



# SELF MEDICATING AND HOW TO ENCOURAGE CHANGE TALK

Janice Bunch, MA, LPC, NCC, SQP, MARS



# SELF MEDICATING

What do you think of when you hear self medicating?

How many of you have worked with individuals who self medicate?

What obstacles can this bring to helping others if we think someone is self medicating?

What immediate judgements do we pose as service providers?



# SELF MEDICATING DEFINED

**Self-medication** is a human behavior in which an individual uses a substance or any prescription/non prescription influence to self-administer treatment for physical or psychological ailments.

- The most widely self-medicated substances are over-the-counter drugs and dietary supplements
- Other forms of Self-medicating include using psychoactive drugs, recreational drugs, alcohol, comfort food, and other forms of behavior.



# SELF MEDICATING CONTINUED

Self medicating is a very common precursor to full addictions and the habitual use of any addictive drug has been demonstrated to greatly increase the risk of addiction to additional substances due to long-term neuronal changes.

Of those who seek help from mental health services for conditions including anxiety disorders such as panic disorder or social phobia, approximately half have substance dependence issues.

- Sometimes anxiety precedes alcohol or benzodiazepine dependence but the alcohol or benzodiazepine dependence acts to keep the anxiety disorders going, often progressively making them worse.



# DANGERS OF SELF MEDICATING

Inaccurate diagnosis – clients self diagnosing and mistreating symptoms

Using inappropriate medications that cause side effects

Masking the symptoms of a serious condition that may need medical intervention

Delaying needed medical advice

Inaccurate dosage that leads to accidental overdose

Mixing medications that are not safe to mix – dangerous drug interactions

Risk of developing an addiction or several addictions,

Self-medicating excessively for prolonged periods of time with often makes the symptoms of anxiety or depression worse.

- This is believed to occur as a result of the changes in brain chemistry from long-term use.



# EXAMPLES SHARING

Can you give us some examples of situations where your consumers/clients became worse when they were self medicating?

- (please DO NOT INCLUDE any client/consumer identifying information when sharing)



# TRANSITIONING CLIENTS CONSUMER

Many consumers/clients struggle with the idea that they are self medicating and do not see it as a problem.

Many consumers/clients see it as the only way to cope or get through the day.

It can be helpful to use tools such as the SOCRATES to see if your client/consumer is ready to change and to identify appropriate strategies to use with your client/consumer.

- One strategy that is helpful is encouraging Change Talk.



# CHANGE TALK

What do you think of when you hear change talk?

What does it mean to be a resistant client?

Can you think of ways that may make working with resistant clients easier?





# CHANGE TALK DEFINED

**Change talk** is defined as statements by the client revealing consideration of, motivation for, or commitment to **change**. Change Talk refers to the client's mention and discussion of his or her Desire, Ability, Reason, and Need to change behavior and Commitment.

Change talk is a Motivational Interviewing tool

- The provider seeks to guide the client to expressions of **change talk** as the pathway to **change**

Change talk makes working with resistant clients EASIER!!



# WHY USE CHANGE TALK?

When people talk about change themselves, they are more likely to change than if someone else (such as the clinician, a friend or relative) talks about it. In this way, change talk is self advocacy. You may have had the experience of struggling yourself with a problem, then discussing it with someone else and finding that when you state the solution, it is more powerful than when your listener does so.

- Think about when you came up with your own solution to something...did it mean more than when someone gave you suggestions?

A part of the process is learning to recognize change talk when you hear it from your client, and then reinforce it.



# LISTENING FOR AMBIVALENCE

Listening for and appreciating the client's ambivalence about change is a key element of motivational interviewing.

- To understand ambivalence, try thinking about a change you have been asked to make, or think you should make, in your own life. Are you sure you want to change?
- Our clients often feel the same way about the changes we are asking them to make.
- One key to listening for ambivalence is the “but” in the middle of the sentence “I’d like to make that change, but...” When you hear ambivalence, you are also hearing change talk.



# THINGS TO REMEMBER

We are asking clients to give up something very important in their lives, often for things they don't understand or don't like. It is important to understand both sides of the client's story, and to see things from their point of view, even if we disagree. Our goal as careful listeners is to selectively reinforce the client's speech that is in the direction of change, or leaning towards change.

Change talk is heard in five categories, Desire, Ability, Reason, Need, and Commitment. Learning to listen for the subtleties of meaning in your client's conversation in these five categories is very important. Using these questions can help to elicit change talk:



# QUESTIONS TO ASK TO ENCOURAGE CHANGE TALK

Desire: Why would you want to make this change?

Ability: How would you do it if you decided?

Reason: What are the three best reasons?

Need: How important is it? and why?

Commitment: What do you think you'll do?



# QUESTIONS TO ASK TO ENCOURAGE CHANGE TALK (CONT)

Which question do you think you will use most often?

Any question you are concerned about using?

Any examples of when you have tried these questions or similar questions with consumer/clients?

- Did it work?
- Did it not work?



# TECHNIQUES TO USE WHEN EVOKING CHANGE TALK

## **Ask Evocative Questions – Use Open-Ended Questions**

- *Like the questions on the previous slide*

## **Ask for Elaboration**

- *When a change talk theme emerges, ask for more detail:*

## **Ask for Example**

- *When a change talk theme emerges, ask for specific examples.*

## **Looking Back**

*Ask about a time before the current concern emerged*

## **Look Forward**

*Ask about how the future is viewed*



# CHANGE TALK PRACTICE

Please practice these techniques with your neighbor.

What was easy? What was hard? Things to practice as a professional?





# TECHNIQUES TO USE WHEN EVOKING CHANGE TALK (CONTINUED)

## **Query Extremes**

- *Ask about the best and worst case scenarios to elicit additional information*

## **Use Change Rulers**

- *Ask open questions about where the client sees themselves on a scale from 1 – 10.*

## **Explore Goals and Values**

- *Ask what the person's guiding values are.*

## **Come Alongside**

- *Explicitly side with the negative (status quo) side of ambivalence. (I.E.) Perhaps \_\_\_\_\_ is so important to you that you won't give it up no matter what the cost.*



# CHANGE TALK PRACTICE

Please practice these techniques with your neighbor.

What was easy? What was hard? Things to practice as a professional?



# HOW CAN YOU USE CHANGE TALK WITH YOUR CLIENTS

Brainstorm some examples of how you think you can use change talk?

What do you think the benefits would be to using change talk with your clients?

What challenges do you think you will face using change talk?



QUESTIONS

Contact information

[bunchj@gibsonrecovery.org](mailto:bunchj@gibsonrecovery.org)

573-332-0416 X 111