

Motivational Assessment Guide for Intervention with Clients M.A.G.I.C.

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Assessing Substance Disorder Motivation

1. Do you/Have you ever used substances (Alcohol, drugs (specify), cigarettes)? If so, tell me about it. What do you use? How often? What times of day? Where and with whom else? (you get more data on this as you go along)

If not, tell me why not, or why you decided to stop.

2. What do you enjoy about using? How is it helpful? What problems do you solve? Are you using as much as you want? Why aren't you using more?

N.B. Communicate to the client that the decisions regarding use are theirs. You may not agree, but it's genuinely okay with you that they continue to use, if that is their choice.

3. Is there anything about using that is problematic? (Cost, physical/mental effect on medication, impact on mental illness or its Rx effects, reactions of others, shame/guilt, lack of control, etc.) If so, how do you see the benefits outweighing the problems? (or vice versa)
4. Is there anything about using that you would like to change? For example, would it be nice if you could use as much as you want without any negative effects?
5. Do you consider yourself to have a problem with substance use? If so, why? If not, why not? How would you describe your problem? (Abuse, addiction/dependence?) What do these terms mean to you?

(The interviewer might then offer some clarification: Abuse is any problematic use that is "controlled." Dependence is out-of-control use, usually with severe problems with, or without, withdrawal.)

N.B. For many clients, this question might be asked near the beginning of the interview, as a screening devise. If the answer is "yes", this will affect how you ask subsequent questions.

6. If anything about your use is a problem, have you thought about changing, or tried to change? Tell me about your thoughts/attempts, pro and con. Is there anything now you would like to change? What stops you?

N.B. At any point in questions 3-6, the client may “stop”, insisting that there is no problem, or it’s very small, and there is no wish to change.

If this happens, you might try:

- a. If you know of a clear problematic incident, you might inquire gently about it. As: “What about the fact that your mother won’t talk to you because you use crack? Is that upsetting?” Would you like her to change?”

and/or

- b. “Is one of the reasons you don’t want to change because you feel this is the best you can do or the best you can hope for?” (Given that you are mentally ill perhaps?)

and/or

If the client agrees, or doesn’t strongly disagree, suggest:

- i. That you believe in his/her ability to do better and that she/he deserves to do better and feel better about him/her self and his/her life.

and/or

- ii. That she/he can do much more to change than she/he could imagine, if she/he allows him/her self to get enough help, and that she/he deserves that help.

- c. If nothing seems to work, just let go, saying: “If your substance use is working for you, that’s great! If, at any point, this changes, let me know.”

7. If you would like to change, what would you like to change? (Do you want to stop using entirely, or control use of one or more drugs, or to avoid a particular consequence?) Do you have a plan for changing? What is it, and when does it begin? Tell me how you chose this plan.
8. Do you think you need any help to accomplish your goal, or to change? What kind of help? Do you think one-to-one counseling, a group, AA/NA, etc. might be helpful? Discuss client’s view of pros and cons of each. Is there anything you would like me to do to help?