Cliente Gracias, gracias.

Entrevistadora Me alegra volver a verte. Tu eres de las mujeres; de esas que no dicen que no. Sabes quetengo que felicitarte nuevamente por estar aquí. Me parece que el que éstes aquí, demustra que estás interesada en averiguar que está pasando con tu vida y con tus cosas y por tus niñas. Agradezco el tiempo que le dedicaste la semana pasada a contestar estos cuestionarios. Si estás de acuerdo, ahora podemos empezar a revisarlos y ver cómo salieron esos resultados de las pruebas. ¿Qué tu crees?

Cliente ¿Salí muy mal, salí muy mal? ¿Estoy grave?

Entrevistadora Bueno vamos a ver, vamos a ver. Mira, lo primero que hicimos fue una prueba para identificar características de una persona con depresión. Esa prueba se llama la "Escala Beck", ¿recuedas?

Cliente Si, es cortita.

Entrevistadora Tu puntaje, tu puntuación está en una categoría que sugiere síntoma de depresión moderada.

Cliente ¿Y qué es eso?

Entrevistadora Bueno, ¿te acuerdas que la vez pasada me dijiste que si te ponías triste, usabas cocaína sin parar para sentirte mejor?

Cliente Si, si.

Entrevistadora Pues, una depresión moderada quiere decir que a veces estás triste, puedes perder el sueño, a veces puedes perder el deseo de comer, el apetito.

Cliente Es verdad; a veces paso todo el día sin comer y a veces me dan muchas ganas de llorar y eso es porque yo uso cocaína. Porque uso cocaína que me pone "hyper"y así me olvido de mis problemas y de la tristeza.

Entrevistadora Tienes razón Beatriz; a veces el uso de la cocaína puede aliviar la depresión. Quizás vamos a necesitar más adelante que un especialista te vea, para atender este asunto. Me gustaría que lo consideráramos más adelante. Ya que mencionaste esto de la cocaína, ¿te parece sipasamos a ver los resultados del "ASCII"?

Cliente Si.

Entrevistadora El "ASCI" fue la otra prueba. Es una prueba que se usa para evaluar el impacto del uso de drogas en tu salud, en tu trabajo, en los asuntos legales, en la familia, en la salud mental.

Cliente Ay si. Esa fue la prueba bien larga, casi ni la acabo.

Entrevistadora Bueno no era tan larga, era un poquito larga; pero todos modos espero que la hayas contestado con sinceridad y que hayas escrito allí como tu eres, así bien honesta y bien clara. Pues fíjate, aquí aparece que tu uso de cacína está en un nivel que se llama abuso de sustancias. Estoy como una maestra, ¿verdad?

Cliente Un poquito, pero es bueno, me gusta.

Entrevistadora ¿Te Acuerdas que la otra vez tu querías saber si eras adicta o no?

Cliente ¿Entónces eso quiere decir que estoy adicta?

Entrevistadora Bueno no chica, no es así de sencillo. La adicción se define en etapas que van progresando a lo largo del tiempo. En este momento estamos en un buen momento y a tiempo para hacer unos ajustes; y que el problema o el uso de drogas, no siga afectando tu vida. En muchas ocasiones e llama adicto a una persona que depende de las drogas y todavía tu no estás en ese nivel. ¿Qué te parece?

Cliente Ahh, pues entiendo, yo no soy adicta y lo puedo deja cuando quiera. Eso es lo que dec;ia, que yo no soy como mi marido.

Entrevistadora Lo importante Beatriz, es que estás preocupada y que todavía puedes llegar hacer cosas para no estar como tu marido.

Cliente Aja.

Entrevistadora Pero vamos a seguir mirando lo prueba. Mira; nos refleja que nunca has sido arrestda que el uso de drogas, ni has renido problemas legales. Pero nosotras sabemos, que te pueden acusar de maltrato y negligencia p[or haber dejado a tus niñas solas para buscar drogas. Eso se puede convertir en un problema bien serio para ti. ¿Qué te parece?

Cliente Si, yo nunca pensé que maltrataría a mis nenas. Me preocupa mucho. Tampoco quiero venir aquí; no quieroseguir viniendo para aquí todo el tiempo. Buenmo, pero lo jaré por las niñas; si lo hago por las nenas está bien.

Entrevistadora Por lo que me estás diciendo Beatriz, veo que te alivia saber que estás en una nivel de abuso y que todavía no has progresado a depender de a cocaína, pero te preocupa que estés maltratando a tus niñas.

Cliente Si... y me asusta que si no hago algo, pueda ser una adicta y entonces si me las quitan de verdad. Pero yo te dije que puedo dejar la cocaína cuando quiera.

Entrevistadora Bueno, vamos a hacer como un experimentito. Si te pones tiste en un fin de semana, ¿Qué cosas tu podrías hacer para no usar cocaína?

Cliente Ay, no se... déjame pensar..., ay verdad que esta pregunta no me gusta.

Entrevistadora Tómate tu tiempo.

Cliente Hoy me siento un poco así. Como enferma, como con alergias. Bueno, se me ocurre que puedo ir al parque con las nenas. También podemos ir a visitar a mis papas, que hace tiempo no los vemos. También podemos ir para la iglesia; eso es lo único que se me ocurre ahora.

Entrevistadora Eso está chevere; veo que tienes alternativas.

Cliente Si.

Entrevistadora Mira Beatiz, vamos a hacer otro experimentito. Si tuviéramos una reglita del uno al cinco, para medir tu seguridad de que puedes hacer esas cosas que te propones hacer. Esas cosas que me dijiste como ir al parque o ir a visitar a tus papás o ir a la iglesia. Si pudiéramos medir la seguridad con esa reglita,

Cliente Aja.

Entrevistadora En esa reglita, el uno quiere decir que te estás poco confiada de que lo puedes hacer y el cinco quiere decir que estás bien segura de que lo puedes hacer. ¿Cuán segura te sentirías e poder hacerlo?

Cliente El uno es poco segura y el cinco es bien segura.

Entrevistadora Exacto.

Cliente Bueno, para ser sincera yo estoy como...ahora mismito, como en trea. Si, yo esoty como en trea. Ay no sé, esa pregunta es difícil.

Entrevistadora Si, pero mira ver si lo que yo estoy escuchando es lo que tú me estás diciendo. Me estás diciendo que tienes alternativas, pero que te sientes insegura, como en el medio. Como que a veces piensas que puedes hacerlo y a veces piensas que no puedes; como que estás segura o no estás tan segura. ¿Y cómo lo harías en este momento que estás así como en un tres.?

Cliente Ay yoo no sé ná de esto.

Entrevistadora Bueno hay cosas que las personas en casos similares al tuyo, han podido hacer. Pero

recuerda que la más que sabe de tí misma eres tú. La persona más en este momento eres tú y tú eres la experta en tus asuntos.

Cliente Okay.

Entrevistadora Yo te puedo dr alguna ideas , pero la decisión va a ser tuya.

Cliente Okay.

Entrevistadora ¿Quieres que te de algunas ideas?

Cliente Claro, dégame algo que me pueda ayudar. Si.

Entrevistadora Bueno mira, sabemos que la cocaína es una droga muy poderosa y que a muchas personas se les hace difícil usar poquita, para ir elimnándola poco a poco. Eso se llama reducir el uso de la droga.

Cliente Okay.

Entrevistadora Muchs personas, lo que deciden, una vez que la utilizan, es que la quieren volver a usar; utilizar más cantidad. Así es que para muchas personas, lo que funciona es cuando consideran al alternativa de dejarla totalmente.

Cliente Okay. Yo creo que eso yo lo ouedo hacer; cada vez que quiero dejo de usar.

Entrevistadora Si, recuerdo que me dijiste y así lo has hecho algunas veces. Verdad que has podido de usarla, tu me habías dicho hasta por un periodo de dos semanas. Pero recuerda que llevas dos años utilizándola y que con el tiempo has estado usando cada vez más cantidad de droga. Eso puede ser peligroso, porque podría conllevr serios problemas. Me parece que te estaría alejando de lo que tú quieres para tí y de lo que quieres para tus hijas. A veces, para otras mujeres, ha sido más facil dejar el uso de drogas, si estás con otas mujeres como tú en un programa.

Cliente ¿Y dónde es eso? Si eso es como un hogar o algo así, yo no puedo dejar a mis niñas solas. Yo ando con ellas para arriba y para abajo siempre.

Entrevistadora Si, si, yo sé que tus hijas son importantes y que para ti es importante atenderlas bien, pero es que vas muy rápido.

Cliente Okay.

Entrevistadora No necesariamente tienes que internarte en un programa. De hecho, hay mujeres a las que les funcina un programa durante el día, varios días ala semana, como el que hay aquí.

Cliente Eso está mejor.

Entrevistadora Veo que todavía no estás segura de que esta sea tu mejo alternativa. ¿Qué pasaría si no reduces y dejas el uso de drogas? ¿Qué sería lo peor que puede pasar?

Cliente Yo creo que me pondría más flaca y no me gusta seguir así de triste. También, si me agarran en el punto, hasta podría quedarme sin trabajo y sin apartamento. Me estoy arriesgando mucho.

Entrevistadora Veo que es bien arriesgado para tí, seguir tu uso. Me estás diciendo que tu salud es importante para tí y no quieres sentirte. A nadie le gusta esta estar triste, ¿verdad Beatriz?

Cliente No.

Entrevistadora Recuerda que dijimos que sería bueno que te evalué un especialista, para evitar que cuando te pongas triste sigas usando la cocaína.

Cliente Si, si, pero eso es mucho tiempo y tampoco puedo dejar mi trabajito. ¿Ahí van a estar otras mujeres adictas? Pues, no importa porque puede ser peor quedarme sin las nenas y sin el apartamento. Me gustaría considerarlo; oyéndolo bien, me gustaría considerarlo.

Entrevistadora Bueno, recuerda las otras alternativas que tu misma mencionaste fueron compartir y divertirte con tus niñas, compartir eon tus padres, asistir a la iglesia.

Cliente Si, eso me ayudaría también.

Entrevistadora Déjame ver si tengo claro lo que quieres hacer con relación a tu uso de cocaína. Escúchame atentamente.

Cliente Okay.

Entrevistadora Mencionaste que quieres hacer algo porque te preocupa tu salud; te preocupan tus hijas y tu situación con el Departamento de la Familia.

Cliente Si.

Entrevistadora Deseas dejar de sentirte triste y no habías pensado antes que estabas maltratando a tus niñas. También te preocupa perder tu empleo y el apartamento.

Cliente Si, es verdad.

Entrevistadora Deja ver que más mencionaste...mencionaste que puedes comartir más con tus hijas y con tus padres. Y mencionaste que puedes ir a la iglesia.

Cliente Si.

Entrevistadora unque no te sientes con suficiente seguridad de que puedes hacer eto.

Cliente Es que esto no es fácil... mira son dos años que yo llevo y la tristeza me viene así sin avisar; entónces me dan las ganas de usar.

Entrevistadora Pues, lo otro que yo te quiero recordar es que puedes empezar un tratamiento ambulatorio aquí en este misma centro dónde te pueden dar servicios especializados para atender tu salud.

Cliente Okay.

Entrevistadora Mira, Beatriz, yo e que te he dado como que mucha información y que esta sesión hasido bien intensa. También sé que de momento es díficil tomar decisiones como esta que estás tomando ahora.

Cliente Si.

Entrevistadora ¿Qué te parece si regresas la semana que viene y te damos oportunidad para pensar eb estas cosas que hemos estado discutiendo? Yo sé que tú vas a estar aquí.

Cliente Pues me parece buena idea, pero ¿y qué usted le va a decir al Departamento de la Familia?

Entrevistadora Pues la verdad, que estás estudiando cuál es la mejor alternativa para ti y que no veremos la semana que viene. Yo estoy segura que la semana que viene, podemos tomar una buena decisión.

Cliente Esta bién, eso suena bién.

Entrevistadora Bueno, pues entónces nos vemos la semana que viene.

Cliente Pues gracias.

Entrevistadora A la misma hora.

Cliente Okay, nos vemso entonces.

Entrevistadora Bye.

Cliente Bye, bye.

MI Assessment Demonstration Interview

Mariellis and Billy Bob

Item		Page
1.	MI Rating Worksheet	213
2.	MI Adherence and Competence Feedback Form	216
3.	MI Skill Development Plan	217
4.	Transcript	219

blending initiative
NIDA • SAMHSA

Hoja de Puntuación para Entrevista Motivacional (Grabación) – Mariellis y Billy Bob

Ítem de Puntuación	Adherencia: Frecuencia y Profundidad	Competencia: Comentarios del nivel de Destreza
1. Estilo o espíritu de EM (p. 105)	/////	**Bueno**. Ofrece apoyo, cálido, utilizó un acercamiento de colaboración. Pudo haber usado más oraciones de reflejo al obtener información. Las preguntas pudieron utilizarse luego de usar oraciones de reflejo.
2. Preguntas abiertas (p. 106)	////////O	**Bueno**. Utilizó preguntas abiertas que evocaron hablar de cambio. "Cuándo usas cocaína, que sentimientos trae eso…?, trae exploración mas profunda para hablar del cambio.
3. Afirmación de fortalezas y auto eficacia (p. 107)	///	**Muy bueno**. Reforzó las fortalezas del cliente. "Usted es una persona inteligente, muy capaz, un hombre productivo que ahora esta pasando por dificultades" Pudo usar más afirmaciones.
4. Aseveraciones reflexivas (p. 108)	///////O	**Muy bueno.** Usó buenos resúmenes reflexivos que mostró entendimiento y empatía. Buen uso del parafraseo.
5. Fomenta una relación de colaboración (p. 109)	////////O	**Muy Bueno**. Trató de transmitir en palabras que el cliente tenía el control de las decisiones con oraciones como "Esto es un proceso que usted mismo va a ir decidiendo.." Trató de inferior conclusiones por el cliente. "No ve una relación ahí"
6. Motivación hacia el cambio (p. 110)	O	**Bueno**. El consejero trató de evocar discusión del cliente sobre el cambio mediante el uso del ejercicio de balance decisional.
7. Desarrollo de discrepancias (p. 111)	/	**Pobre**. El consejero trató de confrontar el cliente con sus discrepancias. "¿No ves la relación?" El estilo fue de confrontación.

8. Pros, contras y ambivalencia (p. 112)	/////	**Bueno**. Pudo haber explorado más pros y contras con preguntas abiertas. El cliente habla de la cocaína y como le da el "ánimo para trabajar". El consejero pudo haber preguntado para que hablara más sobre eso.
9. Discusión sobre el plan de cambio (p. 113)	/	**Bueno**. El consejero identificó algunas metas para trabajar en la próxima sesión. Los obstáculos para el cambio no fueron discutidos pero era claro que el cliente accedió a continuar trabajando en el ejercicio de pros y contras.
10. Problema centrado en el cliente Discusión y retroalimentación (p. 114)	///	**Bueno.** El consejero fue capaz de ayudar al cliente para que hablara de los problemas por los cuales había entrado a tratamiento. El fue capaz de sentirse libre para discutir como su esposa era la que tenía el problema. La aseveración del consejero sobre el incluir la esposa en el proceso permite que el cliente se sienta entendido. Ella también le preguntó, "¿Qué piensas sobre eso?" lo cual le ayudó a sentirse parte del proceso.
11. Consejo no solicitado, provee dirección y retroalimentación (p. 115)	/	**Aceptable**. El consejero sugirió una opción para el cliente. "Pero a lo mejor, ¿qué cree usted si trabajamos en esta opción?"
12. Énfasis en la abstinencia (p. 116)		
13. Confrontación directa al cliente (p. 117)	//	**Aceptable**. El consejero confrontó el cliente con una discrepancia. " No ves la relación aquí."
14. Impotencia y pérdida de control (p. 119)		
15. Ejerce autoridad (p. 120)		
16. Preguntas cerradas (p. 121)	///	**Muy Bueno**. El consejero usó varias preguntas cerradas las cuales eran importantes para obtener información al principio de la sesión. Se pudo haber elaborado utilizando una oración de reflejo.

Siempre consulte la guía de puntuación al transferir la información de la hoja de trabajo y la forma de puntuar, especialmente cuando hay duda.

	Puntuación de Adherencia: Frecuencia y Profundidad		Puntuación de Competencia: Nivel de Destreza	
Anotación	**Conducta Ocurrió**	**Valor**	**Conducta**	**Valor**
Ninguna	Nunca ocurrió	Nada (1)	Inaceptable, tóxico	Muy pobre (1)
/	Una ocasión, pero no a profundidad	Un poco (2)	Ausencia de expertise, competencia	Pobre (2)
//	Más de una ocasión, pero no a profundidad	No frecuente (3)	Regular, bajo promedio	Aceptable (3)
Ø	Una ocasión, con alguna profundidad	Algo (4)	Promedio	Adecuado (4)
Ø //	Más de una ocasión, con una ocasión a profundidad	Bastante (5)	Sobre promedio	Bueno (5)
Ø / Ø	Más de una ocasión, a profundidad	Considerable (6)	Se demuestra destreza	Muy bueno (6)
ØØØ/ØØ	Dominó la sesión, muchas veces a profundidad	Extensamente (7)	Alto nivel de destreza	Excelente (7)

Entrevista Motivacional
Hoja de Retroalimentación de Adherencia y Competencia

Nombre: Mariellis y Billy Bob **Fecha: 12 de septiembre de 2005**

Ítem Consistente con la EM		Puntuación de Adherencia*							Puntuación de Competencia**							
		1	2	3	4	5	6	7	NA	1	2	3	4	5	6	7
1.	Estilo y espíritu de EM					X								X		
2.	Preguntas abiertas						X							X		
3.	Afirmaciones de fortalezas y auto eficacia			X											X	
4.	Aseveraciones reflexivas					X									X	
5.	Fomenta la colaboración						X								X	
6.	Motivación hacia el cambio				X									X		
7.	Desarrollo de Discrepancias		X								X					
8.	Pros, contras y ambivalencia				X									X		
9.	Discusión de un plan de cambio		X											X		
10.	Problemas centrado en el cliente Discusión y retroalimentación				X									X		
Ítem Inconsistente con EM																
11.	Consejo, dirección y retroalimentación no solicitado		X									X				
12.	Énfasis en la abstinencia															
13.	Confrontación directa			X								X				
14.	Incapaz, falta de control															
15.	Ejerce autoridad excesiva															
16.	Preguntas cerradas			X											X	

* Adherencia	1 Nada	2 Un poco	3 Infrecuente	4 Algo	5 Bastante	6 Considerable	7 Extensamente
** Competencia	1 Muy pobre	2 Pobre	3 Aceptable	4 Adecuado	5 Bueno	6 Muy bueno	7 Excelente

Plan de Desarrollo de las Destrezas de la Entrevista Motivacional

Nombre: Mariellis y Billy Bob **Fecha: 12 de septiembre de 2005**

Fortalezas demostradas en la Sesión

-Buen estilo de entrevista motivacional, cálido, da apoyo, empático, fluyó con la resistencia.

-Buenos resúmenes reflexivos, buenas destrezas de escuchar. La reflexión enlaza los aspectos más importantes de las perspectivas de los clientes sobre sus problemas.

-Muy buen uso de preguntas abiertas y evocativas

-Buena verbalización del respeto por las decisiones personales del cliente.

Desarrollo de Destrezas

Destreza a desarrollar de la EM	¿Qué específicamente se espera desarrollar o mejorar?	¿Cómo se logrará la meta?	Fecha de la próxima supervisión
1. Oraciones de reflejo	Disminuir el uso de preguntas abiertas durante la evaluación del uso del cliente. Usar más oraciones de reflejo para evocar hablar del cambio.	Identificar cuando y como ella usa preguntas abiertas y empezar a practicar el reemplazar una pregunta abierta con una oración de reflejo.	
2. Afirmación de las fortalezas y auto eficacia	Aumentar el uso de afirmaciones.	Discutir las razones del por qué las afirmaciones pueden ser efectivas durante una sesión de entrevista motivacional. Practicar como pueden ser usadas durante una sesión.	
3. Pros, contras y ambivalencia	Explorar los pros y contras usando la actividad de balance decisional para atender la ambivalencia del cliente.	Dialogar en la supervisión de cómo reflejar los pensamientos y sentimientos mixtos del cliente. Utilizar el juego de roles usando la actividad de balance decisional e identificar discrepancias en la conversación del cliente. Identificar durante la supervisión estrategias de confrontación y practica el reflejo de discrepancias.	

blending initiative
NIDA • SAMHSA

Entrevista Motivacional
Mariellis y Billy Bob

Primera cita

Entrevistadora Mi nombre es Mariellis; yo soy consejera en abuso de sustancias. ¿Cómo está?

Cliente Buenas tardes, buenas tardes.

Entrevistadora ¿Me podría decir su nombre? Vamos a conocernos un poquito...

Cliente Si como no, yo soy Billy Bob Sierra. ¿ Qué más usted necesita saber de mí?

Entrevistadora Me gustaría saber que situación es la que lo trae por aquí.

Cliente En realidad... en realidad yo vine por que mi esposa me lo pidió. Y estoy complaciendo a mi esposa por que lleva tiempo diciéndome que pase por aquí.

Entrevistadora Okay. ¿Y qué situación usted está teniendo con ella, que ella le ha estado insistiendo que llegue hasta nuestro centro?

Cliente Bueno situación, situación así... nada; vamos a ser francos. Yo he estado usando un poco de cocaína y...nada, nada, muy aquél, nada muy allá...no mucho, pero que a ella le está malo; le molesta. Se siente como que yo la estoy dejando sin atender; pero no, no es así, no es una situación tan difícil.

Entrevistadora Ósea, tu llegaste aquí pensando en que quiere complacer a su esposa, por que hay un uso aunque usted indica que le ha estado trayendo algunas dificultades con ella.

Cliente Si, si me está trayendo dificultades con ella, pero yo no veo que nada sea tan grande como ella lo pinta. Yo a veces salgo con mis amigos un poco de perico pero es cosa de ná.

Entrevistadora Okay. Vamos a establecer. ¿Cuánto es un poco de cocaína?

Cliente Bueno, este...eso es cuando nos juntamos. No sé a veces podemos comprar un gramo. Pero no los olemos entre todos, no es que yo sólo me...

Entrevistadora ¿Cuántas veces a la semana está haciendo uso de la cocaína, con esos amigos?

Cliente Bueno,...cuando salimos del trabajo... casi todos los días salimos a darnos una cervecita y como dos ó tres veces en la semana. Si es viernes nos vamos un poquito más allá.

Entrevistadora Ósea, de los siete días de la semana, por lo menos tres hay consumo de cocaína y hay consumo de alcohol.

Cliente Sí, sí.

Entrevistadora ¿Podría ser a veces más de tres veces a la semana?

Cliente Sí, definitivo. Nosotros salimos, después que salimos de trabajar todos los días, para calmarnos y demás; antes de llegar a la casa, nos damos un par de traguitos u pues, a veces entra esto de la cocaína, pero todavía sigo diciendo que no es para tanto.

Entrevistadora ¿Solamente en horas después de trabajo o ha habido algún periodo donde usted utilice en algún otro momento? ¿Son sólo días de trabajo?

Cliente Bueno, en realidad... en realidad si me he ido en los "weekenes", me estoy tocando para de veces. Así en el trabajo... la verdad, la verdad en las últimas semanas he tenido par de días que durante horas de trabajo también. Pero nada, es a la hora de almuerzo y entro y hago mi trabajo, hago mi trajo, tu sabes y todo está bien, todo tranquilo.

Entrevistadora Cuando usas cocaína, ¿qué sentimientos trae eso o cómo afecta eso el proceso de tu trabajo cuando utilizas así, en momentos en que has utilizado en horas de trabajo?

Cliente Muchacha, yo me pongo...yo soy...es estupendo...yo hago todo. Rápido, todo me sale perfecto, no tengo...no hay nada que no se pueda hacer; estoy trabajando por horas sin parar. Después cuando salimos por la tarde me doy un par de traguitos y si aparece pues, también volvemos. Lo que no veo es por que mi esposa está con esta cosa si, si yo soy un buen proveedor, el dinero no falta. Aunque a veces dice ella que podríamos ahorra de aquello. Bueno, hay veces que nos quedamos un poquito cortos, pero, pues.. qué se va a hacer.

Entrevistadora Así que, resumiendo la información que usted me ha traído, me corrige en este proceso que le voy a resumir, si yo he fallado en algo...Usted llegó aquí por que su esposa entiende que hay un problema, ella conoce sobre su uso; usted ha ido poco a poco incrementando o aumentando el uso de unas veces a la semana después de horas de trabajo hasta usando durante horas de trabajo. Usted se siente muy productivo cuando está utilizando cocaína; hasta este momento no ha tenido problemas en el trabajo por el uso. En ocasiones, una de las cosas que su esposa le ha recalcado, es que se quedan cortos de dinero y ella refiere que es a cause del uso de la cocaína.

Cliente Bueno...podría ser.

Entrevistadora Si, eso es lo que usted me ha traído hasta este momento.

Cliente Sí.

Entrevistadora ¿No se me queda nada, ni ninguna información?

Cliente Bueno, que no veo problema. Bueno, el problema del dinero, ese sí, ese a veces choca, pero aparte de eso...

Entrevistadora ¿Y qué usted espera que nosotros podamos trabajar con esto de su uso? ¿Qué espera de nosotros que podamos hacer para ayudar en este proceso suyo y de su esposa?

Cliente Pues, que hablen con mi esposa, a ver como la calman. Yo...que se yo, yo trataré de bajar, yo puedo dejar de usar un poquito y eso para gastar menos dinero. Pero que me ayuden con mi esposa por que la situación se está poniendo fuerte.

Entrevistadora ¿Usted cree que si reduce el consumo de la cocaína podrían mejorar las relaciones con su esposa?

Cliente Podría ser, podría ser. Y si ustedes hablan con ella.....

Entrevistadora Okay, podemos incluirla a ella en el proceso, pero pensando así como usted me ha dicho que ha llegado a ese punto de que podríamos reducir. Si al reducir, se disminuyen los problemas con ella, a lo mejor podríamos trabajar eso con usted. ¿Qué usted piensa sobre eso? Y hablando con ella e incluyéndola en el proceso, claro está.

Cliente Bueno, este... yo lo que no quiero es tener más problemas con ella. Nosotros llevamos varios años casados y pues... será yo tratar de hacer algo con respecto al uso y si ustedes me ayudan con ella...

Entrevistadora Podemos llegar a ese acuerdo, pero lo podríamos trabajar si usted quisiera venir hasta acá a algunas sesiones para trabajar con eso. ¿Le gustaría, podría usted cumplir con eso?

Cliente ¿Y no pueden trabajar con mi esposa?

Entrevistadora La podemos incluir en el proceso, pero tendríamos que realmente trabajar con los dos. Inicialmente con usted en algunas sesiones y después con ella en otras, pero sería un asunto que yo entiendo que podaríamos trabajarlo entre los dos.

Cliente ¿Es mucho tiempo esto? ¿O muchas sesiones? Yo soy un hombre que trabajo...

Entrevistadora Podríamos buscar una manera de ajustarlo para que en su trabajo no se afecte y no son muchas sesiones. Esto sería ir poco a poco en el proceso y si todo va saliendo bien, y van saliendo los resultados que usted espera, se completa el proceso. Y podemos hacer ajustes para que no se afecte en el trabajo, por que básicamente no queremos que usted pierda su trabajo, ni nada es que usted pueda continuar su trabajo y haciendo sus cosas.

Cliente Bueno, si hay manera de hace eso y no es mucho tiempo que tengo que perder aquí, pues se va a venir por que de alguna forma tengo que resolver este problemita que tengo.

Entrevistadora A pues vamos a hacer eso. Podemos hacerlo podemos ir buscando alrededor de su horario de trabajo. Es bien bueno que usted haya llegado hasta donde nosotros y haya logrado compartir eso información conmigo que soy una extraña para usted y podamos establecer una buena relación y trabajar esto lo más pronto posible dentro del cuadro que tenemos aquí. ¿Qué usted cree?

Cliente Suena bien...vamos pa'lante, qué vamos a hacer....

Entrevistadora Vamos pa'lante...Entonces lo que vamos a hacer ahora es completar una información demográfica, unos nombres y direcciones y explicarle sobre la confidencialidad y ese tipo de cosas del programa, y entonces podríamos vernos nuevamente más adelante para comenzar a trabajar con usted de este asunto. ¿Qué usted piensa? Sí.

Cliente Si, si vamos pa'lante, si ya estamos montados en el caballo y hay que correrlo... vamos pa'ya.

Entrevistadora Okay, perfecto, pues vamos a completar ese proceso.

Próxima cita

Entrevistadora Bueno Billy Bob, empezamos hace unos días este proceso y completamos unos documentos que hacían falta para iniciar formalmente este proceso que usted ha pensado que podría intentar. Vamos a hablar un poquito para definirnos y refrescarnos la memoria en que hay un consumo de cocaína, que le está trayendo una situación en el hogar. Sin embargo la cocaína le ayuda a ser más productivo en el trabajo y usted a veces quisiera no tener problemas con su esposa, pero no entiende que su uso sea la situación principal para que ella esté ahí, encima de usted y quisiera que ella participara de este proceso. ¿Estamos en lo correcto? ¿Habrá algo que se me haya quedado?

Cliente Yo en realidad no veo nada que lo que hayamos hablado antes. Yo preferiría que participara ella, que es la que está problematizada.

Entrevistadora Sin embargo; vamos a ver, vamos a pensar, usted mismo ha dicho que a lo mejor si reduce un poco el consumo, podría reducir la situación y las dificultades con ella. Aunque en el proceso la vamos a incluir por que obviamente ella es su apoyo y todo ese tipo de cosas. Pero si a lo mejor qué usted cree si trabajamos en esta opción; no de dejar completo, por que a lo mejor usted se siente bien con el uso, pero bajar el consumo un poquito a ver qué pasa.

Cliente Bueno...¿y cómo vamos a hacer eso?

Entrevistadora Podemos conversar. Lo primero que tenemos que saber bien es repasar el patrón de uso que usted lleva. En la última sesión nos hablamos y dijimos que había ido aumentando un poco, de algunas veces en semana a casi todos los días después del trabajo y que ya en ocasiones durante horas de trabajo, en hora de almuerzo, la había consumido y le había ayudado a sentirse mejor. ¿Estamos en lo correcto?

Cliente Sí, sí; yo no lo había visto así, pero se podría ver de esa forma.

Entrevistadora Okay, Tal vez el aumento en ese consumo, es lo que ha venido trayendo alguna dificultad en su hogar. Vamos a ver...¿es en este proceso de usted aumente que se van aumentando los problemas en u cosa o usted siempre ha tenido problemas con su esposa?

Cliente Pues mira no...pensándole bien nosotros no teníamos problemas así como tenemos ahora. Ha sido últimamente que los problemas han surgido pues no sé...Bueno, yo sé que me he quedado fuera de casa "weekenes"y estoy llegando tarde y a veces es por que le estoy huyendo el llegar a casa y que me empiece la pelea. Yo mejor espero que se acueste a dormir y después llego. Estoy más tiempo en la calle, bebo más, me meto más perico. Es como un círculo vicioso.

Entrevistadora ¿No ha habido episodios de agresividad, de pérdida de control, de alguna discusión que se hay tornado un poco más física o un poco más violenta?

Cliente Pues no; hemos tenido discusiones fuertes, pero físicos no, pero sí estoy más...me siento con mucho coraje. Y cuando estoy bajo los efectos del alcohol y de la coca, pues me molesta que ella venga a reclamarme y le salgo fuerte.

Entrevistadora Okay. Vamos a hacer una evaluación; vamos a hacer un ejercicio para ayudarnos a evaluar bien cuál serían los pro y los contra de continuar usando. Es un ejercicio corto, toma solamente unos minutos y es un ejercicio que vamos a comenzar aquí y después usted en esta hojita que vamos a llenar, usted va a poder pensar sobre el asunto y podremos entonces más adelante, abundar en ello. ¿Qué usted cree?

Cliente Como le dije la otra vez, vamos pa'lante si ya estamos aquí.

Entrevistadora Okay, este ejercicio le llamamos Balance Decisional y es como hacer un balance entre las cosas buenas de usar y las cosas no tan buenas de usar. Vamos a hacer como una escala sobre cuántas cosas buenas tiene mi uso y qué efectos buenos tiene mi uso en mi vida personal, en mi trabajo, en todas esas cosas y que efectos no tan buenos tiene el continuar el uso en mi vida personal, en mi trabajo, en mi conducta. Es como una listita y este proceso lo puede usted llegar a hacer después solito en su casa, si se le ocurren algunos otros pro y contra. ¿Esta bien?

Cliente Vamos.

Entrevistadora Okay. El objetivo de esto es que usted pueda lograr procesar o entender un poquito su propio consumo y como usted se siente con relación a su uso. ¿Está bien?

Cliente Muy bien.

Entrevistadora Okay. Vamos a hacer una lista; lo pro de las cosas que le gusta de su uso. ¿Qué beneficios le traen o que bueno tiene usar para usted?

Cliente Me siento más "outgoing", me siento más...

Entrevistadora ¿relajado?

Cliente Puedo confraternizar mejor, socializar mejor. Hablo con más facilidad; yo hasta bailo si me dejan.

Entrevistadora Okay. Esa es una de las cosas buenas de su uso. Las cosas por las que le gusta usar es que se siente más sociable. ¿Algún otro beneficio del consumo?

Cliente Si cuando estoy en el trabajo, me como el trabajo; no paro, produzco; estoy dispuesto a hacer un montón de cosas que de otras maneras quizás no estaría tan dispuesto.

Entrevistadora Ose, que se siente un poco más productivo cuando está consumiendo.

Cliente Oh, sí.

Entrevistadora Muy bien. ¿Algún otro beneficio de usar?

Cliente Así acordándome ahora, aparte de socializar y que me da ese "up" para trabajar, no me acuerdo de más nada.

Entrevistadora Okay, muy bien. Tenemos dos pro en el uso de la cocaína y del alcohol, la combinación; que es socializar y productividad. Ahora pasemos al otro lado de la historia, al oto lado del cuento. ¿Qué cosas no le gustan de su consumo, de u uso de cocaína y del alcohol? ¿Qué cosas no son tan positivas, son un poco más negativas en su proceso de vida diaria y eso?

Cliente A mí lo que no me gusta cuando el mío se me acabó, no me gusta cuando se acaba. Bueno, en realidad yo lo digo así de broma...pero no me gusta "coming down". Tu sabes eso de...

Entrevistadora Esa depresión que viene después...

Cliente Si, cuando termino es deprimente, es verdad. No me gusta la temblequera del otro día, del alcohol. No me gusta las pelas con la mujer; que no tiene que ver nada con el uso, pero...

Entrevistadora Pues fíjese, sin embargo horita hablamos y me dijo que en estos últimos tiempos que había aumentado e consumo, había aumentado las discusiones en el hogar. ¿No ve una relación ahí?

Cliente Sí, sí; una cosa va con la otra, pero no veo el porqué ella está así. Bueno aparte de lo del dinero, esa es otra también. Aparte de que el dinero es menos; es verdad que estoy gastando más dinero en mis cosas allá...Bueno sí, se puede ver una relación directa con las discusiones y es directamente proporcional a cuanto uso.

Entrevistadora Okay. Tenemos entonces que, las cosas negativas de usar, las cosas que no le gustan de su uso son los efectos después de usar, que a veces son síntomas de retirada. Ese temblor, ese "down", ese malestar que puede venir después de pasar unas horas de no haber usado; eso es desagradable. Las discusiones con la esposa, el gasto del dinero, eso está trayéndole dificultades. ¿Me dijo algo más?

Cliente Hasta ahí, Si, no me gusta sentirme mal, no me gusta estar discutiendo con la mujer; que lo hemos legado al uso de alcohol y de drogas, el dinero...Yo creo que no le veo más ningún otro efecto negativo. Bueno, a veces cuando vengo de noche, cuando estoy guiando, que también tengo que tener cuidado. Tengo que tener cuidado que no vaya a...me he visto bien cerquita de chocar.

Entrevistadora También hay un issue de seguridad, de su propia seguridad en momentos de conducir.

Cliente Si, si por que a veces se me va la mano con el alcohol. Es verdad.. es verdad.

Entrevistadora Okay, esta es una lista que hemos hecho de los pro y los contra. Vamos a hablar un poquito de eso. De cualquier manera esta lista usted sé la v a llevar y va a pensar en esto un poco más. Pero que estamos viendo aquí; esto es como una balanza, por eso se llama Balanza Decisional. Vamos a tomar unas decisiones para ver realmente si podemos o si vemos que hay la necesidad de algún cambio, ya sea de reducción o de quedarse en el consumo. Es una balanza para tomar unas decisiones con relación a esto que lo ha traído hasta aquí. ¿Okay? Usted inicialmente me dice en los pro que tenemos dos cosas básicamente que es la productividad y el socializar. Y tenemos entonces acá un "issue"de seguridad, de discusiones en la casa, de dinero. ¿Qué usted ve que está pasando con los pro y los contra?

Cliente Que está bastante balanceada.

Entrevistadora ¿Usted entiende que hay un balance entre lo que es...?

Cliente Bueno, en realidad yo puedo ver que tengo más situaciones negativas que positivas. En realidad no lo puedo ver...no se, no sé...estoy...

Entrevistadora Estos procesos son poco a poco. Esto es un proceso de analizar unas circunstancias y unas consecuencias que podría haber en continuar el consumo versus descontinuarlo. Y esto es un proceso que usted mismo podría sentarse y poco a poco analizar y según vayan surgiendo las ideas, irlas anotando en esta misma lista de pros y contra. Usted mismo va a analizar realmente qué sería mejor para reducir estas cosas negativas, que son varias; usted mismo las ha traído.

Cliente Mira, pero también tengo las cosas positivas y estoy pensando ahora en los muchos buenos ratos que paso mientras estoy usando y bebiendo.

Entrevistadora Okay, ¿y cuántos de esos muchos buenos ratos son de corta duración o de larga duración?

Cliente Bueno, también hay que pensar en los muchos malos ratos...

Entrevistadora Ósea, que ahí ha habido de las dos cosas.

Cliente Si, definitivo...pero yo no puedo seguir discutiendo con la mujer y arriesgando un montón de cosas. Yo entiendo eso, pero tu sabes, ponérmelo así, es como que tengo que tomar una decisión y no estoy muy claro.

Entrevistadora Esto es un proceso de no tener que tomar una decisión ahora. Esto es un proceso de pensar realmente si vamos a trabajar con manejar un poco el consumo para reducir las consecuencias negativas de eso consumo. Las que ha venido trayendo usted mismo poco a poco, estos malos ratos, estos "issues" d seguridad, estas discusiones. Es un análisis, no es una cuestión de que vamos a hacerlo ahora y de inmediato. Esto es un proceso que usted mismo va a poder ir decidiendo en

qué paso y a qué ritmo lo va a llevar; si es que realmente usted piensa que sería productivo alejarse de esas cosas negativas que le ha traído el consumo.

Cliente No, si yo en realidad no quisiera tener esas cosas negativas.

Entrevistadora Y es posible. Es posible para usted no tener las cosas negativas de la sustancia, según usted vaya pensando. Por que no sé, tal vez podemos pensar esto un poquito más y dejarlo como una asignación y en la próxima intervención podemos ver si ha añadido algunos por o algunos contra en este proceso y ver cómo usted se siente con relación a este análisis. Es pensar, es hacer un análisis, por que usted es una persona muy inteligente, muy capaz, un hombre productivo, un buen proveedor, muchas cosas buenas, tiene un buen matrimonio que ahora está pasando por unas dificultades, y que si alo mejor pasamos por un proceso de análisis puede lograr reducir ese problema que tiene en su matrimonio.

Cliente Pues vamos a tratar esto, usted me da la lista esa y yo sigo trabajando en esto.

Entrevistadora Okay, entonces lo seguimos evaluando y la próxima semana, en un horario que tenemos que buscar en el momento de hacer la cita, para que a usted le sea posible asistir y que no le interrumpa en su proceso de trabajo. Entonces a lo mejor podemos seguir trabajando en esto del balance.

Cliente Esta hora es buena para la semana que viene, y el mismo día. No hay problema.

Entrevistadora Pues perfecto. Lo espero dentro de una semana a ver como hemos hecho esta pequeña asignación.

Cliente Como no.

Entrevistadora Okay, pues gracias.

Cliente Gracias a usted.