



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?

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.

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.

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.

CLIENT: I feel like a total fool, yeah.

THERAPIST: So, that's bothering you. That you have to do this; that you're here.

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.

CLIENT: Exactly!

THERAPIST: Besides the DUI's; and that sounds like one concern for you. What other concerns do you have about your drinking?

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.

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.

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.

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.

CLIENT: Yeah, it didn't ever 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.

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.

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 it's 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.

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.

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.

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.

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?

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.

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.

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.

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.

CLIENT: Its not a...

THERAPIST: You don't feel like its..

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.

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...

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

THERAPIST: I see.

CLIENT: If that makes any sense.

THERAPIST: Sure, yeah.

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?

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.

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.

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.

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.

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]

MOTIVATIONAL INTERVIEW RATING WORKSHEET

RATING ITEM	ADHERENCE: FREQUENCY & EXTENSIVENESS	COMPETENCE: SKILL LEVEL COMMENTS
1. MI Style or Spirit (p.105)		
2. Open-ended Questions (p.106)		
3. Affirmation of Strengths & Self-efficacy (p. 107))		
4. Reflective Statements (p.108)		
5. Fostering a Collaborative Relationship (p. 109)		
6. Motivation to Change (p. 110)		
7. Developing Discrepancies (p. 111)		
8. Pros, Cons, and Ambivalence (p. 112)		
9. Change Planning Discussion (p. 113)		
10. C-C Problem Discussion & Feedback (p. 114)		

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 1x 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

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															
2	Open-ended Questions															
3	Affirmations of Strengths & Self-efficacy															
4	Reflective Statements															
5	Fostering Collaboration															
6	Motivation to Change															
7	Developing Discrepancies															
8	Pros, Cons and Ambivalence															
9	Change Planning Discussion															
10	Client-centered Problem Discussion and Feedback															

*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