Principles of Motivational Interviewing: Useful for Primary Care Physicians

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Joji Suzuki Disclosures

• No financial relationships to disclose.

The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.
Target Audience

• The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.
Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Describe the spirit of motivational interviewing (MI) and its four processes
  - Utilize patient-centered MI skills to help elicit and strengthen the internal motivation for change
  - Summarize how to plan for change in a MI-consistent fashion
A typical conversation about behavior change can quickly turn into an argument.

If you stop it’ll be the best thing you could do for your health.

Yes but no!

Yes, I know I need to stop, but it’s so hard....
How do these conversations make you feel when they turn into arguments?

I feel powerless

This feels like a waste of time

Frustrated

I don’t like this

I feel incompetent

I hate being so paternalistic

I’m not being helpful

I don’t like this
You would rather feel less frustrated and be more effective in helping patients change
What is Motivational Interviewing?

- A **guiding style** of communication
- Particular focus on the language of change
- Evoking the patient’s **own reasons** for change
What Motivational Interviewing is NOT

- Psychotherapy
- Stages of change model
- Decisional balance (pros and cons)
- For every patient in every situation
- Easy to attain competence
MI found to have a moderate effect size from 4 meta-analyses

<table>
<thead>
<tr>
<th>Study</th>
<th>Weak Comparison groups</th>
<th>Strong Comparison groups</th>
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<tbody>
<tr>
<td></td>
<td>Effect Size</td>
<td>Difference in success rate (%)</td>
</tr>
<tr>
<td>Burke et al 2003</td>
<td>0.35</td>
<td>17</td>
</tr>
<tr>
<td>Hettema et al 2005</td>
<td>0.27</td>
<td>13</td>
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<tr>
<td>Vasilaki et al 2006</td>
<td>0.40</td>
<td>19</td>
</tr>
<tr>
<td>Lundahl et al 2009</td>
<td>0.28</td>
<td>14</td>
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Spirit of MI

Acceptance

Compassion

Evocation

Partnership
The 4 Processes of Motivational Interviewing

Engaging → Focusing → Evoking → Planning

The 4 processes are completed in the same visit, but also iteratively over multiple visits and over many encounters!

However, there should be no expectation that a single brief conversation alone will change people’s behavior.
Engaging: The Relational Foundation
Some strategies for starting a conversation about substance use

- “Would it be ok if we spent a few minutes talking about your opioid use?”
- “Tell me a little bit about how your heroin use fits into your life?”
- “What do you like about heroin? What about some of the not-so-good things?”

Avoid the Righting Reflex!!
OARS of MI

- Open ended questions
- Affirmations
- Reflections
- Summaries
Empathic statements?

I know how you must feel.

It must have been difficult for you.
Reflective Listening

What the speaker meant to say

What the speaker said

What the listener heard

What the listener thinks the speaker meant to say

Reflection
Simple reflections stay close to what the patient said

I need to stop using cocaine.

You want to stop using cocaine.
Simple reflections stay close to what the patient said

My drinking is not a problem

Your drinking is not a problem.
Complex reflections add substantial meaning

I want to stop drinking.

The recent DUI was a wake-up call.
I think I need help. I want to stop using heroin.

You’re afraid what would happen if you keep using, and you realize you can’t do this on your own.
Complex reflections add substantial meaning

I shouldn’t be snorting percocets anymore.

On the one hand the pills make you feel normal, and on the other hand you realize you could overdose any day.
Engaging

Focusing

Evoking

Planning
Focusing: Agreeing what to talk about
Focusing: Agreeing what to talk about

Focus clear

Several options

No clear path
Evoking: Increasing Motivation
Our task is to help lift the patient’s motivation as high as we can, in the time that we have.

It’s ok to spend only a few minutes evoking and strengthening change talk. Evoking will be repeated over many visits.
External motivations are important, but patients themselves have to find the internal motivation to change.

But we can’t directly see internal motivation.
Most patients are **ambivalent** about unhealthy behaviors.

I want to change

This side of the ambivalence is called **Change Talk**

I don’t want to change

This side of the ambivalence is called **Sustain Talk**
If pushed to change, patients who are ambivalent often go to the other side of the ambivalence.

“I want to change.”

“I don’t want to change.”

“You need to change!”
Instead, the goal of MI is to **evoke change talk**

I want to change

I don’t want to change

We want patients to argue for this themselves!
Change Talk (DARN-CAT)

D: Desire ➔ I want to…, I wish…, I’d like to….

A: Ability ➔ I could…, I know I can….., I could try….

R: Reason ➔ I want to change because…..

N: Need ➔ I should…, I need to…. I must…..

C: Commitment ➔ I will….., I promise to…. I guarentee…

A: Activating ➔ I am ready to….., I am willing to…

T: Steps Taken ➔ I’ve tried….
Emergence of Change Talk Predicts Subsequent Behavior Change

Drinks per drinking days

Percent days abstinent

- More change talk
- More sustain talk
Emergence of Change Talk Predicts Subsequent Behavior Change

More Change Talk → More change

More Sustain Talk → Less change
MI-consistent Behaviors Evoke Change Talk

Likelihood of evoking Change Talk
- MI Consistent behaviors: +17%
- MI Inconsistent behaviors: 0%

Likelihood of evoking Sustain Talk
- MI Consistent behaviors: +9%
- MI Inconsistent behaviors: +0.02%
MI-consistent Behaviors Evoke Change Talk

- MI consistent behaviors → More Change Talk → More change
- MI inconsistent behaviors → More Sustain Talk → Less change

You have control over this part

You don’t have control over this part
Taste of MI Questions

**Desire**
- What do you want to change?

**Ability**
- If you were to stop using heroin, how would you be successful?

**Reason**
- What are the 3 most important reasons to stop using heroin?

**Need**
- On a scale of 1 to 10, 10 being completely important, 1 being not at all important, how important is it for you to stop using heroin?
  - **Follow-up with**: Why X, and not a lower number?
Looking AHEAD: How you want life to be different in the future

How would you like your life to be different in a year from now?

In the coming year, what are your top priorities for your health?
What made you decide to start going to the AA meetings last year? What supports were most important?

It looks you were in treatment for over a year back in 2014. How were you so successful?
Selective Responding to Strengthen Change Talk

I don’t drink any more than my friends. *Sure I sometimes feel a little foggy the next day*, but it’s no big deal.

You are worried about how it’s affecting your work. What do you already know about how alcohol can affect your brain?
It’s such a hassle to take my medications. I know I’m supposed to take them, but I don’t even have them with me half the time. There are good reasons to be on them, but it’s just not possible.

Despite the hassle, you find a way to take them some of the time. How are you successful half the time?
I don’t want any medications. I want to stop using heroin, but I’ve tried detox 5 times already. I know buprenorphine can help, but I don’t want to get hooked on that. I want to do it my way.

You’ve tried many things to stop heroin. What do you already know about buprenorphine?
Snatching Change Talk out of the Jaws of Ambivalence
Don’t ignore change talk, respond with EAR!

**Elaborate**
- “Tell me more.”
- “Why did you decide to make that change?”
- “What are some examples?”

**Affirm**
- “You want to set a good example to your daughter.”
- “It takes a lot of strength to make those changes.”
- “You are committed to making these changes.”

**Reflect**
- “It sounds like you are ready to stop using heroin.”
- “You’re going to try jogging again.”
- “The recent heart attack really opened your eyes.”
Engaging

Focusing

Evoking

Planning
Planning: Translating into Action
Change Talk Bouquet
You are tired of being so strung out on pain meds. You’ve spent a fortune on them already, and your wife is threatening to leave you. You’ve heard good things about buprenorphine, and you’re willing to try it.

So, where does that leave you?

You’re beginning to worry that your drinking is actually a little out of control, and the DUI last week was a real wake-up call. Even before today, you’ve been thinking about doing something about it.

Where should we go from here?

You’ve watched too many friends overdose, and you’re sick of living like this. You’ve done well when you’re in treatment, and you want to get back to your career and things that are important to you. You’re determined to get off of heroin.

What will you do?
## Linking Patients with Opioid Use Disorder to Further Treatment

<table>
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<tr>
<th>Patient’s willingness to engage in treatment</th>
<th>Intervention</th>
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| **Patient is willing**                     | • Focus on a SMART (Specific, Measureable, Achievable/Realistic, Timely) plan  
|                                            | • Explore appropriate treatment options  
|                                            | • Affirm and recognize efforts to seek treatment  
|                                            | • Offer treatment at clinic or refer to off-site programs  
|                                            | • Provide community resources as appropriate  
|                                            | • Offer information on naloxone rescue |
| **Patient is not yet willing**            | • Continue to engage, focus, and evoke  
|                                            | • Demonstrate empathy  
|                                            | • Avoid coercive strategies if possible  
|                                            | • Agree to provide ongoing support and accountability  
|                                            | • Offer information on naloxone rescue |

SAMHSA 2011
Goal: Initiate treatment for opioid use disorder

Specific: “I will begin buprenorphine treatment.....

Measurable: ....to stop using heroin....

Achievable/Realistic: ...I’ve done this before, I can do it...

Timely: ...and I will call the clinic today to setup an intake.”
You would rather feel less frustrated and be more effective in helping patients change.
Practice is Essential to Improving MI Skills

Practice

- Practice is necessary. MI is a skill, not knowledge
- Take risks by practicing a new skill. We ask our patients to be courageous too
- Listen to how patients respond, they will teach you

Feedback

- Recording an interview for review. Not what you think you said, but what you actually said
- Real-time observation and feedback if feasible.
- MI learning groups to get feedback from other practitioners.

Additional training

- Workshops, CME course
- Coding training
- Train-the-trainer (MINT)
Welcome to the Motivational Interviewing Page!

This website provides resources for those seeking information on Motivational Interviewing. It is hosted by the Motivational Interviewing Network of Trainers (MINT), an international organization committed to promoting high-quality MI practice and training.

MI is a particular kind of conversation about change.

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**MI Trainings and Events**
- Public MI Trainings by MINT members
- CCI Global Training (Mar 27, 2020)
- 2019 MINT Trainings of New Talents
- 2014 MINT Trainings

**Info about MINT**
- Want to know more about Motivational Interviewing or MINT?
- Learn more about how to bring MI to your community (Grant development)
- Become a member of MINT

**MINT News**
- The N750, new Trainings application system has been released (August 21 - current: 54 August 21)
- Other posts here
References


References

- Substance Abuse and Mental Health Services Administration: Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Behavioral Healthcare, 2011. URL: www.samhsa.gov/sites/default/files/sbirt
PCSS-MAT Mentoring Program

- PCSS-MAT Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS-MAT mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: pcssmat.org/mentoring
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now
PCSS-MAT is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with the: Addiction Technology Transfer Center (ATTC); American Academy of Family Physicians (AAFP); American Academy of Neurology (AAN); American Academy of Pain Medicine (AAPM); American Academy of Pediatrics (AAP); American College of Emergency Physicians (ACEP); American College of Physicians (ACP); American Dental Association (ADA); American Medical Association (AMA); American Osteopathic Academy of Addiction Medicine (AOAAM); American Psychiatric Association (APA); American Psychiatric Nurses Association (APNA); American Society of Addiction Medicine (ASAM); American Society for Pain Management Nursing (ASPMN); Association for Medical Education and Research in Substance Abuse (AMERSA); International Nurses Society on Addictions (IntNSA); National Association of Community Health Centers (NACHC); National Association of Drug Court Professionals (NADCP), and the Southeast Consortium for Substance Abuse Training (SECSAT).

For more information: www.pcssmat.org

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