



**NIATx**  
The Network for the  
Improvement of Addiction Treatment

Using Spirit of Motivational Interviewing for  
Early Engagement  
&  
Continuation in Treatment

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*Reduce Waiting & No-Shows • Increase Admissions & Continuation*



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# Using Motivational Interviewing to Decrease No-Shows to Intake & Increase Continuation in Treatment

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PROTOTYPES

*Reduce Waiting & No-Shows • Increase Admissions & Continuation*

# THE RESIDENTIAL NO-SHOW CHALLENGE



# PROTOTYPES No-Show Aim

For all prospective clients for the residential program, the target no-show rate to intake will be 15% or less.

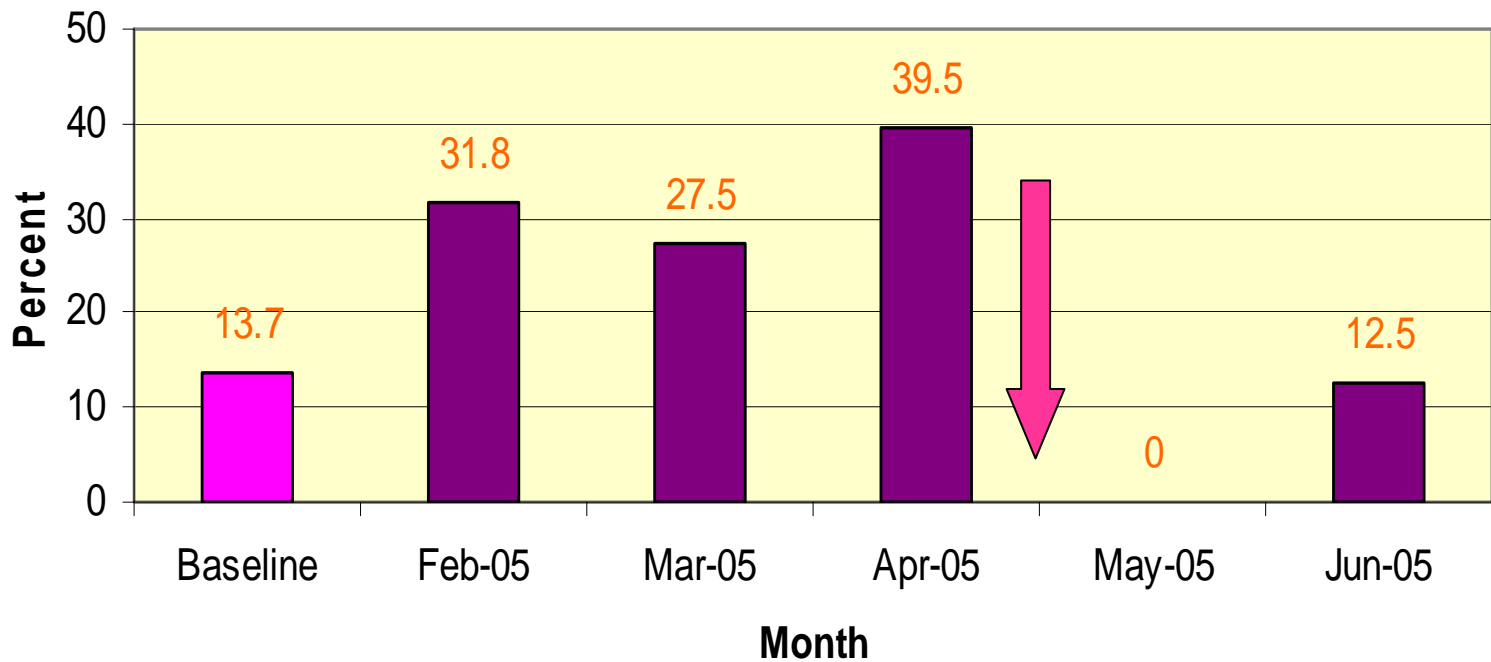


# Data History

From October 2003 through January 2005,  
no-shows to intake appointment  
averaged 13.7%



## Decrease in No-Shows to Intake PROTOTYPES Residential Services Baseline: October 2003 - January 2005



# Motivational Interviewing Strategies



# MOTIVATIONAL INTERVIEWING

Implementing motivational enhancement techniques for staff to use with new clients by:

- eliciting client feedback during clinical assessment about what is the most important thing s/he wants to receive in treatment (e.g., access to counselor, mental health services, medication assistance, etc.), and
- developing a plan with the client to assure that need is being met the first few days in treatment.





# What are your most important treatment needs?

- anger management
- dealing with my depression
- parenting issues / be a good mother
- not knowing how to set boundaries
- to learn how to trust people
- reunite with son
- domestic violence
- getting to know myself
- complete parole/probation
- learn to be self sufficient
- staying sober
- relapse prevention

# The people that can help you meet those needs (by name):

- drug and alcohol counselor
- mental health therapist
- vocational specialist
- medical staff
- parenting center
- Big Sister/Junior Big Sister/peers
- group therapy

# I can expect to have these needs met by this date:

- within the week
- by the end of the month
- by 3 – 6 months
- by end of program

# What can we do to make sure you attend all your scheduled treatment?

- give me reminders
- make sure I am up
- be supportive
- provide schedule
- let me know a day ahead of time

# What can you do to make sure you attend all your scheduled treatment?

- Remember where I came from
- Don't socialize with negative people
- Give it a chance
- Involve myself
- Be honest with myself
- Commit
- Take responsibility
- Do the work
- Suit up and show up
- Focus on getting kids back
- Talk to my counselor about things bothering me
- Open my mind and heart
- Avoid petty things
- Keep busy and productive
- Just go
- Make a note
- Don't give up
- Set alarm clock
- Remember what is my priority
- Look forward to going home
- Listen, read, digest info



# THE OUTPATIENT NO-SHOW CHALLENGE



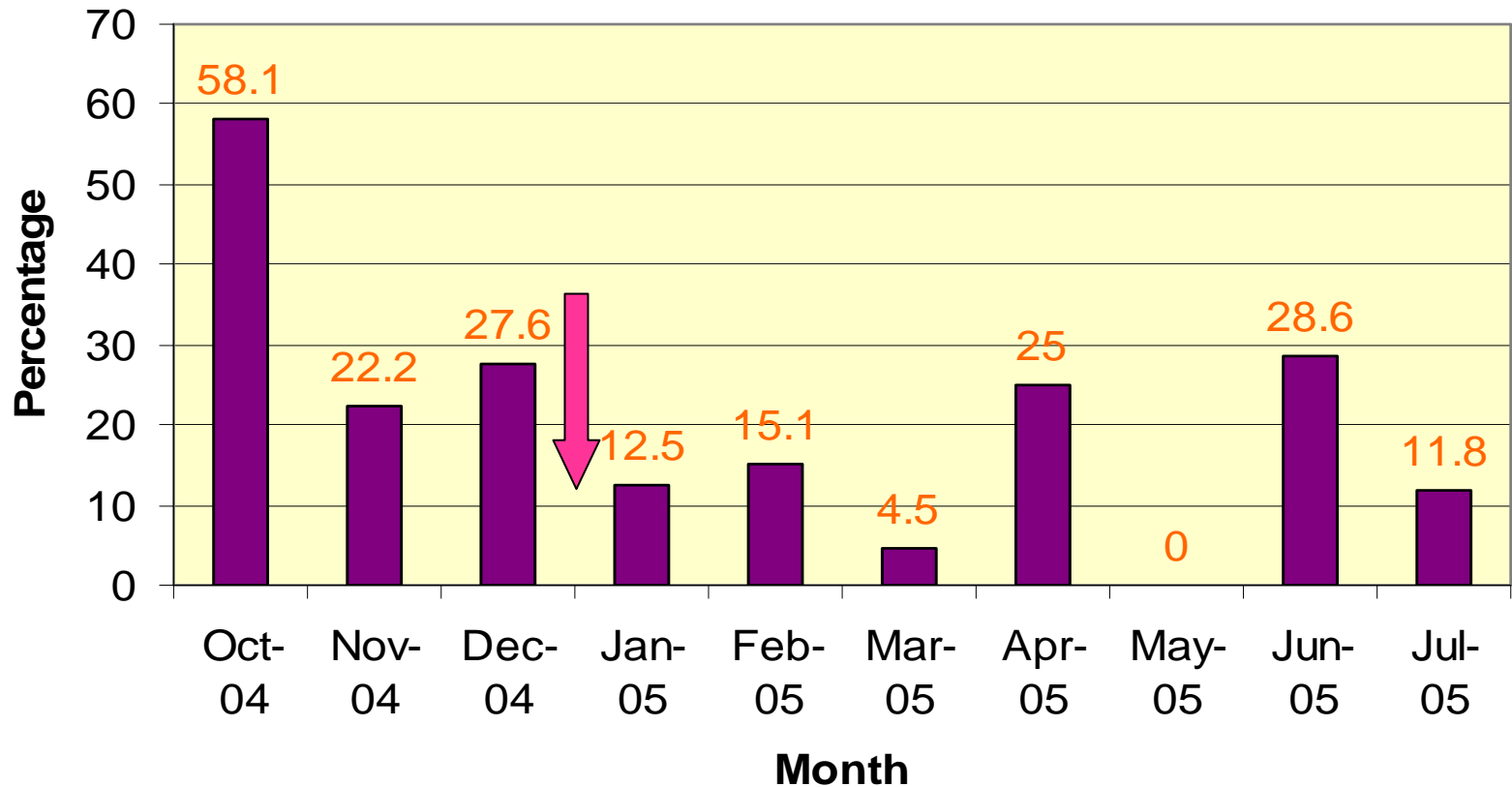
# PROTOTYPES No-Show Aim

For all prospective clients for the outpatient program, the target no-show rate to intake will be 15% or less.



# Decrease in No-Shows to Intake PROTOTYPES Outpatient Services

Baseline (Oct - Dec 2004): 36%





# What can we do to make sure you attend all your scheduled treatment?

- Reorganize my work schedule
- Get a ride
- Be nice
- Remind me a day before appointment
- Help me with transportation
- Get bus schedule
- Make groups interesting

# What can you do to make sure you attend all your scheduled treatment?

- **Remain focused on appointments**
- **Keep vehicle running**
- **Reorganize work schedule**
- **Remind myself with a note**
- **Have for sure transportation**
- **Attend after 3 pm**

# THE RESULTS



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# OUTCOME SUMMARY

**Residential No-Shows: 32.9%**

(February – April 2005 average)

**POST- M.I. MEAN: 6.25%**

**Outpatient No-Shows: 36%**

(October – December 2004 average)

**POST- M.I. MEAN: 12.5%**

**NO-SHOW DECREASES: 23.5 to 26.65%**



# HOW DID WE DO IT?



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# Implementation

- 1) Two days of Motivational Interviewing training
- 2) Modeling & Supervision by Change Leader
- 3) Role play & Rehearsal with Intake Staff
- 4) Observation during phone screenings
- 5) M.I. summary sheet filled out for each client
- 6) M.I. summary sheet given to:
  - Client
  - Counselor for client
  - Change Leader
  - Intake Department Deputy Director
  - Placed in chart

# M.I. Summary Sheet — Assessment

- 1) What are your most important treatment needs?
- 2) These people will help you meet those needs.
- 3) You will have your needs met by this date.
- 4) What can we do to make sure you attend all your scheduled treatment?
- 5) What can you do to make sure you attend all your scheduled treatment?



# THE RESIDENTIAL CONTINUATION CHALLENGE





# PROTOTYPES Continuation Aim

For all new clients admitted to the residential program, the target continuation rate through the first week of treatment will be 100%.



# Data History

- From October 2003 through January 2005, continuation through 1<sup>st</sup> week of treatment averaged 90.11%
- From February 2005 through July 2005, continuation through 1<sup>st</sup> week of treatment averaged 80.62%
- M.I. at intake begins August 2005



# Motivational Interviewing Strategies



# M.I. Questions — 2<sup>nd</sup> Dose

- 1) What are your most important treatment needs?
- 2) These people will help you meet those needs.
- 3) You will have your needs met by this date.

## NEW QUESTIONS

- 4) What are the reasons you would be most likely to leave treatment early?
- 5) What can you do to make sure you remain in treatment, even when you are tempted to leave?



# What are the reasons you would be most likely to leave treatment early?

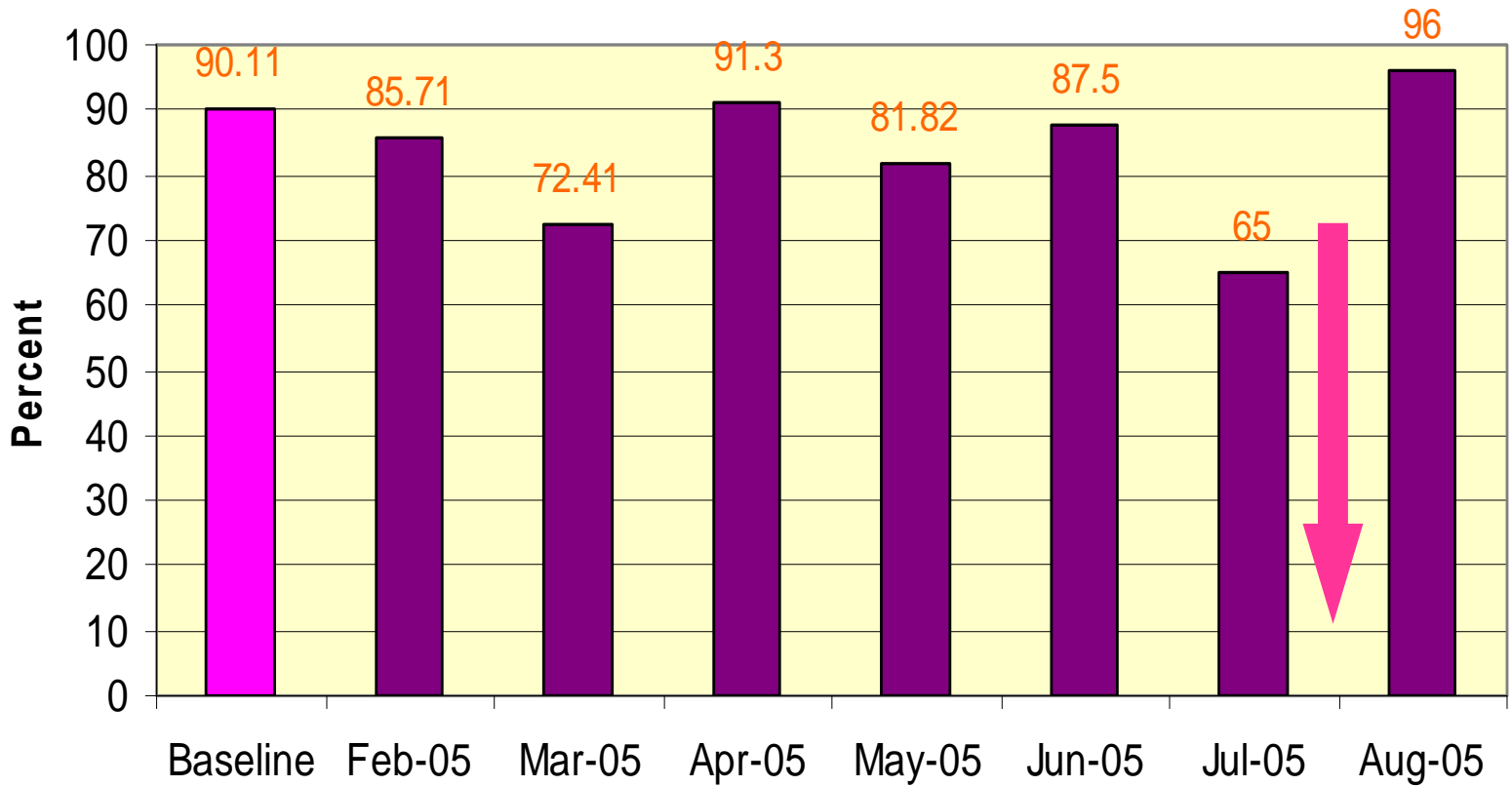
- If my step-daughter's illness (cancer) deteriorates
- Inability to stay safe
- If someone gave me a housing voucher
- Getting mad / short tension span
- Death in family
- Being disrespected
- Emergency with children
- If I don't see growth in myself
- Being emotionally attacked
- If court told me I couldn't have my children
- Not having my medication

# What can you do to make sure you remain in treatment, even when you are tempted to leave?

- Know that I can trust my family members to help me with issues
- Know that I must tell someone when I feel like hurting myself
- Wait it out if I get angry
- Talk to my Yolanda (therapist)
- Pray — ask for strength not to leave
- Remember my kids are at risk
- Remember that I will be homeless
- Know that I will relapse if I leave
- Talk to my counselor
- Draw pictures
- Go against my own judgment
- Get refills before medication runs out



## PROTOTYPES Residential Continuation Through First Week Baseline: October 2003 - January 2005



# Data Results

- From October 2003 through January 2005, continuation through 1<sup>st</sup> week of treatment averaged 90.11%
- From February 2005 through July 2005, continuation through 1<sup>st</sup> week of treatment averaged 80.62%
- M.I. at intake begins August 2005
- Continuation through 1<sup>st</sup> week increases to 96%





# QUESTIONS?



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# CONTACT INFO

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