

Motivational Interviewing Case Scenarios: Scenario 1 of 4

(Note: A narrated PowerPoint accompanies this handout.)



Scenario 1: Glynis Parks is a 19-year old single mother who gave birth 9 months ago to a baby Sara who demonstrated neonatal opioid withdrawal syndrome (NOWS). A CPI arrives at the home of Ms. Parks to investigate a hotline report for possible neglect of baby Sara. The report alleged that the baby was living in filthy conditions amid piles of garbage, and urine-soaked bedding and clothing.



While the house was somewhat in disarray, the worker noticed lots of recently laundered towels and clothing. Most of the “mess” appeared to be items in the process of being laundered.

MI dialogue (beginning after the DCF worker introduces himself):

CPI: Ms. Parks, I appreciate you taking time to let me come into your home. What do you know about why I am visiting you today?

PARENT: My damn nosy neighbor who can't even take care of her own youngins probably made a report on me...

CPI: I can see how that would be upsetting.

PARENT: Are you kidding - of course it's upsetting. I'm pissed...and you're just looking for another way to make it hard on me after last week's court hearing.

CPI: Ms. Parks, would it be okay with you if I offer a thought?

PARENT: (Nodding) - I guess...

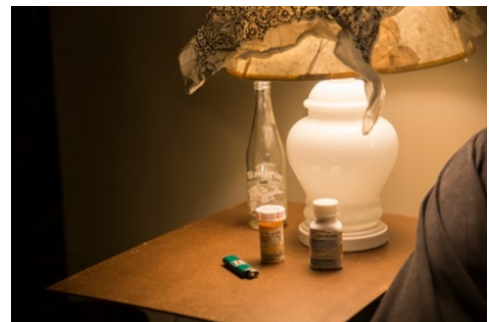
CPI: Well, I'm not seeing your housekeeping to be a problem right now; you seem to be in the process of getting a handle on your laundry. Would it be okay if I sit for a minute and have you help me finish up my report so I can get out of your hair?

PARENT: I'm pretty busy, so I don't want this to take too long.

CPI: Right, and I want to be sure not to take too much of your time.

PARENT: All right.

As the conversation continues, the CPI glances around the room and notices an empty beer bottle and two opioid pain medication prescription bottles -- each with a different name, and neither matches members of the Parks' household.



CPI: Thank you. One thing I need to mention that is a concern are the prescription opioid meds on your table with two different names (neither matching household members).

PARENT: It's not what it looks like -- my friend left her prescriptions here.

CPI: Good to know - thanks. I would like to share what I am thinking when I see that, is that okay?

PARENT: What would that be?

CPI: It comes across that those meds could be for your use, especially since two different names appear and you are the only adult living here.

PARENT: Oh what...now you are going to bust this up just because of that?

CPI: You are worried things are going to take a turn for the worse.

PARENT: That's what usually happens.

CPI: It is a concern; I want to be open with you, and I want to make sure I clear everything, so you can move ahead without any further barriers. What do you think?

PARENT: I've never been able to keep up with what you people want no matter what I do. I never have anything to say about what happens anyway!

CPI: You've been through a lot, you have an important job as a parent, and I really want to work together. Would it be okay for us to continue to help get things straightened out?

PARENT: How are you going to work that miracle?

CPI: One of the best ways to do that is to make sure we are doing everything possible to keep things safe for Sara.

PARENT: I'm a good parent! I take care of my baby - and I would never put her in any danger!

CPI: Sara's safety is important to you. That is good to hear, and I see that you're doing good work with her. Could we talk about some valuable information about prescription medication?

PARENT: Oh...go ahead - you are going to do it anyway. And besides at least it's not heroin. My friend gave them to me and anyway prescription drugs are from a doctor, so they can't be that bad.

CPI: It sounds like you are concerned about heroin use and think taking a prescription drug prescribed to your friend is safe.

PARENT: Yeah, I get why heroin can hurt me... but prescriptions are clean, right?

CPI: You have that partially correct.

CPI: What information do you have about how these medications are manufactured?

PARENT: I know heroin has all kinds of "cut" in it and I told you, I'm done with that crap. Plus, you can overdose on it and I am all Sara has. Prescriptions are clean and safe.

CPI: Sounds like you have a great understanding of the dangers of heroin and your priority is to be safe and healthy for Sara and yourself.

PARENT: Exactly.

CPI: How does the prescription medication fit in your health priorities?

PARENT: Like I said, prescriptions are clean-so they are not a problem for me.

CPI: Do you mind if we spend a few minutes talking about this further?

PARENT: Fine.

CPI: I think there's some important information that fits for both your health and family goals that you might want to be aware of moving forward.

PARENT: (Nodding)

CPI: Using a medication not prescribed for you can interfere with your goal to stay healthy and can be addictive. How does this information strike you?

PARENT: Is there anything else you plan to tell me about that?

CPI: Your curiosity is positive, thanks. It is not uncommon for people who use prescription pain meds to have trouble with them. Some people take more than prescribed or take meds not prescribed to them putting them at risk for a substance use disorder. Are you with me so far?

PARENT: Yeah.

CPI: I know how hard you worked to overcome your addiction to heroin so you could be healthy and so you could be a good mother to Sara. Not only can an addiction to pain meds be just as dangerous to your health as heroin, but overdose is just as likely under certain circumstances.

PARENT: I don't see how.

CPI: Your willingness to learn more shows you care about your health and Sara's wellbeing. You are aware from your previous experience and you've probably considered what happens if your friend suddenly stops giving you the pain meds (she goes to jail, she moves away, her doctor cuts her off). You shared with me how you hated feeling dope sick and were embarrassed when you were arrested at the hospital. When you look ahead, how might this play out for you?

PARENT: That's easy. I'm not gonna let that happen again.

CPI: You are very sure that you will be able to handle taking medication given the risks involved to you and Sara.

PARENT: I know I can handle myself.

CPI: You are sure you have all the information you need.

PARENT: Maybe not.

CPI: There are some dangerous meds on the street with random chemicals in them right now. Doctors are reducing prescriptions due to the number of overdoses. I know your first

concern is Sara and for your health especially overdosing. I would like to help you avoid a negative outcome and certainly Sara losing you would be part of that. What are you thinking about all this?

PARENT: I'm kind of numb.

CPI: This is a lot to take in.

PARENT: You got that right!

CPI: While I do have to report this situation, your willingness to talk with me honestly about this shows that you really do have your health and your daughter's wellbeing at heart.

PARENT: I can't lose Sara.

CPI: You really love her. Can we talk about some options you may have to support your goal of not losing Sara?

PARENT: I guess.



Individual or Staff Meeting Exercise

With this case study in mind, individually or as a group, continue to “walk-through” a process that might continue where this one temporarily left off. Consider including how to use MI processes and skills to talk through the following:

- Discrepancies between the background and collateral information gathered/reviewed by the CPI and the parent's account of the situation, if any.
- How to introduce the potential need for a parent to get a SUD assessment and overdose prevention education/support.
- Options for ensuring child safety while the parent(s) is in the assessment process and treatment.

The correct answers are provided in the narrated PowerPoint that accompanies this handout.

