

Integration of Motivational Interviewing and Self-Affirmation Theory into a Culturally Adapted Motivational Interview: A Case Study

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Abstract

Annually, alcohol, tobacco, and illicit drug use are responsible for the 11.8 million deaths worldwide, exceeding the number of deaths from all cancers (Ritchie & Roser, 2018). Motivational Interviewing (MI), a person-centered addiction counseling approach (Miller & Rollnick, 2013), is designed for those with low motivation to change. MI is presumed to minimize client defensiveness by avoiding confrontation. Culturally adapting evidence-based treatments such as MI may reduce alcohol-related health disparities among Latinx adults. A completed randomized trial tested the relative efficacy of Culturally Adapted Motivational Interview (CAMI) compared to MI in Latinx drinkers. CAMI had beneficial alcohol use effects among persons who reported high discrimination and stigma (Lee et al., 2019). Self-Affirmation Theory, which provides a mechanism where stigma effects can be buffered, was integrated into the CAMI. Augmenting affirmation in the CAMI is postulated to lower defensiveness and increase openness to information that pose a threat to self-image (Sherman & Cohen, 2006). The purpose of this case example is to present the novel features of CAMI and to suggest how affirmation may have played in the CAMI's beneficial effects for individuals with high discrimination. The case example illustrates how the CAMI addresses three conditions for self-affirmation associated with strongest effects on motivating behavior change (Ferrer & Cohen, 2019): the presence of psychological threat, timing and availability of resources.

Keywords

motivational interviewing, self-affirmation, Latinx, cultural adaptation

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I Theoretical and Research Basis for Treatment

Annually, alcohol, tobacco, and illicit drug use are responsible for 11.8 million deaths worldwide, exceeding the number of deaths from all cancers (Ritchie & Roser, 2018). Motivational Interviewing (MI) is a person-centered addiction counseling approach that helps people at all levels of readiness to change including those who are not ready to change (Miller & Rollnick, 2013). In MI, individuals who are less ready to change, or who are not in agreement with their practitioner, are not viewed as “resistant¹.” Instead, this phenomena is seen as the client’s defensive response to something that the MI practitioner has done or said, such as being confrontational, judgmental, or giving advice without permission (i.e., “non-adherent MI behaviors”) (Miller & Rollnick, 2013). To minimize client defensiveness, MI practitioners are taught to avoid confrontation by “softening sustain talk” (i.e., verbalizations in favor of the status quo), by leading clients away from such statements (Schmidt et al., 2019) and instead offering reflections indicating that they are listening to the client. Cultivating a therapeutic atmosphere where the client is open to envisioning positive change is important for treatment to succeed and ultimately recover. However, despite the importance of this concept, there has been little research on underlying mechanisms regarding how openness might be fostered in MI.

The lower initiation and utilization rates of substance use treatment among minoritized groups has been well-documented (Pinedo et al., 2018). The lack of culturally relevant treatment is one factor for this under-use. In a qualitative example, Black and Latinx² adults in substance use treatment reported that if treatment did not reflect their unique experiences (e.g., discrimination and immigration), it would be not relevant and ultimately ineffective (Pinedo et al., 2018). Medical mistrust, defined as a lack of trust in medical systems because they are presumed to represent a dominant, oppressive culture, (Benkert et al., 2019) is another barrier to optimal care. Provider racism and discrimination are commonly cited as main reasons for mistrust (Jaiswal, 2019). Discrimination from the provider has been associated with early termination from substance use treatment (Mays et al., 2017).

MI has been effective with minoritized addicted populations in part because of its emphasis on evoking a person’s thoughts and feelings and acknowledging their autonomy, or right to make their own decisions (Miller & Rose, 2009). However, questions have been raised as to whether the beneficial effects of MI might not extend to some minoritized groups. For example, a secondary analysis of the NIDA Clinical Trials Network example testing MI to reduce drug use revealed that Black patients in substance use treatment reported an increase in drug use days compared to those who received treatment as usual (Montgomery et al., 2011). The authors suggested that culturally adapting MI might improve treatment engagement and outcomes.

Guided by these goals, in 2019, the first author tested a cultural adaptation of motivational interviewing (CAMI) for Latinx adults who drank heavily, aiming to reduce harms related to drinking (Lee et al., 2019). The CAMI, which is a clinical approach like MI, was delivered in a single-session brief intervention format, consistent with earlier studies conducted in opportunistic settings (Kohler & Hofmann, 2015; Monti et al., 1999). These studies of MI-enhanced brief interventions were based on the presumption that delivering a non-confrontational intervention like MI during a “teachable moment” in an emergency department, when people had just experienced an injury or illness related to substance use, could prevent people from progressing to more severe substance use. The case example presented here describes a CAMI session in which the practitioner fostered client openness when working with a Latinx male who drank alcohol heavily.

Motivational Interviewing

Motivational Interviewing is comprised of MI Spirit (Partnership, Acceptance, Compassion, and Evocation) and MI methods (O.A.R.S.: Open-Ended Questions, Affirmation, Reflections, and

Summaries). MI spirit refers to the practitioner attitude towards the client. Partnership is about establishing a mutual collaboration and Acceptance has to do with appreciating the client's unique worth and autonomy. Compassion has to do with prioritizing the client's goals and Evocation refers to encouraging what the client is thinking. Spirit is considered to be more important than Methods (Miller & Rollnick, 2013), which are a means of communicating Spirit. For example, open-ended questions are used to enable the client to give their own thoughts in a freer way. Reflections are used to communicate understanding and empathy. Reflections are practitioner statements that paraphrase something the client has said, or that make a guess at what the client means but has not said out loud. Affirmations are genuine and specific statements about the client's strengths or a statement of appreciation for something about the client, including their values. Counselor skill at using these methods is hoped to evoke change talk from clients, which indicates increased motivation to change (Miller & Rose, 2009).

MI is a strengths-based approach influenced by humanistic psychology, which assumes that individuals possess the resources needed to change and do not need to be "fixed." People seek to maintain a view of themselves (i.e., "self-concept") as being able to respond to everyday challenges in a way that reflects congruency between their thoughts, feelings, and actions. Threats to the self-concept include "...experiences which are perceived or anticipated as threatening, as incongruent with the individual's existing picture of himself, or of himself in relationship with the world" (Rogers, 1961, p. 187). For example, getting a negative work review for poor performance is threatening to the person who believes they are competent. In response, that person becomes defensive and closes off against such a threat, refusing to hear or acknowledge discordant information. The main goal of treatment is to help people become "fully functioning" and able to integrate and respond to threats to the self-concept without shutting down (Proctor et al., 2016). Augmenting MI with Self-Affirmation Theory has been theorized to bolster MI effects by reducing defensiveness and encouraging openness in the face of psychological threat (Ehret et al., 2015). Affirming the self can remind people of their strengths, thus helping them to "hear" and tolerate undesired information about themselves and move towards behavioral change.

Self-Affirmation Theory

Self-Affirmation Theory was developed to help understand how people live in a state of incongruity, or inconsistency, between stated goals, values, and identities (Steele, 1988). Self-Affirmation Theory posits that people are motivated to maintain a sense of self as being "adaptively adequate," or able to respond to the world's demands effectively (Cohen & Sherman, 2014). To do so, people maintain a "global sense of self" which includes many different roles and identities that make up an individual's self-system (Sherman & Cohen, 2006). Hearing (from family, friend, employer) that one drinks heavily implies that one is willfully engaging in self-harmful or irrational actions (Armitage et al., 2011; Harris & Napper, 2005; Klein et al., 2011). This threat leads to a "narrowing" of the threatened person's attention (Cohen & Sherman, 2014; Critcher et al., 2010; Sherman & Cohen, 2006; Łakuta, 2022); that is, the threat becomes the primary focus to the exclusion of other aspects of the self (Critcher & Dunning, 2015; Sherman et al., 2013). Threats to identity occur when an aspect of identity is devalued, such as being discriminated against for one's race, ethnicity, or sexual orientation (Cohen & Garcia, 2005; Sherman et al., 2013). This is the process of being "stigmatized" (Crocker et al., 1998). Psychological threats are thought to impede adaptive action and outcomes, that is, attempts to reduce drinking (Ferrer & Cohen, 2019) because people respond by becoming defensive, denying, ignoring, unwilling to listen or engage (Sherman & Cohen, 2006).

The central idea in self-affirmation interventions is to affirm parts of the self that are not stigmatized to help people “recover” their sense of personal adequacy when under threat (Cohen & Sherman, 2014). Affirming the self “broadens” the threatened person’s perspective about themselves (i.e., that they are more than the stigmatized part of their identity). Self-affirmation interventions, which can take the form of having people write about what they value in structured exercises, have been shown to increase openness and engagement with threatening information related to health (Harris & Napper, 2005; Sherman et al., 2000; see Epton et al., 2015; Sweeney & Moyer, 2015 for meta-analyses). To focus on the example of problematic drinking when people hear potentially threatening health information such as “you drink too much,” one pathway by which they can mitigate the threat is by changing their behavior and ceasing their drinking. Of course, this can be difficult to do due to reasons including a lack of resources. So, a second pathway is by responding defensively, thinking such thoughts as “no, my drinking is under control.” This type of defensive response can reduce the threat to the self but enables the person to continue the problematic and risky behavior. A third pathway to restore self-integrity in the face of threat is to engage in a self-affirmation (Sherman & Cohen, 2006), for example, by reflecting upon important values or personal relationships. When overall self-integrity is affirmed, people do not need to follow the defensive pathway, and instead, can be more open to the potentially threatening information related to their alcohol consumption. And indeed, self-affirmation interventions increase receptiveness to information that is “threatening” to one’s self concept (e.g., that drinking alcohol is harmful to one’s health) (Ehret et al., 2015). For example, moderate-drinking females reading an article about the relationship between alcohol consumption and breast cancer exhibited an avoidant attentional bias towards threatening words in the article; self-affirmation attenuated the effect (Klein & Harris, 2009).

Self-affirmation interventions have shown stronger effects on individuals who are stigmatized and therefore experiencing additional levels of stress that may make it more difficult to change maladaptive coping behaviors (Lannin et al., 2013, 2016). Self-affirmation interventions in educational settings have produced improvements in academic outcomes for Black and Latinx students threatened by negative stereotypes, with weaker or null effects among non-threatened students (Borman et al., 2018; Cohen et al., 2009; Sherman et al., 2013). In health behavior change studies (Harris & Napper, 2005), self-affirmation interventions have shown greater effect among individuals who are heavier drinkers and more closed off to the possibility of change than lighter drinkers. The CAMI example from which this case example is drawn recruited Latinx adults with multiple sources of stigma for their different status-based identities: immigrant status, race, gender, socio-economic status, and level of drinking. Based on this previous work, it was feasible to presume that heavy drinkers who experienced stigma and discrimination might respond positively to a motivational interview augmented with affirmation.

Integrating Motivational Interviewing with Self-Affirmation Theory

Self-Affirmation Theory and MI both utilize values but in different way. In MI, the discrepancy between what the client values and their current choices and behaviors is explored in the therapeutic context. It is presumed that increasing the client’s perception of this discrepancy might heighten motivation to change. It is also possible that discussing values in a MI context might promote a more open attitude towards making a change. While MI views values as what people hold dear, Self-Affirmation Theory focuses on values as self-resources and sources of strength that can be reflected on as unthreatened aspects of one’s identity. Thus, the two complementary approaches need to be explicitly integrated for MI-based interventions to achieve the beneficial effects of self-affirmation. The goal of this paper is to present the CAMI as an example of a self-

affirmation intervention. The ways that MI was augmented with Self-Affirmation Theory in the CAMI will be described.

The CAMI followed NIH Stage I Treatment Development guidelines and principles for cultural adaptation (Lee et al., 2011, 2013). CAMI development required the identification of unique risk factors for the target behavior (heavy drinking). Formative focus group research identified stressors related to immigration and acculturation, which included experiences of discrimination, stigma, and exclusion, as key influences. A critical adaptation was to elicit these sensitive experiences in session and discuss the participants' responses to them using CAMI skills, helping participants to connect these experiences to their decision to drink alcohol to cope. The CAMI was tested in an open series trial (Lee et al., 2011), a small controlled trial (Lee et al., 2013), and then in a larger randomized controlled trial (Lee et al., 2019). In the full-scale trial, main treatment effects on alcohol use were not significant but CAMI participants who reported high levels of discriminatory experiences reported significantly fewer harms related to alcohol use at 3 months follow-up, twice the magnitude of MI participants. Because participants were randomized to treatment, causal effects can be inferred. As hypothesized, the self-affirming focus on stigma and discrimination in the CAMI had salutary effects. A secondary analysis similarly showed that CAMI participants with high levels of discrimination had significantly lower symptoms of anxiety at 6- and 12-month follow-up than MI participants (Lee et al., 2020).

The CAMI was based on MI but differed in two unique ways. First, in the CAMI, there was an increased focus on affirmation form and function, as described below. Second, the CAMI included a unique component that asked participants to discuss challenges and issues related to being an immigrant in the U.S. associated with heavy drinking. When individuals discussed experiences related to their immigrant status, issues of discrimination, stigma and identity threat were raised. The purpose of this case example is to present these novel features of the CAMI and to suggest that affirmation may have played a role in the CAMI's additional beneficial effects for such individuals who have experienced high discrimination by helping them to minimize defensiveness and increase openness to change. Further, the case example will illustrate how the CAMI met the three conditions for self-affirmation that are associated with strongest effects on motivating change behavior (Ferrer & Cohen, 2019): the presence of psychological threat, the timing of affirmation, and the availability of resources (e.g., information) to facilitate change.

In MI, affirmations are used to communicate acceptance, a component of MI Spirit. Acceptance can be particularly important when working with individuals who have experienced marginalization or discrimination (Lee, 2023). The CAMI adapted or "optimized" MI by having the practitioner increase focus on providing affirmations. First, instead of giving affirmations solely as a "specific statement of strengths" as is done in standard MI, CAMI practitioners were trained to go further: to give affirmations to communicate that they viewed the client as a "whole" individual (Proctor et al., 2016). Second, CAMI practitioners were trained to use MI methods to prompt statements of self-affirmation from the client. This is a CAMI-based modification of a foundational MI technique, eliciting change talk. Similar to the underlying principle of change talk, where it is hypothesized that people are more likely to remember their own words about change, in CAMI it was presumed that helping clients to identify and articulate their personal strengths and resources might provide a buffer against the harms of feeling discriminated against, because clients would be more likely to remember positive things they had said about themselves. To the point, remembering these positive things would in turn help clients to move away from negative self-images, or help to draw on strengths that helped them to deal with challenges in the past. Third, an important part of the CAMI model was to elicit and discuss experiences of stigma and discrimination that clients had experienced and then to discuss their decision to drink to cope with these experiences. CAMI therapists were trained to

pay selective attention in giving affirmations to recognize and remind clients about their strengths as they discussed these potentially threatening events. We anticipated that promoting discussion of these harmful experiences in a constructive and non-judgmental way using an affirming style might reverse the effects of internalized stigma by helping clients recover their sense of autonomy and to become more optimistic and confident in their ability to make desired changes, such as to their drinking behaviors (Lee et al., 2019). All of the cases in the study trial were audiotaped. This is a selected case example from the audiotapes chosen to inform practitioners and researchers as to how the CAMI was conducted. All study participants completed Informed Consent. Study procedures were reviewed and approved by the Institution's Human Subjects Committee.

2 Case Introduction

Hector (a pseudonym, other aspects of clinical and demographic details altered to disguise the client's identity) was a single, 47-year old Latinx male who completed a single CAMI session. Hector completed a battery of assessments at baseline and then received the CAMI. Hector was born in the Dominican Republic and came to the United States with his family at age five for a "better life." He reported having completed high-school and was employed part-time as a nursing assistant. The CAMI practitioner was a Latinx male in his late 20s with 5 years of clinical experience.

3 Presenting Complaints

Hector responded to a study advertisement stating that the study goal was to give information about the health effects of alcohol. Hector was eligible for the clinical trial because he reported recent heavy drinking days (≥ 5 /occasion) in the past month. His score on the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2005) was 18, indicating risk for probable alcohol use disorder. The cut-point indicating the need to assess for probable alcohol use disorder is ≥ 15 (Babor et al., 2005). AUDIT was not an outcome.

4 History

Hector was not formally seeking treatment for alcohol problems and was not in substance use or mental health treatment at the time of the study interview. He reported being in mental health treatment prior to the study interview. There is no further information on his treatment history or past history of alcohol use. At the time of interview, Hector was ready and motivated to make a change in his drinking, as indicated by a readiness to change score of 10 on the one-item Biener & Abrams, 1991 Readiness to Change Ladder, where a higher score on a scale of 0–10 indicating greater readiness to change (not an outcome variable). Hector reported a variety of exposures to discrimination on the Everyday Discrimination Scale (D. R. Williams et al., 1997). This is an 5-point scale (0 = Never, 1 = Less than yearly, 2 = A few times/year, 3 = A few times/month, 4 = At least once/month, and 5 = everyday) that assesses the frequency of exposures to discrimination. This was not an outcome. Less than once a year, he endorsed "Being called names or insulted" and "People act as if you are not as smart." A few times a month, he endorsed "People act as if you are dishonest." At least once a week, Hector endorsed "People act as if they are better than you." Hector reported that he felt the main reason for discrimination was his national origin. Hector reported a number of instances in which stressors related to his status as an immigrant contributed to his thinking about, or having, an alcoholic drink, on the Measure of Drinking Related to Immigration and Acculturation Stress Scale (Rosales et al., 2023). For example, Hector reported

feeling that: “I don’t feel at home here in the U.S.”; “People look down upon me if I practice customs of my culture”; and “Because of my ethnicity, I feel that others exclude me from participating in their activities.”

5 Assessment

The Drinker’s Inventory of Consequences is a 45-item self-report measure of harms related to alcohol use (DrInC; Miller et al., 1995). The frequency of experiencing alcohol related consequences is measured using a Likert scale (0 = Never, 1 = Once or a few times, 2 = Once or twice/weekly, 3 = Daily or almost daily). Example items include: “I have failed to do what was expected of me because of my drinking.” Higher DrInC scores indicated a higher frequency of consequences of drinking (Miller et al., 1995). The Center for Epidemiological Studies on Depression (CES-D) (Radloff, 1977) is a 20-item Likert based assessment (0 = none of the time; 3 = most or all of the time) was used to measure symptoms of depression. Higher scores indicated more severe depressive symptoms. The standard cutoff score indicating the need to evaluate for clinical depression is a score of ≥ 16 . Hector scored above the clinical cut-point for depressive disorder, indicating the need for more formal assessment (Table 1).

6 Case Conceptualization

Hector’s reports of discrimination indicate that he had experienced being treated in at negative by others because of his national origin. His employment and educational status, even after years of U.S. residence, suggests stigmatization, that is, marginalization from opportunities. He endorsed stressors relevant to his status as an immigrant, including feeling less desired in society, again consistent with being stigmatized. His reports of drinking in response to these stressors and general profile indicating social disadvantage suggested that he might be a good candidate for the CAMI intervention.

7 Course of Treatment and Assessment of Progress

This case example describes the single session as it progressed. The presentation will highlight how self-affirmation was integrated into the CAMI. As in most psycho-therapeutic approaches, partnership and rapport was established early in the session. After introducing the example, the CAMI practitioner culturally adapted the MI-structured strategy of the “Typical Day.” The Typical Day invites people to describe their daily lives and, when prompted, how their drinking fit in (Rollnick et al., 1992); the cultural, self-affirming adaptation was to ask not just about his day, but to elicit and listen for “what mattered” to Hector and then to acknowledge the client using reflective statements or affirmations. Paying attention to, prioritizing and identifying what is most important communicated to Hector that he was viewed as a “whole person” with different facets, strengths (Rogers, 1957), values, and identities (Steele, 1988), and not someone solely with problems related to alcohol use.

Table 1. DrInC and CES-D Scores Pre and Post the CAMI.

	% Change	Baseline	Six-month follow-up
DrInC	61.36	44	17
CES-D	64.29	28	10

Note. The CES-D clinical cut off score ≥ 16 .

Stigma related to substance use is important to address in the Latinx community (Lee et al., 2006; Pinedo et al., 2018). Many MI interventions begin by asking about alcohol, so placing the Typical Day first was presumed to build rapport before potentially more intrusive and stigmatizing substance use discussion (Lee et al., 2006; Pinedo et al., 2018). In the following example, shortly after beginning the session, the CAMI practitioner affirmed Hector by recognizing something apart from the stigma associated with unhealthy alcohol use. Here, the CAMI practitioner appreciated Hector for his motivation in waking early to get more done (note that below are transcribed comments from the interview, with notations in parentheses, e.g., “(affirmation)” indicating how the particular comment was part of the CAMI):

Participant (P): I get up early to review more assessments to meet with more patients.

Interviewer (I): And that’s very motivating for you (affirmation).

P: Yeah, it is. I do enjoy it. I wish seeing more patients paid better but right now I’m waiting to hear if there is a supervisor position opening up. I’m just trying to move up.

I: So you’re actively pursuing new opportunities (affirmation).

P: I want to be more financially set. I think about my daughter a lot and don’t want her to go through a lot of the things that I went through.

I: You really want to be able to provide for your daughter (Complex reflection, affirm).

P: Yeah, provide for her. Even though I know in life there’s always going to be a little bit of a bump here and there. I’ve handled them.

I: It sound like you’ve also had experiences in your life where there’s been bumps along the road (complex reflection). But because of your family you’ve been able to overcome those things (affirmation). And you want to provide the same opportunity for your daughter (identification of “what matters”).

Affirming the client for an aspect of identity that was not stigmatized (“that’s very motivating for you”) reminded Hector of his strengths (Armitage et al., 2011; Ehret & Sherman, 2018; Harris & Napper, 2005). The CAMI practitioner also paid selective attention to what mattered to Hector – providing for his daughter – by using affirmations (“You’re actively pursuing new opportunities”) as well as reflections (“You really want to provide for her”). Hector was also affirmed by being reminded of other strengths – his ability to confront adversity in the past, and the family that helped him through it. Then the CAMI practitioner reinforced that connection between the two areas of strength by stating, “And you want to provide the same opportunity for your daughter.”

Hector’s response below suggested that he remained open to considering the threat to his identity – that he was drinking heavily – possibly as a result of these affirmations:

P: Exactly. I always have my dad; he was always there for me. I just want to be there for my daughter. But sometimes I get a little scared and nervous that I’ve been drinking.

Notably, Hector gave change talk (stating that he gets “scared and nervous” about drinking) in response to the affirmation, suggesting that perhaps the provision of affirmations is a mechanism for eliciting change talk. Affirmations may reinforce a feeling of autonomy and self-confidence. This may have a salutary effect of boosting optimism and interest in change.

The Importance of Timing Affirmations

The impact of self-affirmations interventions on health behavior change is theorized to be strongest when the self is affirmed before the threatening information is presented (Critcher et al., 2010). The presentation of affirming material in the CAMI was designed to “soften the blow” of hearing more threatening material, in this case elicited during direct discussion of drinking. As noted, talking through the Typical Day was used to affirm the self and preceded the presentation of threatening information of alcohol use and consequences. These affirmations acknowledged strengths and identified aspects of the client’s identity that were independent of a stigmatized identity (Cohen et al., 2009; Walton et al., 2015). It was presumed that self-efficacy and esteem were low and needed to be built up in order to promote motivation to change (Lee et al., 2021). Timing of the affirmation is crucial to effectiveness because it is thought to buffer, or to increase openness to the threatening information (Critcher et al., 2010). Following this affirmation of the self, the client was presented with a psychological threat, information about his heavy drinking:

I: You have told us that you always have a drink when you feel people look down on you for your cultural customs. Can you tell me what was kind of going through your head when you answered that?

P: Where I live at right now, I’m the only Latino. I get along with everyone else around me, but I have unfriendly neighbors. I can hear them saying racial things about me because my window is open. The words hurt.

I: It’s like a totally overwhelming situation and you can’t escape it because your home is where you go to escape the troubles of outside (complex reflection).

The complex reflection (“totally overwhelming situation”) amplified the feeling that Hector did not feel safe at home which exacerbated discrimination’s negative impact. In the response below, the CAMI practitioner provided an affirmation followed by a psychological threat - that Hector reported drinking subsequent to an experience discrimination. But in response, Hector not only remained open, he elaborated on why he drank alcohol.

I: I appreciate your honesty (affirmation). I want to explore this challenging situation where you are saying you are responding to it by drinking. What did you hope would happen when you drank?

P: It’s been a big thing to deal with. The drinking is numbing. I figure that if I have a few drinks, I don’t get confrontational and I don’t have to deal with the situation.

I: It’s a way to ignore and escape it.

Eliciting Statements of Self-Affirmation from the Client

In the excerpt below, the therapist elicited statements of self-affirmation by using reflections. The CAMI practitioner’s supportive reflection, “It’s a way to ignore it” demonstrated an understanding and acceptance that Hector chose to drink to cope with a racist event. In response, Hector gave several statements of self-affirmation:

P: To be honest, I’ve worked very hard to get here and many good things have happened. I’ve lost weight. I am calmer.

Hector continued, listing his accomplishments: weight loss, recovery and improved mental health. Voicing one’s own thoughts and feelings is important in MI because people remember what

they say and not what others say to them (Miller & Rollnick, 2013). Here, it is hypothesized that evoking client statements of self-affirmation was important to help Hector remember his strengths, the broader self-resources that he has drawn on in the past, because he expressed them out loud.

Midway through the CAMI session, the practitioner again presented a threat to identity, normative feedback on how the client's self-reported drinking level (from the baseline assessment) compared to others in their age group among Latinx and non-Latinx adults, saying, "Based on what you have told us earlier, you have 25 drinks/week. In your age group, that puts you in the heavy drinking category." Notably, Hector remained open. He described how he has been labeled, as an "alcoholic."

P: Sometimes I joke saying, "Yeah, I'm an alcoholic. But it's ok because I'm saying that about me. So, when somebody tells me that I drink a lot, that feels judgmental.

I: Sounds harsh coming from someone else (validates right to define own drinking)

P: Yeah, it does. Because you may know that I drink, but you don't know me.

I: As a whole (affirms overall self-integrity of the individual)

P: As a whole. So, it is kind of bothersome. It is.

Using MI, the CAMI practitioner validated Hector's sense of autonomy by noting his right to define his drinking behavior ("sounds harsh coming from someone else"). The CAMI practitioner then used self-affirmation to remind Hector that he is more than just the problems he has with alcohol ("As a whole"). What is notable is that, following this affirmation, instead of closing down when talking about how he had been labeled, Hector responded with optimism to this question: "Where would you like to see yourself in the future?" Hector envisioned change and set a goal of becoming a light drinker/abstainer. He revisited the earlier observation, that he was more than the sum of his drinking problems. In the quote below, Hector described his other identities and envisioned his life without alcohol:

P: When I was younger I did more things, like play sports.

I: So, when you're in this category (lighter drinking) you'll be able to reconnect with some of those things that you really enjoy.

P: Yeah, instead of going to the liquor store I'll be going to buy a video game that I can play with my son.

I: Yeah, that sounds like a great idea. Engaging in something that you really enjoy with someone who you really love.

P: Exactly, you know? Stuff like that. Switching it up. Making all these big tweaks in life that doesn't involve alcohol. I just want to be healthy. I want to focus on other things.

The case example demonstrated how acknowledging a person's sense of self-integrity (e.g., being capable) can lower defensiveness and increase openness to information that might pose a threat to self-concept (Sherman & Cohen, 2006). It is consistent with research showing that self-affirmation can buffer the effects of stigma and help people to achieve their goals under conditions of identity threat. Towards the end of the session, Hector was offered and accepted information on ways to cut down on drinking and referrals to community health centers and substance use treatment programs. This fulfilled the third criteria – that when the client appeared open to discussion, that they be offered resources to help them to accomplish any desired changes (Ferrer & Cohen, 2019).

8 Complicating Factors

There are a number of qualifying factors that are important to note in regard to this case example. Prior to the intervention, Hector reported a high level of readiness to change which likely contributed to his positive outcomes. Although it is not possible to disentangle the effects of self-affirmation from Hector's overall readiness to change, we speculate that individuals with lower readiness levels might respond positively to a self-affirmation intervention like CAMI. It is possible that augmenting affirmations may increase hope and optimism for change by reminding people of their resources, strengths, and unique worth (Ehret & Sherman, 2018). Consequently, people with lower readiness to change may feel more motivated to change after being affirmed; this remains an open question but is supported by studies showing that affirmation can lead to increases in intentions to change health behaviors (see meta-analysis Ehret et al., 2015; Sweeney & Moyer, 2015). It is noteworthy that in the general sample, the average readiness to change was only 6 out of 10 prior to receiving CAMI.

Second, CAMI was delivered in a single session. A more extended analysis of sessions over time would offer greater reliability of data. Finally, not all participants in the example may have responded to self-affirmation elicitation in the way documented in this case example. Although the pattern of findings in terms of drinking of this participant was consistent with the overall beneficial effects in the CAMI condition among those reporting high discrimination (Lee et al., 2019), any client reductions in heavy drinking, consequences, and mental health symptoms cannot be directly associated solely with self-affirmation because other parts of the CAMI may have contributed to client improvements as well.

In the CAMI clinical trial, prior to receiving the intervention, participants responded to a measure assessing stressors related to their experience as an immigrant, which included discrimination (MDRIAS, Rosales et al., 2023). Their responses were used for CAMI discussion. In the absence of such a measure, there are two options for how clinicians might assess whether their client has high levels of such experiences: by using a few self-report questions about discrimination, the impact of stigma, or racism, as part of the intake process (Komaromy et al., 2021), or through clinical interview. These questions could be taken from existing measures on discrimination, such as the Trauma Symptoms of Discrimination Scale (M. T. Williams et al., 2018). A second option might be to ask directly, for example, "have you ever felt discriminated against or treated unfairly" as part of the clinical assessment. In our past study with Latinx adults, many said it was the first time they had been asked to share such experiences and that doing so was helpful. This preliminary information suggests that asking clients about experiences of stigma and discrimination should be considered as part of standard intake evaluations when working with individuals from minoritized/marginalized populations.

Finally, CAMI was not advertised as a treatment study. Formal treatment was neither encouraged nor discouraged and whether or not they sought treatment was not assessed. It is possible that if Hector had sought such assistance, that it might have contributed to the positive outcomes. During the CAMI, suggestions were given on ways to reduce alcohol use as well as referrals to community mental health centers and treatment. However, we did not record this information. Understanding whether individuals pursue any type of assistance for their substance use following intervention is important to examine for future research.

9 Access and Barriers to Care

Stigma against reporting and seeking help for unhealthy substance use is deeply ingrained in the Latinx community (Minior et al., 2003; Semple et al., 2005). Latinx adults may feel discouraged from disclosing their substance use. Latinx adults are significantly less likely to

use substance use treatment than non-Latinx White adults, even after controlling for factors like substance use severity (Witbrodt et al., 2014). The low utilization rates may be partially influenced by the structure of the Affordable Care Act, which, while it increased access to substance use treatment as part of medical and mental health care, did not include undocumented individuals (Patient Protection and Affordable Care Act, 2010). Approximately 13% of Latinx adults in the United States are undocumented (Baker, 2021). In Boston, where the case was conducted, there was only one treatment center that delivered substance use treatment in Spanish. Increasing access to care by decreasing stigma as well as the availability of treatment settings that serve Latinx clients is necessary to deter people from progressing to more serious substance use disorder following screening and brief intervention.

10 Follow-Up

The research team met with Hector after he received the CAMI to assess his progress at 6 months. At baseline, Hector's score on the DrinC, which declined to 17 at 6-month follow-up. At baseline, Hector showed elevated scores on the CES-D ($x = 28$) which decreased at 6 months ($x = 10$). This score exceeded the clinical cut points for clinical depression at baseline and declined below this threshold at six months indicating he was no longer at heightened risk for depressive disorder. Such improvements were noted in the sample at large, for both frequency of alcohol-related consequences (Lee et al., 2019), and for symptoms of depression (Lee et al., 2020).

11 Treatment Implications of the Case

This case example showed how the use of self-affirmation was augmented in the CAMI interview by using practitioner affirmations, eliciting client statements of self-affirmation, and by affirming the self, prior to presenting threats to the self-concept. In earlier studies of self-affirmation interventions tested with alcohol-using individuals, it was found that affirming the self, using written formats, decreased defensiveness. The CAMI extended self-affirmation interventions into a verbal, interpersonal format (Stone et al., 2011). In one of the few verbal self-affirmation interventions, low-income clients at a soup kitchen were asked to describe an event that made them proud. Affirmed participants were more likely to inquire about a benefits programs than non-affirmed participants (Hall et al., 2014). This suggests that self-affirmation interventions may not produce as reliable benefits among those who are not experiencing threat in a given situation (Briñol et al., 2007; Jaremka et al., 2011). Future research should examine whether affirmations elicit change talk. It might be that affirmations remind people of their internal resources, which in turn can increase interest and motivation to change, particularly if they have engaged in self-affirmations (Brady et al., 2016).

The CAMI intervention highlighted immigration issues that included experiences of discrimination and stigmatization. However, the adaptation, with its application of self-affirmation principles to offset the deleterious effects of stigma, might be broadened to address more general issues of stigma that are experienced by populations who are marginalized or minoritized. In a recent review on mental health interventions, the CAMI was identified as one of few to focus on stigma and its approach considered broadly applicable (Hatzenbuehler & Pachankis, 2021). Finally, we learned that CAMI's focus on stigma and discrimination may lend it broader appeal and relevance. Currently the CAMI is being tested in an ongoing clinical trial with Black/African American adults. Preliminary feedback suggests that it is a relevant and feasible approach.

Lessons from the study suggest that augmenting MI with Self-Affirmation Theory may be particularly impactful for individuals who have experienced stigma. We found that giving practitioners instruction on how to raise and discuss sensitive experiences and connecting them to

the decision to use alcohol to cope, was also beneficial and appreciated by patients (Lee et al., 2020). We hypothesize that augmenting MI with affirmation can boost MI effect by re-installing optimism to change, a sense of autonomy, and self-esteem (Miller & Rollnick, 2013) and that these enhanced self-resources can facilitate self-control, which can be depleted through exposure to stigmatization (Inzlicht et al., 2006). We also learned that giving information about the disproportionate burden of health consequences related to alcohol use for Latinx adults, while keeping people open to hearing this information, is an effective and feasible strategy.

12 Recommendations to Clinicians and Students

This case example demonstrates how the integration of MI, a clinical psychology treatment approach, and Self-Affirmation Theory, a social psychological theory, can increase MI impact (see Cohen & Sherman, 2014; Ehret et al., 2015; Sherman & Cohen, 2006; Steele, 1988 for reviews). In the CAMI, MI was optimized by expanding focus on MI Spirit (Acceptance) and by adding to how affirmations can be utilized during the application of MI Methods. The alignment of MI and SA in the CAMI permitted an extension of the well-tested MI framework, allowing it to connect with populations that may particularly benefit from positive and self-affirming statements in the midst of addressing life challenges as part of an intervention.

While it is posited that the integration of MI with self-affirmation in the CAMI may be a critical ingredient for culturally adapted treatments, this integration may be useful in MI in general practice. Related to this point, this case example was focused on substance use, but this integration might work well with populations with different health conditions. The underlying common idea is that this integration should be considered when delivering MI to populations who experience stigma and threats to valued identities.

Why might the CAMI be clinically useful? Although stigma and discrimination are well-documented influences on substance use behavior, clients and providers rarely discuss them, possibly because of personal discomfort about talking about race and racism (Komaromy et al., 2021; Stoute, 2020). Individuals may experience mental health benefits when they are given the opportunity to disclose such issues (Sanchez et al., 2016). The CAMI offers instruction on how to elicit and discuss these topics. Further, the case example illuminates a potential mechanism of effect: augmenting MI with affirmation might reduce defensiveness and restore self-integrity (Sherman & Cohen, 2006). This in turn might motivate and bolster change (Cohen & Sherman, 2014). When working with stigmatized individuals in clinical settings we recommend augmenting MI by using self-affirmation. In so doing, we join a growing group of clinical researchers who have examined the implications of self-affirmation for treatment and recovery for people from marginalized populations and others who could benefit from therapy (Kingston & Ellett, 2014; Lannin et al., 2019). Initiating change can be threatening, and clinical techniques that are attuned to the factors that can increase defensiveness, such as stigma, may benefit from social psychological approaches, such as self-affirmation, designed to reduce self-defense and promote adaptive change.

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Notes

1. In MI, the term resistance is not used. Instead, the phenomena is described as a state of “discord” defined as what is going on in the interpersonal interaction which can resemble disagreement with the MI practitioner and “sustain talk,” or client verbalizations in favor of the status quo (Miller & Rollnick, 2013). Similarly, instead of “rolling with resistance” the term “softening sustain talk” is used to describe the MI approach of avoiding confrontation when people give reasons to not change.
2. The term “Latinx” is used by the National Latinx Psychological Association and by the journal of Latinx Psychology (Cardemil et al., 2019) to support sexual orientation and gender diversity.

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