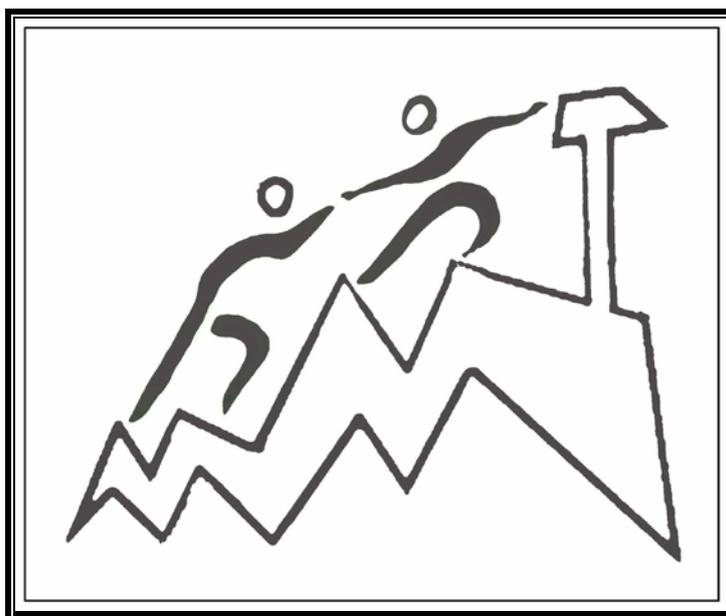


Methadone Maintenance Treatment (MMT CARE) Project

Intervention Manual



**China Center for Disease Control and Prevention
Sichuan, Guandong, Hunan, Jiangsu, Shaanxi Provincial Center for
Disease Control and Prevention
UCLA Semel Institute-Center for Community Health**

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OVERVIEW

This intervention manual reflects our new strategy to take a holistic approach to help MMT service providers and clients address obstacles and challenges in order to enhance the effectiveness of MMT programs through providing intervention programs for service providers at the selected MMT clinics in Sichuan Province, China. The ultimate goal of the intervention is to improve the physical health and mental health, enhance treatment adherence and reduce HIV risk for the participating MMT clients.

The purpose of this training manual is to serve as a guideline for facilitators to conduct the intervention program for service providers. In specific sessions, facilitators may have the flexibility and discretion to adopt all or part of the contents based on the reactions and responses of the participants.

The MMT CARE intervention has three major components: intervention program for service providers, booster sessions and intervention for clients. The intervention for service providers has three sessions. Each session occurs once a week for a total of three weeks. The length of each session is about 70-90 minutes. After the 3-session intervention program, we have designed two booster sessions (reunions) prior to the 6-month follow-ups and 9-month follow-ups, respectively. Each booster session lasts for 75 minutes. Meanwhile, participants are required to use the knowledge and skills that they have learned to conduct two brief counseling sessions with their clients. They are encouraged to use the tools, such as a motivational ruler and decision balance sheet to facilitate the communication process.

The following table summarizes the intervention session program topics and contents.

MMT CARE Intervention		
Session title	Topic	Activity
Session 1: MMT protocol and procedures; understanding stigma and its impact	Standard methadone clinic work; methadone dosage & side effects; stigma and its impact, barriers/solutions	Group rules & format, game, quiz, debate
Session 2: Effective communications with clients; introducing Motivational Interviewing	Better communication with clients; understand stages of change; skills in client-center, directive process	Roleplay, discussion, game, pair share
Session 3: Application of Motivational Interviewing; motivating clients for behavior change	Learn motivational statements & skills; evaluate the clients' special need; prepare individual sessions	Discussion & practice of motivational skills, role play, pair share
Booster sessions: Reviews, reports, and share	Reports on individual client sessions; identified barriers and solutions	Game, pair share, role play
Client sessions: Individual sessions with clients by trained providers	Work on 3 elements of motivation: importance, confidence & readiness; individual triggers & behavior changes	Motivational ruler and Decision Balance Sheet

Sessions description

Session 1

The purpose of this session is to lay the foundation for covering important issues and skills for the forthcoming intervention sessions. Since this is the first session, we begin with an overview of the project and guide the participants establish the basic group rules. After setting the rules, we will introduce the thank-you cards and the ways to use them. This is a tool that is very handy and easy to use, which has been proven to be effective in stimulating and maintaining a positive atmosphere during the intervention sessions. To help participants review the knowledge and policies related to MMT, we will organize a quiz competition as a fun way to break the ice. Next, a mini-debate will be introduced between two teams with opposite views on certain MMT related issues. A specialist in addiction treatment will comment on the debated contents and provide information and knowledge in this aspect. Then a game will be hosted by facilitators for all participants to recognize that stigma and discrimination is common among us with or without our awareness. Once participants conceive the message, facilitators will guide them to discuss the negative impact of discrimination. We end the session with a homework assignment that requires participants to ponder on how to standardize MMT working procedure in the clinic.

Session 2

The objective of this session is to learn how to use effective interaction techniques to communicate with clients. The key in session is to introduce the concept of motivational interviewing. We start the session by reviewing the topics of the previous session and sharing homework. After that, we use a game to point out the importance of communication in medical practice. Then facilitators will guide a group discussion on what are some of the effective communication skills, such as listening and speaking skills. A role-play will follow to mimic the first counseling session with a potential client, with the purpose to reinforce the communication skills of service providers. To pave the road for the introduction of motivational interviewing, facilitators will use a game named “how to loosen a tight fist” to lead the discussion through guiding questions, such as: what is the harm of deadlock and what is the benefit of lessening up, etc. After the discussion, facilitators will introduce the core issue of the session, i.e., the basic concepts of motivational interviewing. Facilitators will then introduce the Stage of Change Theory and the Decisional Balance Sheet as a practical tool. The group will proceed to discuss how to employ such concept and tool to improve the communication with clients. At the end of this session, the participants will be assigned to make a plan for the forthcoming motivational interviewing session with a client using the skills learned.

Session 3

This session aims at learning specific motivational interviewing skills and their application to daily work. Following the review of previous sessions, exchange of homework and a “newspaper game” to warm-up the atmosphere, facilitators will introduce specific

motivational interviewing techniques, namely expressing empathy, reflective listening, eliciting information, rolling with resistance, developing discrepancy and goal setting. Participants will practice these techniques through pair-share and role-play. Based on the notion that behavioral change progresses through different stages and the techniques learned, facilitators will further guide participants to study the three elements of motivation. In addition, participants will learn to use a practical tool of the motivational ruler to evaluate the motivation of their clients through a step-by-step methodology. A role-play will assist the participants to master this helpful tool. At the end of this session, each of the participants will be required to conduct two brief individual counseling sessions with a minimum of five clients using the learned skills and tools. Specific contents and requirements will be provided. The participants will share their experience of conducting these counseling sessions in the booster sessions.

Booster sessions

Two booster sessions will be organized after the intervention sessions. The first session will occur prior to the 6-month follow-up and the second one prior to the 9-month follow-up. The purposes are twofold: to review the knowledge and skills learned from the intervention sessions, and to exchange experiences and challenges of offering individual counseling sessions for clients. The session will begin with a game called “candies and questions.” Through the game, participants will pick pieces of candies, some of which contain intervention related questions. The participants who deliver the correct answers will get the candies as an award. Through the game, participants will have a chance to review the information and knowledge that they have learned before. Following the review game, a group discussion will give participants an opportunity to share their experiences of conducting counseling sessions with their clients. The participants will talk about the difficulties they encountered in the process, their solutions, new ideas, and thoughts. It is encouraged that the providers incorporate individual counseling sessions of this kind into their routine practice.

SESSION 1:

MMT protocol and procedures

Understanding stigma and its impact

Goals & Objectives	
<ul style="list-style-type: none"> • To learn the MMT related laws, regulations, and policies • To master the treatment plan for MMT side-effects and emergency conditions • To recognize the existing problems in MMT clinics and seek solutions for standardized clinic working procedure • To understand the negative impact of stigma and discrimination in medical field 	
Activity Arrangement (75 minutes)	Training Materials
<p>Opening and project introduction (10 minutes)</p> <ul style="list-style-type: none"> • Welcome • Self introduction • Overview of the MMT CARE intervention: <ul style="list-style-type: none"> - Goals, objectives, and significance - Group rules - Project logo, intervention activities, and formats <p>Quiz competition (15 minutes)</p> <ul style="list-style-type: none"> • Quizzes for MMT knowledge, policy and regulations. • Present the prizes to winners who deliver the correct answers. <p>Debate: What should I do? (20 minutes)</p> <ul style="list-style-type: none"> • Mini debate on opposite views of MMT related issues • Specialist comments • Facilitator comments <p>Game: Discrimination among us (15 minutes)</p> <ul style="list-style-type: none"> • Objective: To understand stigma/discrimination is a common phenomenon • Discussion: The negative impacts of discrimination • Facilitator summary <p>Relaxation: I like you (5 minutes)</p> <p>Summary: (10 minutes)</p> <ul style="list-style-type: none"> • Topics of today • Homework: will be shared in the next section <ul style="list-style-type: none"> ○ Reading ○ Weekly Journal • Preview next session <ul style="list-style-type: none"> ○ Time, place and contents ○ Encouraging participation 	<ul style="list-style-type: none"> • Project logo • Thank you cards • Chalk/marker • White (Black) board • Sign-in sheet • Quiz bank • Debate topics • Project poster • MMT information package • Homework cards • Prize for the game winner <p>To be put on the board in advance:</p> <ul style="list-style-type: none"> • Training goals • Today's topics

Opening and project introduction (10 minutes)

Opening

- Welcome speech
- Introducing the facilitators
- Participants' pair-introduction: introducing each other in pairs, and then introducing your partner to the whole group.

Introducing MMT CARE intervention:

- MMT CARE intervention project overview
- Aim/goal/significance
- Introducing the project logo
- Introducing the intervention format and activities
- Establishing group rules (be puncture, active participation, be respectful of others, keep the information confidential, each participant get equal share of time)

Thank you cards

- The participant will receive a set of thank you cards and an explanation on how to use the cards.
- Use the card as a token to express gratitude and agreement to group members
- Use the card in a timely manner without interrupting a conversation

Quiz competition: Do you know that? (15 minutes)

Quiz bank:

- In which year was the MMT program first established in China?
- How many MMT clinics are currently in our province?
- Can MMT clinics accept and treat clients from other provinces?
- What are the criteria for clients to get admitted to an MMT clinic?
- What are the symptoms of methadone overdose?
- How to treat the methadone overdose?
- Please describe the procedure of referring a client to another MMT clinic.
- Please describe the procedure of admitting a new client.
- How to access the safety and adequate dosage prescribed to a client?
- What are the regulations for methadone pharmaceutical administration?
- According to the national guideline, what are indications of urine tests?
- What kinds of laboratory testing should be offered to MMT clients and at what frequency?
- How to update the clients' treatment information using the national MMT online data management system?
 - What role does MMT program play in HIV/AIDS prevention and treatment?

- What kind of HIV/AIDS comprehensive prevention and treatment services can be offered through MMT clinics?

Procedure:

Depending on the situation, the following ways can be used to organize the contest:

- Passing a flower while a drum is hit; when the drumbeat suddenly stops, whoever gets the flower will answer one question.
 - Randomly select questions using a rush-answer machine
- The participants who correctly answer the questions will be given small prizes (prepare small prizes in advance).

**Mini debate: What should I do?
(20 minutes)**

Debate topics:

Please tell us your opinion towards the following topics and your reason.

- If a client concurrently uses illicit drugs occasionally during the treatment, should the treatment be suspended?
- If a client refused to do a urine test, can you force him/her to? Can you treat it as a positive result? (Here the specialist can introduce how to prevent clients' cheating on a urine test, such as judging by the temperature of the urine sample)
- Should we provide MMT to drug users who are below age 20?
- Should we admit the drug users who are just released from compulsory or voluntary detoxification center with a negative urine test?
- If an applicant has never been registered in the Public Security before, should we ask him/her to register for Public Security first?
- When the clients complain about treatment side effects, should we reduce the dosage of methadone?
- Is it a good way to reduce the methadone dosage to zero mg, that was, "taper" from methadone?

Specialist comments:

After the participants present their own viewpoints and debate, a specialist in addiction treatment will introduce the standardized MMT working procedure and the regulations related to above topics and the rationale behind these regulations.

Facilitator comments:

Many people might have thought that the daily work in MMT clinic is just simple and repetitive drug dispersion. Throughout our debate, we come to realize that this work is anything but easy. It is a complex procedure which requires comprehensive medical knowledge and skills.

Game: Discrimination among us
(15 minutes)

Objective:

The objective of the following game is to let the participants experience the feelings of discriminating against others or being discriminated against by others.

Procedure:

Facilitator: Please do the following. From your birth to now, if you had experiences of being discriminated against and looked down on by other people for various reasons, such as your gender, occupation, weight, height and so on, please go to my left side (in an ideal case everyone will move the left side).

Facilitator: Now, if you have ever had the experiences of discriminating other people for their gender, occupation, weight, height and so on, please go to my right side (everyone will then move to the right side).

Group discussion:

- What have you learned from the exercise?
- How do you feel when you are discriminated against by other people?
- What kind of language or behaviors is considered stigmatizing and discriminatory towards the patient in medical practice? Have these ever happened to you?
- What kind of language or behaviors is considered professional and non-premedical in medical practice?

Facilitator summary:

Stigma or discrimination would be a common phenomenon in the society even if we did not realize or admit it. It has a diversity of forms including rejection, isolation, scolding, and insult. We all have experiences of being discriminated against in different stages of our lives. Similarly, we also have discriminated against others unintentionally. Stigma/discrimination is harmful to our interpersonal relationships and society, but it can be avoided. In the daily medical practice, friendly language, professional services and non-prejudicial attitude can improve the communication and relationship between the providers and the clients, raise working efficiency and treatment outcome.

Relaxation: I like you
(5 minutes)

Procedure:

All participants sit in a circle. Everyone says a few nice words to the person on the right-hand side. For example:

- I like you because you are always smiling. Thank you.

- I like you because you are so helpful to me. Thank you.
- I like you because you are very polite. Thank you.

Facilitator summary:

It is in our human nature that we like to hear nice words and compliments. Encouragement is an important tool to form close interpersonal relationships. Let's try to use some positive phrases for our clients. For example:

- Nice job!
- You are doing great.
- I am glad for your improvement.
- It is nice to see you are making progress.
- Thank you.

Summary
(10 minutes)

Summarize today's topics:

Each participant gives a short summary of what he/she has learned today.

- MMT related laws, regulations, and policies
- The treatment of MMT side-effects and emergency conditions
- The harm and negative impact of stigma and discrimination

Homework (to be reviewed in the next session):

Reading:

Reading materials for participants include national work plan of community maintenance treatment for opioid addicts, MMT side-effects monitoring and treatment, dosage management, and occupational exposure prophylaxis.

Weekly journal (See Appendix 1 for answer card):

Please record:

1. The significance of your work
2. Your suggestions on how to standardize the MMT clinic work and operation
3. The difficulties you encountered at work and your solutions

The assignment will be shared with group members in the next session.

Preview next session:

Introduce time and location of next session, and encouraging all participants to attend next session.

SESSION 2

Effective communications with clients

Introducing Motivational Interviewing

Goals & Objectives	
<ul style="list-style-type: none"> • To learn and use positive interaction techniques to effectively communicate with clients and their family members • To understand the concept of Stages of Change Theory and its application • To introduce the concept of Motivational Interviewing 	
Activity Arrangement (70 minutes)	Training Materials
<p>Opening (10 minutes)</p> <ul style="list-style-type: none"> • Welcome/ sign-in • Review the last intervention session • Share last weeks' homework <p>Game: Guess who and guess what it is (10 minutes)</p> <ul style="list-style-type: none"> • Objective: To understand the importance of effective communication • Facilitator comments <p>Roleplay: The important first visit (10 minutes)</p> <ul style="list-style-type: none"> • Role play and discussion • Facilitator comments <p>Game: How to loosen a tight fist? (10 minutes)</p> <ul style="list-style-type: none"> • Form pairs and play the game • Facilitator comments <p>Discussion: Introducing Motivational Interviewing (25 minutes)</p> <ul style="list-style-type: none"> • Introduction of Stage of Change Theory • Concept of Motivational Interviewing • Decisional Balance Sheet (DBS) • Examples <p>Summary (10 minutes)</p> <ul style="list-style-type: none"> • Topics of today • Homework: will be shared in the next section <ul style="list-style-type: none"> ○ Reading ○ Weekly Journal • Preview next session <ul style="list-style-type: none"> ○ Time, place and contents ○ Encouraging participation 	<ul style="list-style-type: none"> • Project logo • Thank you cards • Black/whiteboard • Chalk/markers • Posters • Sign-in sheet • Drawing paper • Homework cards • Decisional Balance Sheet • Small Prizes <p>To be put on the board in advance:</p> <ul style="list-style-type: none"> • Training goals and objectives • Today's topics

Opening
(10 minutes)

Opening

- The facilitators welcome the participants and thank them for attending today's session
- Sign-in
- Review last week's training
- Share last week's homework (facilitators guide the participants to share their own thoughts and feelings in details)
- Remind to use thank you cards.

Game: Guess who and what is it
(10 minutes)

Procedure

Invite one volunteer to the front, and the facilitator gives him/her piece of paper indicating the name of a person or an object. The other participants try to find out the answer through asking questions. The volunteer can only answer "yes" or "no" to the questions.

Example:

Q: Is it a man?

A: Yes

Q: Is he a writer?

A: No

Q: Is he a singer?

A: Yes

Q: Is he from Hong Kong?

A: Yes

.....

ANSWER: Andy Lau

Rules:

If no one gets the right answer within 3 minutes, the facilitator can ask open-ended questions.

Example:

Q: What does he do for a living?

A: He is a movie star, a TV star, and a musician.

Q: What is the main feature of his appearance?

A: He has an obvious hook nose.

ANSWER: He is a Hong Kong singer, Andy Lau.

Facilitator comments:

The purpose of the game is to experience the importance of communication. From the game, we have learned that only through effective communication can we accurately express our opinion and at the same time understand other people's thinking and intention. This is

true in our daily life as well as medical practice, as MMT is a long and complex procedure, both service providers and clients are facing various challenges, only effective communication can bring us together to overcome the difficulties and achieve the treatment goal.

Discussion:

Topic: what are some of the ways to enhance effective communication?

A facilitator starts the discussion by writing down different interaction techniques including good ones and poor ones on the whiteboard. In case people are slow in participating, facilitators can give hints to break the silence. The following are examples of facilitators' information to guide the discussion.

- Listening skills: listen carefully with concentration; don't shake your head unconsciously when you disagree; instead try to show a neutral stance by staying still; don't be absent-minded.
- Speaking skills: speaking clearly and loudly; try to use simple and concise language to explain your points, emphasize the themes and key points.
- Other factors: the expressions, tone, gestures, surrounding environment and other external factors of a service provider may have an impact on the effectiveness of your communication.

Summary:

- Effective communication between providers and clients are vitally important
- Summarize good communication skills suggested by the participants.

Roleplay: The important first visit (10 minutes)

Background introduction:

Research results suggested that the initial counseling session with a potential client is extremely important. For clients who come to an MMT clinic for the first time, service providers should cover the following topics:

- Is he/she suitable for MMT?
- The difference between MMT and traditional detoxification treatment
- The treatment goal
- Potential side-effects
- Treatment rules and urine morphine test
- Obtain informed consent

Procedure:

Invite two volunteers to the front; one plays a drug user who comes to MMT clinic for the first time, another plays a service provider who provides counseling to the potential client.

(We suggest the facilitators give a demo for the participants. Facilitators shall remind the participants to keep the role play within the time allowed.)

Discussion:

After the role-play, facilitator encourages the participants to discuss:

- Which part of the role-play is praiseworthy?
- Which part can be improved?

**Game: How to loosen a tight fist?
(10 minutes)**

Procedure:

- Participants form into pairs freely.
- One participant holds his/her fist tightly, and the partner tries all means (e.g., persuasion, threat, seduction or coercion) to loosen the fist.

Discussion:

Share with the group members about:

- Feelings of holding the fist (e.g., trying hard to control him/herself and resist temptations, feeling tired of resistance).
- Feelings after you release the fist (e.g., feel greatly relieved).
- Feelings of trying to persuade others to release the fist (e.g., really tired of trying, frustration).

Discuss:

- What is the successful strategy to persuade other people?
- What did you learn from the game?

Facilitator comments:

Try to change a drug user's addictive behavior is just like trying to lose other people's fist. Poor communication will trigger confrontation and resistance and lead the situation to a deadlock, which doesn't solve any problem. In most of the cases, both parties are responsible for the deadlock. On the contrary, innovative ideas and effective skills help to break through the deadlock and reach the goal.

**Discussion: Introducing Motivational Interviewing (MI)
(25 minutes)**

Introducing Stage of Change Theory:

Today I am going to introduce a useful theory in behavior change-Stage of Change Theory. Let's begin with some real-life examples. Does anyone of you (or your family members/friends) have the experiences of trying to lose weight, quit smoking, or drinking? (Facilitator encourages 1 or 2 participants to share their personal experiences).

The general idea behind the Stage of Change Theory is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change: pre-contemplation, contemplation, preparation, action, and maintenance. These stages are not linear; rather, they are components of a cyclical process that varies for each individual. People at different points along this continuum have different informational needs and benefit from interventions designed for their stage. The table below summarizes the definition and potential change strategies at each stage.

Stage	Definition	Potential Change Strategies
<u>Pre-contemplation</u>	have no plan in short-term to change one's behavior	Increase awareness of need for change; personalize information about risks and benefits
<u>Contemplation</u>	begin to realize one's problem and form plans of making changes	Motivate; encourage making specific plans
<u>Preparation</u>	prepare and get ready to carry out the plan	Assist with developing and implementing concrete action plans; help set gradual goals
<u>Action</u>	participate in the process of making changes	Provide feedback, problem-solving, positive support and reinforcement
<u>Maintenance</u>	The new behavior sustained for more than six months and became part of routine	Assist with coping; give reminders; avoid relapse

Example

The behavioral change of a drug user turning into a stable MMT client may go through the following stages: 1) "I do not know what MMT is"; 2) "I know something but do not want to enroll yet"; 3) "I am interested and want to give it a try"; 4) "I started MMT"; and 5) I have been under regular MMT for quite a while.

Introducing Motivational Interviewing:

What is Motivational Interviewing?

Motivational Interviewing is patient-centered counseling approach developed to motivate clients and facilitate change in health-related behaviors. The core principle of the approach is a negotiation rather than conflict.

Principals

- Express empathy: recognize the fact that ambivalent thoughts are normal and acceptance facilitate change; use reflective listening skills.
- Develop discrepancy: change is motivated by the perceived discrepancy between present behavior and important personal goals or values; the argument for change comes from your client, not you.
- Roll with resistance: recognizing the fact that change may go through different stages; resistance is a signal to respond differently; the client is a primary resource for finding answers and solutions.

- Support self-efficacy: the client’s belief in the possibility of change is an important motivator; your belief in the person’s ability to change becomes a self-fulfilling prophecy.

Decisional Balance Sheet (DBS)

When people are facing the dilemmatic situation, they can use a DBS make a sound decision. Below is a blank DBS for a person who wants to quit heroin use:

	Pros	Cons
Quitting		
	Pros	Cons
No Quitting		

The person can use the above pro-and-con list to outline the short and long-term effect of quitting vs. no quitting. In one column write down the advantages of drug use and in the other your reasons for quitting. Keep in mind the advantages and disadvantages of individual health, family, friends, finances, self-esteem, and emotional well-being. Refer to the list from time to time as a reminder of the reason for quitting. The exercise will help your clients focus on the most important part of their treatment goal (see appendix 2 for more examples).

Facilitator comments:

Today we’ve gained some understanding of the Stage of Change Theory and the principals of Motivational Interviewing. In the next session, we will move to specific methods and tools of Motivational Interviewing, which will equip us with effective methodologies to help clients at different stages to make individual plans for behavioral change.

**Summary
(10 minutes)**

Summarize today’s topics:

Each participant gives a short summary of what he/she has learned today.

- Positive communication techniques to communicate with clients and their family members
- Stages of Change Theory and its application
- Concept of Motivational Interviewing
- Decisional Balance Sheet

Homework:

Reading:

Reading materials include provider-patient communication skills, safe practice for better health care, and medical ethics.

Weekly journal (See Appendix 1 for answer card):

Please record:

1. How did you use the positive communication skills you have learned from this session to interact with your clients?
2. Make a plan to conduct Motivational Interviewing sessions with your clients.

Preview next session:

Introduce time and location of next session, and encouraging all participants to attend next session.

SESSION 3

Application of Motivational Interviewing

Motivating Clients for Behavior Change

Objectives	
<ul style="list-style-type: none"> • To master and apply detailed Motivational Interviewing (MI) skills; • To learn how to evaluate the clients' special need; • To get ready for individual counseling sessions with clients 	
Activity Arrangement (90 minutes)	Training Materials
<p>Opening (5 minutes)</p> <ul style="list-style-type: none"> • Welcome/Thanking for attendance • Warm-up game • Overview of this session <p>Discussion: Motivational Interviewing skills (45 minutes)</p> <ul style="list-style-type: none"> • Express empathy • Reflective listening • Elicit information • Roll with resistance • Develop discrepancy and set goals <p>Discussion & practice: Motivational ruler (30 minutes)</p> <ul style="list-style-type: none"> • Definition of motivation • Three essential elements of motivation • Practical tool: motivational ruler <ul style="list-style-type: none"> ○ Importance ruler ○ Confidence ruler ○ Readiness ruler • Practice <p>Summary (10 minutes)</p> <ul style="list-style-type: none"> • Topics of today • Homework: two brief counseling sessions with clients <ul style="list-style-type: none"> ○ Objective ○ Specific requirements ○ Contents • Preview booster session <ul style="list-style-type: none"> ○ Time, place and contents ○ Encouraging participation 	<ul style="list-style-type: none"> • Project logo • Thank you cards • Program posters • Whiteboard • Marker/chalk • Sign-in sheet • Homework cards • Motivational ruler • Small Prizes <p style="margin-top: 20px;">To be put on the board:</p> <ul style="list-style-type: none"> • Training goals • Today's topics

Opening (5 minutes)

Opening

- The facilitators welcome the participants and thank them for attending today's session
- Sign-in
- Review last week's training
- Share last week's homework (facilitators guide the participants to share their own thoughts and feelings in details)
- Remind to use thank you cards.

Warm-up game

Newspaper game

Divide the participants into two groups. Spread two pieces of newspapers on the floor. The group has more members stand on the newspaper within the fixed time wins. In the event of a tie, fold the newspaper into a half size and do it again.

Objective:

- To warm-up
- To understand the importance of cooperation and coordination
- To learn the importance of necessary skills

Overview of this session

Through previous investigation, we learned that many providers hope to provide comprehensive intervention and psychological consulting for clients. However, due to lack of professional knowledge and counseling skills, they have not been able to offer these types of comprehensive services as they expected to.

In the last session, we have introduced the Stage of Change Theory and the basic concept of Motivational Interviewing. Today, we will further study detailed methods and skills of Motivational Interviewing. Today's session will prepare our participants for the upcoming individual counseling sessions with your clients.

Discussion and practice: Motivational Interviewing skills (45 minutes)

Express empathy

- Establish and maintain rapport with the client
- Understand a client's feelings and perspectives
- Avoid judging, criticizing, or blaming

Reflective listening

- More listening than talking
- Restating and clarifying what the other has said; responding to what is personal rather than to what is impersonal, distant, or abstract.
- Trying to understand the feelings contained in what the other is saying, not just the facts or ideas.
- Working to develop the understanding of the clients' frame of reference
- Responding with acceptance and empathy

Example:

A client asks: I want to terminate the maintenance treatment since I am suffering from severe side effects.

Suggested responses are as following:

1. Do you mean that you feel uncomfortable with the side effects of this drug?
2. I can tell that you are worried and concerned.
3. I think you are worried because you are eager to solve this problem. Maybe we can try the following new methods.
4. As we discussed, these issues might be solved with these methods, and you can reduce the side effects and symptoms. You can give it a try.

These responses impact clients both in emotional feeling and in rational thinking by sincerely help them to rethink the problem.

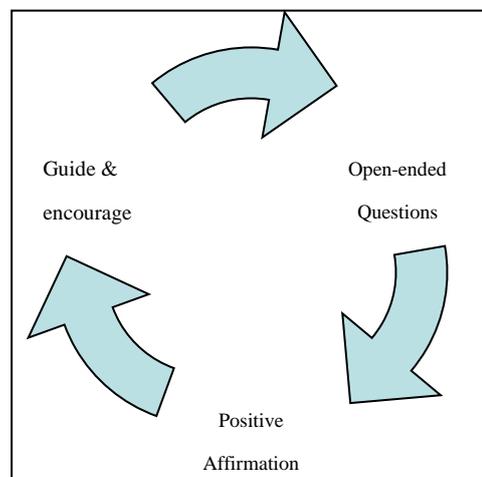
Elicit information

Use open-ended questions to guide your client to tell his/her opinions. (Facilitator: "what is an "open-ended question"; the difference between open-ended and close-ended questions)

Exercise:

Give 10 examples of open-ended questions and 10 close-ended questions

Roll with resistance



- Resistance can take several forms, such as negating, blaming, excusing, minimizing, arguing, challenging, interrupting, and ignoring.
- Avoid direct confrontation which will create additional barriers and make change more difficult.
- Exploring the reasons behind the resistant behavior
- Provide information and alternatives, and explore possible solutions.

Examples:

Client: Even though I am taking methadone treatment, sometimes I still think about the “white powder” when I am bored.

Doctor: You have made big progress since you started the maintenance treatment (affirmation)! You may try to find a job, so you can make money and make good use of your time (shift focus).

Client: My husband is always nagging me about my problem. It really bugs me.

Doctor: It sounds like he really cares about you and is concerned, although he expresses it in a way that makes you angry. Maybe we can help him learn how to tell you he loves you and is worried about you in a more positive and acceptable way (reframing the problem).

Develop discrepancy and set goals

- Help the client focus their attention on how current behavior differs from ideal or desired behavior.
- Understand and highlight the client’s values and connections to the family, career, and community.
- Help the client explore how important personal goals (e.g., good health, marital happiness, financial success) are being undermined by current substance use patterns.
- Identify and clarify the client’s *own* goals, not those of the healthcare provider. Otherwise, the client will feel as though they are being coerced and may become more resistant to change.
- Rank the goals according to actual situations. Guide clients to prioritize the goals based on importance and feasibility.

Examples:

“You’ve told me that raising your daughter and being a good parent is the most important things to you now. How does your heroin use fit in with that?”

“So, sometimes when you use heroin, you can’t get out of bed to get to work. You missed 5 days of work last month. But you need your work, and doing well in your job is very important to you.”

Practice:

Form the participants into pairs. Within each pair one plays a client, and the other plays a doctor. The “doctor” uses open-ended questions to guide the “client” talk about his/her problem and feeling and then employ the Motivational Interviewing skills we learned to help the “client” find his/her latent consciousness and emotion, seek a solution and set realistic goals.

At the end of the practice, the two partners switch role and practice again. The facilitator can encourage 2-3 pairs to share with the whole group.

**Discussion and practice: Motivation and Motivation Ruler
(30 Minutes)**

Definition and elements of motivation

Motivation is the driving force which helps us to achieve goals.

There are three central elements of motivation: clients’ sense of the importance of potential changes, their confidence that change can be successful, and their readiness to make changes.

Motivational ruler

Objective:

- Evaluate the level of motivation of a particular change to the client
- Elicit factors or circumstances that could raise the level of importance, confidence and/or readiness of change to the client.

Example:

- Importance ruler

1	2	3	4	5	6	7	8	9	10
Not at all important		Somewhat important		Important	Very important		Extremely important		

Doctor: How important would you say it is to stay in MMT program? (From 0 to 10, the larger the number, the more important)

A client may choose any number. Suppose one chooses 7:

Step 1: Affirm that the client’s choice is important

Step 2: Ask why didn’t you choose 8 or 9? Is there anything more important than your current choice?

If a client chooses 2:

Step 1: Affirm that the client’s choice is interesting.

Step 2: Ask why didn’t you choose a higher number? What makes you think it is not so important to change? Do you have other things which are more important to you?

- Confidence ruler

1	2	3	4	5	6	7	8	9	10
Not at all confident		Somewhat confident		confident		Very confident		Extremely confident	

Doctor: If you decide to keep clean of the drug from today, how confident are you that you could succeed?

The client may choose any number. Suppose one chooses 7:

Step 1: Affirm that the client is very confident.

Step 2: Ask why didn't you choose 8 or 9? How can I help you to be more confident?

If the client chooses 2:

Step 1: Explain that this shows he/she is not so confident.

Step 2: Ask why are you not so confident? What are the reasons? Are you facing any obstacles?

- Readiness ruler

1	2	3	4	5	6	7	8	9	10
Not at all ready		Thinking about it		Planning and making a commitment		Actively working on it		Maintaining the change	

Doctor: how ready are you that you could stay clean?

The client may choose any number. Suppose one chooses 7:

Step 1: Affirm that the client is well prepared.

Step 2: Ask why didn't you choose 8 or 9? Is there anything that prevents you from getting ready?

If the client chooses 2:

Step 1: Explain that this choice shows that the client is not well prepared.

Step 2: Ask why do you feel that you are not well prepared? What are the reasons? Do you have any difficulties?

Practices:

Form the participants into pairs. Within each pair one plays a client, and the other plays a doctor. Under the scenario that a client comes to seek consultation in an MMT clinic for the first time, the "doctor" uses the importance ruler, confidence ruler and readiness ruler to measure the client's motivation and find ways to enhance the motivation.

At the end of the practice, the two partners switch role and practice again. The facilitator can encourage 2-3 pairs to share with the whole group.

**Summary
(10 Minutes)**

Summarize today's topics:

Each participant gives a short summary of what he/she has learned today.

- Motivational Interviewing skills: express empathy, reflective listening, elicit information, roll with resistance, develop discrepancy and set goals
- Motivational ruler: importance ruler, confidence ruler and readiness ruler.

Homework: Using MI to conduct intervention for clients*Purpose:*

Today we have completed all three intervention sessions. Service providers will then conduct two brief counseling sessions with your clients, where your skills learned from the sessions will be transferred to benefit your clients.

Specific requirements:

- Every health provider should conduct brief counseling sessions with at least 5 clients
- Each session will be about one hour, conducted one-to-one face-to-face in a private room.
- The first session will be conducted within two weeks and the second session will be 2-3 weeks apart
- Please keep records for each session and share your experience in our booster sessions.

Contents

- For the first session: 1) using a Decisional Balance Sheet to obtain a commitment to change; 2) avoiding drug-using friends, and identifying high-risk situations; 3) protection against HIV infection; 3) making a personalized plan for treatment adherence and relapse prevention.
- For the second session: 2) providing personalized feedback; 2) reassessing commitment to change, and reevaluate the personalized plan; 3) provide local health and treatment resources available to clients and their families.

Preview booster session:

Introduce time and location of booster session, and encouraging all participants to attend.

Homework card for session 2

Clinic:

Name:

Date:

How did you use the positive communication skills you have learned from this session to interact with your clients?

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Make a plan to conduct Motivational Interviewing sessions with your clients.

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Evaluation of the homework (for project staff use only):

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Appendix 2: Decisional Balance Sheet examples

Example 1: Whether I should join a fitness program

	Pros	Cons
Join	It will help me manage my weight	It takes time
	I can meet friends at the gym	It costs money
	I will be more healthy	It is painful to exercise
	I want to show others that I can do it	I don't know how to exercise
	It tones my muscles	
	I can fit in my skinny jeans	
	Pros	Cons
Not join	Save more time	Feel stressed at the end of the day
	Save some money	Gain in weight
		At higher risk to cardiovascular diseases
		Potential loss friend

Example 2: Whether I should quit smoking

	Pros	Cons
Smoking	Help me concentrate	Hazardous to my health
	Help me relax	Affect the health of others
	Pleasurable	Bother people around me
		Feel being slaved by this habit
		Cost money
		Smelly
		Against the rules in some public places
	Pros	Cons
Not smoking	Be more energetic	Lose a way to socialize
	Be more accepted by my family and friends	
	Be more healthy	
	Save money	

Example 3: Whether a heroin user should receive MMT

	Pros	Cons
MMT	Affordable	Possible side effects
	Less injection/needle sharing	Need to visit clinic every day
	Prevent HIV and other diseases	Develop another dependence
	Legal	Long-term commitment
	Safe	
	Develop regular daily schedule	
	Regain social function	
	Improve family relationship	
	Health information available from the service providers	
	Pros	Cons
No MMT	Can travel to other cities freely	Heroin withdrawal symptoms
	No need to undergo urine tests from time to time	Waste huge amount of money on heroin
		May need to engage in crime to pay for drugs
		Risk of overdose