

Motivational Interviewing in the Treatment of Substance Use

Presentation for:



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Disclosure

- Dr. Brown is CEO and owner of Wellsys, LLC
- Wellsys helps healthcare settings deliver behavioral screening and intervention using a motivational interviewing approach
- This presentation will be evidence-based and unbiased

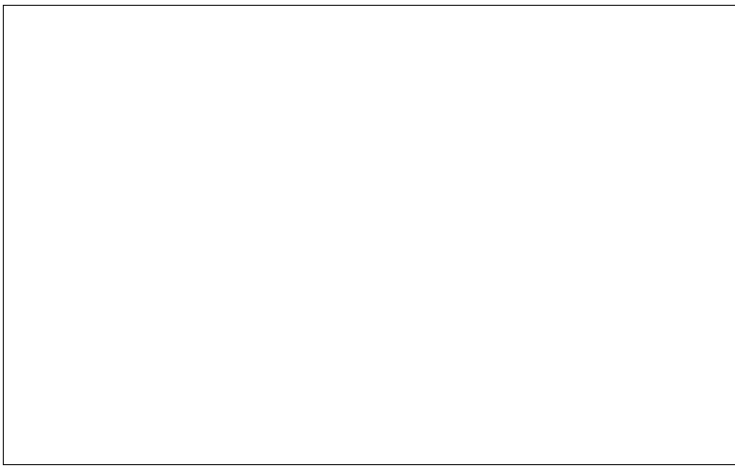
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Learning Objectives


You will be able to...

- describe evidence on the effectiveness of MI
- discuss the principles of MI
- integrate some aspects of MI into initial assessments



 How do you feel when attempting to promote healthier behaviors?

FRUSTRATION

 How do you feel when attempting to promote healthier behaviors?

FRUSTRATION

What's the problem???



The Problem with Patients ...

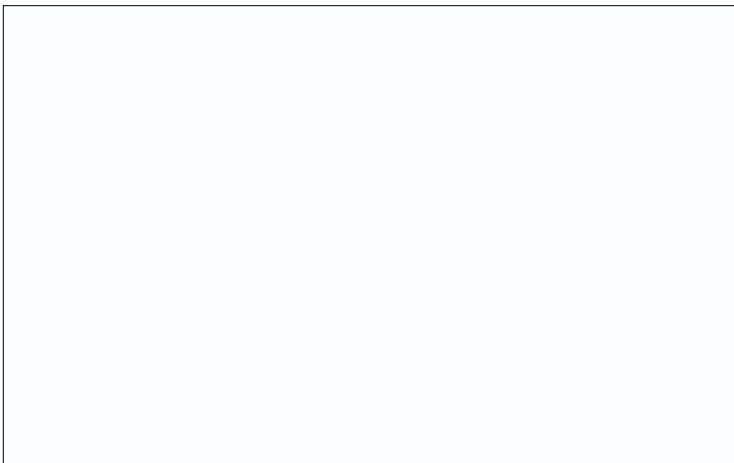
- They don't see
- They don't know
- They don't know how
- They don't care

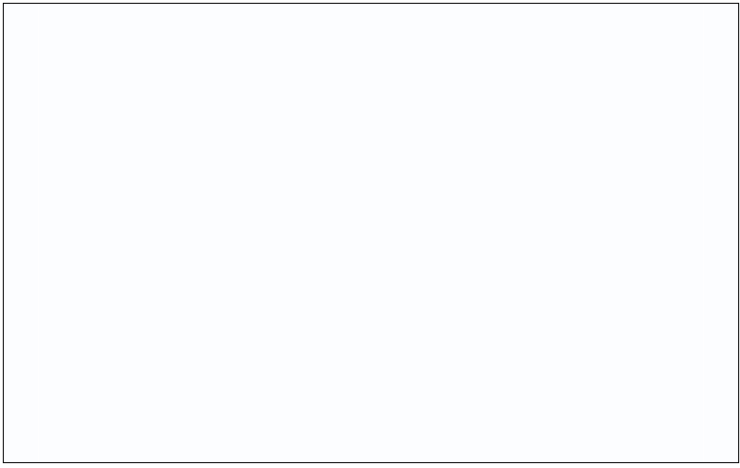


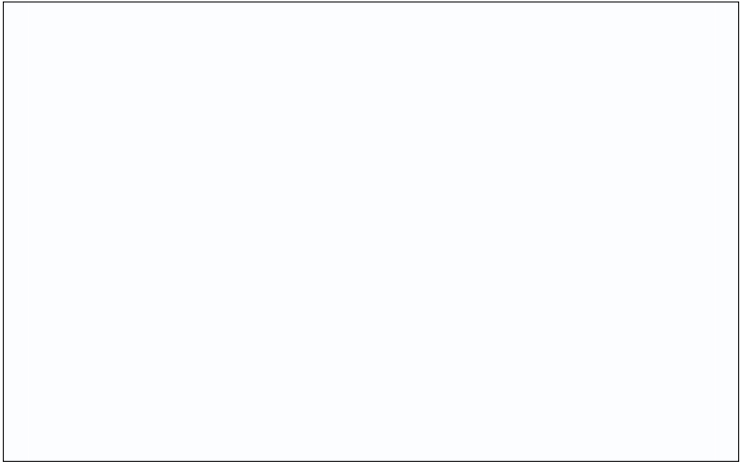
Four Common Solutions

- Give them insight
- Give them knowledge
- Give them skills
- GIVE THEM HELL!

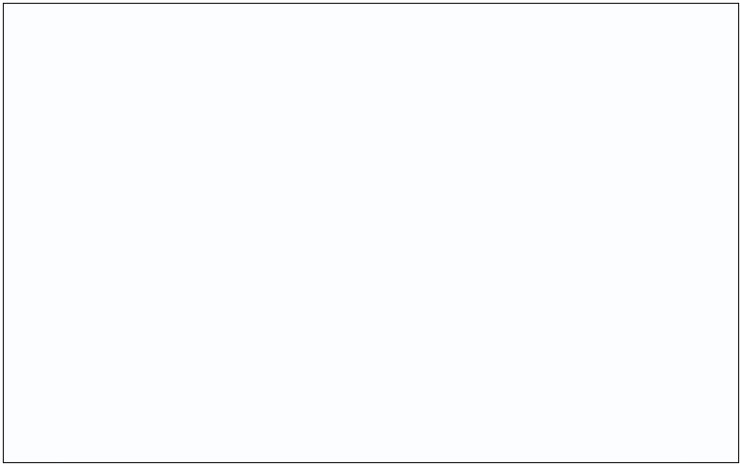


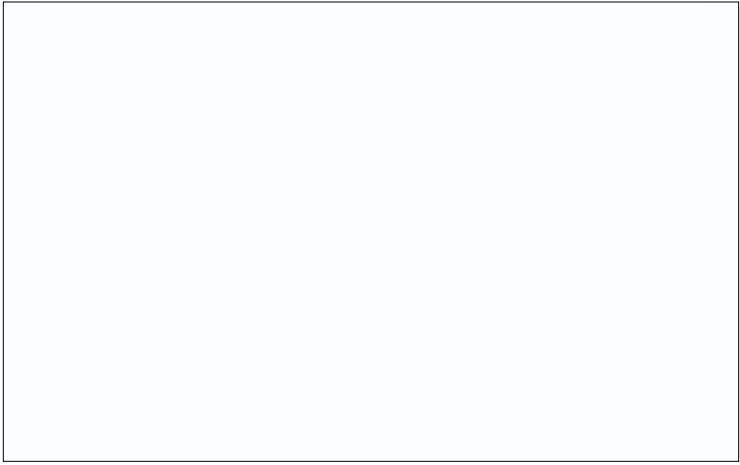


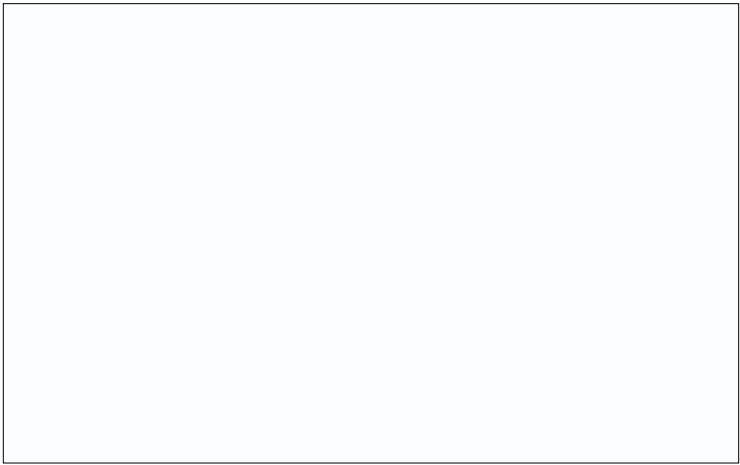


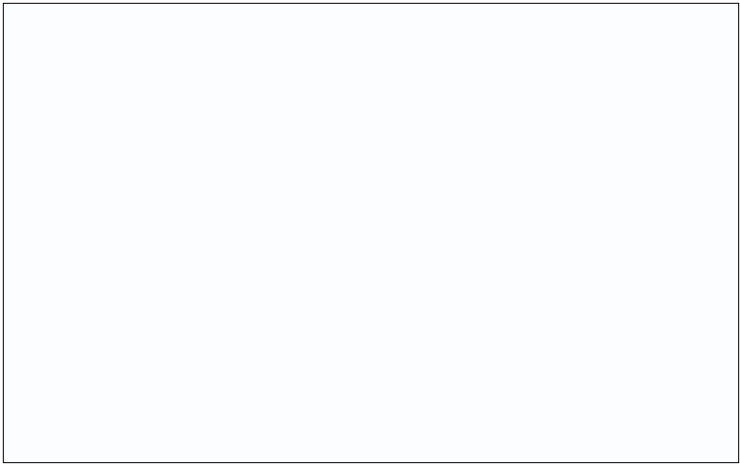


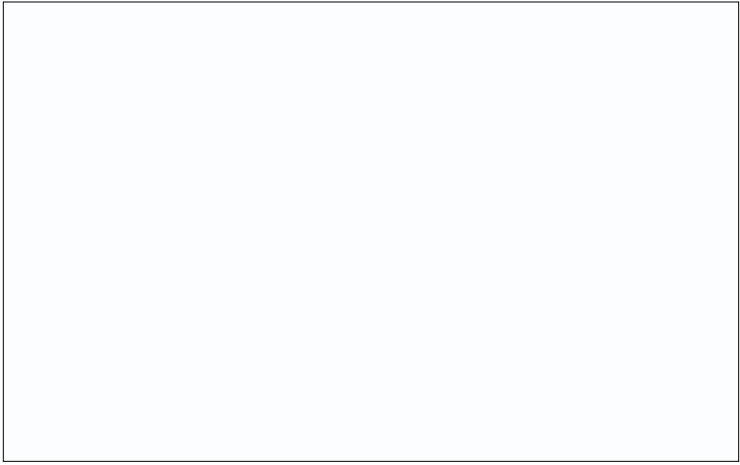
















Group observational exercise

Please think of a behavior that you have tried or are trying to change

Nobody will ask you what that behavior is

Please be ready to share with the group information on your process of change



Group observational exercise

How much time elapsed between:

- The first time you **engaged in the behavior** and
- The first time you **recognized a downside**

Be ready to raise your hand to indicate your answer:

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 11 months
- 1 to 3 years
- >3 years



Group observational exercise

How much time elapsed between:

- The first time you **recognized a downside** and
- The first time you **tried to make a change**

Be ready to raise your hand to indicate your answer:

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 11 months
- 1 to 3 years
- >3 years or not yet



Group observational exercise

Which best describes your experience with your own behavior change?

- a. No success
- b. Some success with no recurrences of the undesired behavior
- c. Some success with recurrences of the undesired behavior



Group observational exercise

What do the group's responses suggest about the process of behavior change?



Common observations

- Behavioral issues are common
- Behavior change is difficult for most people
- The pace of behavior change is variable
- **Knowledge of risks and consequences usually does not result in immediate change attempts**
- Most people experience at least some success in changing behaviors
- Relapses are very common



Introspective exercise

Please think of people who:

- Tried to help you change
- WERE NOT HELPFUL

How would you describe them or their efforts to help?

- Adjectives that describe them or their actions?
- Verbs that describe their actions?



Introspective exercise

Please think of people who:

- Tried to help you change
- WERE HELPFUL

How would you describe them or their efforts to help?

- Adjectives that describe them or their actions?
- Verbs that describe their actions?



Introspective exercise

How do the group's responses compare with typical ways that healthcare professionals promote healthier behaviors?

Often we don't do what our hearts would tell us.



How do you feel when attempting to promote healthier behaviors?

FRUSTRATION

What's the problem???



Definition

Motivational interviewing is...

- a collaborative conversation style for strengthening a person's own motivation and commitment to change



Three styles

Directing

Guiding

Following



Purpose of MI - Guide patients toward ...

recognizing a problem

recognizing abilities to change

making and sustaining change

weighing the importance of change

designing plans that would work for them



MI is an evidence-based, best practice

- 1200+ studies and 200+ RCTs show effectiveness
- MI improves treatment retention, adherence, and outcomes across a wide range of behaviors
- Generalizes well across cultures
- For patients with alcohol-related injuries, MI reduces drinking more and longer than information and advice
- MI in initial contact and assessment session for outpatient treatment is associated with greater treatment retention

Carroll et al, Drug & Alc Dep, 2006; Field et al, Annals of Surgery, 2013; Lundahl & Burke, J Clin Psych, 2009; Lundahl et al, Pt Educ Counseling, 2013



KEY CONCEPT #1

Ambivalence



Ambivalence

Most people who engage in unhealthy behaviors have ambivalence

Motivational interviewing aims to resolve ambivalence in a healthy direction





Ambivalence

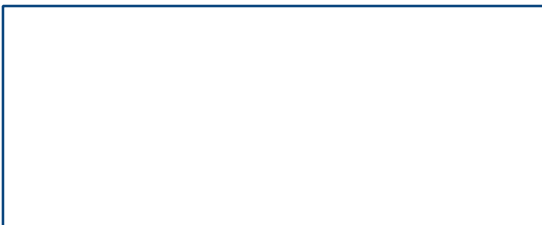
To change	
Benefits	Concerns

To NOT change	
Benefits	Concerns



Ambivalence

What seems like denial and resistance is often a reaction to how we talk to patients about their behaviors





Conventional approaches often involve ...

Giving unwanted information and advice

Pushing change

- *Persuading*
- *Guilt*
- *Scare tactics*

Arguments against change & defensiveness



KEY CONCEPT #2 - Levers of change



KEY CONCEPT #2 - Levers of change

Patient perceptions of
IMPORTANCE

Patient perceptions of
CONFIDENCE



Conventional approaches often involve ...

Premature planning

- *Helping people plan how to change before they are committed to change*





KEY CONCEPT #3 - "Change talk"

Confidence

Importance

Importance

Change talk predicts attempts and success at change



MI Spirit

NO:

- Pushing change*
- Giving unwanted information and advice*
- Persuading*
- Guilt*
- Scare tactics*
- Premature planning*



Introduction: Yourself? Session?

**Focus
Engage**

Hi, I'm Dr. Jones. I'm an addiction medicine specialist.



Dr. Brown asked me to see you to help figure out if you have a problem and, if so, how to best address it.

So, I'm going to ask you a series of questions about your use of alcohol and drugs, and how they're affecting your life. Then I'll fill you in on what the problem seems to be and what I'd recommend.



Introduction: Yourself? Session?

Hi, I'm Dr. Jones. I'm an addiction medicine specialist.



Hi, Dr. Jones.

Addiction? I'm not addicted! Why am I seeing this guy?



Introduction: Yourself? Session?

Dr. Brown asked me to see you to help figure out if you have a problem and, if so, how to best address it.



OK.

OK, I know I have a little problem, but I really don't need to be seeing this guy.



Introduction: Yourself? Session?

So, I'm going to ask you a series of questions about your use of alcohol and drugs and how they're affecting your life. Then I'll fill you in on what the problem seems to be and what I'd recommend. OK?

Sure, go ahead.

I'll be damned if I'm going to give this guy the rope to hang myself.



Traps?

Statement	Possible trap
Hi, I'm Dr. Jones. I'm an addiction medicine specialist.	Some patients don't have or don't think they have an addictive disorder
Dr. Brown asked me to see you to help figure out if you have a problem and, if so, how to best address it.	I'm the expert. You'll provide the information as I request. Then I'll be the judge and jury.
If you don't mind, I'm going to ask you a series of questions about your use of alcohol and drugs, and how they're affecting your life. Then I'll fill you in on what the problem seems to be and what I'd recommend.	



Recommended Elements of Introductions

- **Names**
- **Role**
- **Autonomy**
- **Confidentiality**
- **Permission**

Open Questions

- Ask for more than just a yes/no response
- How, what, tell me more....
- Aim for more open than closed questions



Open Questions

- Typical assessment questions are closed
- Closed questions shut patients/clients down, making it hard to shift to open questions
- Start with open questions:
 - "How do alcohol and drugs fit in your life?"
 - "What do you like about drinking/using drugs?"
 - "What kind of downsides have your experienced or worried about?"



Affirmations

- Identify and verbalize positives about the patient:
 - Strengths - Accomplishments - Values
- Not praise or compliments
- Descriptive, not evaluative



Affirmations - Examples

No

You're a great person. I'm sure you can do this.

You're a good parent.

Yes

In past years you lost 30 pounds and you quit smoking. That's strong evidence that you have the skills and strength to recover from this addiction.

The way you think through things about your kids shows that you really care about them.



Reflective Listening

- "Active" listening
- Statements intended to mirror meaning (explicit or implicit) of patients'/clients' speech
- Seeks to understand patients'/clients' subjective experience, by verbalizing hypotheses about the person's meaning



Reflective Listening

- Goal: convey empathy - accurate understanding
- Encourage the patient/client to keep talking
- Shape direction of conversation
- Emphasize and explore change talk



Simple Reflections

Restate what the patient/client said, usually in different words



Simple Reflections

- Patient A:
Beer relaxes me, and I enjoy the buzz.
- Clinician:
You like how beer makes you feel.



Simple Reflections

- Patient A: Yeah, and it also helps me feel more comfortable in social situations.
- Clinician: Beer makes it easier for you to talk to other people.



Double-Sided Reflections

- Reflect back both sides of ambivalence
 - change talk
 - sustain talk
- Reflect change talk last to encourage more change talk



Double-Sided Reflections

- Patient B: I enjoy chilling with pot, but then I can't get any writing done.
- Clinician: Pot relaxes you and interferes with your productivity.



Double-Sided Reflections

- Patient C: These hangovers are a drag, but I can't imagine not going out with my friends on Friday and Saturday nights.
- Clinician: You like going to the bars and then you feel miserable on Saturday and Sunday mornings.



Reflecting Emotion

Bring
unstated
emotion
to light



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Reflecting Emotion

- Patient D: I want to set a good example for my kids, so I really don't like when they see me drunk.
- Clinician: When you're drunk in front of your kids, you feel guilty.



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Reflecting Emotion

- Patient E: I've been to treatment several times. It just doesn't work for me.
- Clinician: You frustrated that treatment doesn't seem to help and you want to get well.



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Summarization

- Reflections that draw together content from multiple prior patient/client statements.
- A collection of key themes and ideas
- Transition to new topic, task, or process



Change Talk Skills

- Recognize
- Respond
- Elicit





Recognize Change Talk

OARS create an environment for change talk

Desire - importance

Ability - confidence

Reasons - importance

Need - importance

Responding to Change Talk

- Get curious!
- Draw out more with
 - Open questions
 - Reflections



Responding to Change Talk

- Patient: Life without hangovers would be a significant improvement.
- Clinician: You really don't want any more hangovers.
- Clinician: What would those improvements look like?
- Clinician: What would be the best things about not having hangovers any more?
- Clinician: What else would be better if you cut down or quit?
- Clinician: So ... (summarize)



Eliciting Change Talk

- Many strategies
- Ask for it directly:
 - What are some downsides of your current alcohol use?
 - What might be advantages of quitting or cutting down on your marijuana use?
 - What might be the worst things that could happen if you don't quit or cut down?



Eliciting Change Talk

- Looking forward:
 - Where do you think you'll be in a few years if you don't make a change?
 - If you were to make a change, how might your life be different in a few years?



Patient Education

- Sharing feedback, advice and information is part of our role in SBIRT
- Sharing unwanted feedback, advice and information
 - Weakens therapeutic relationship
 - Can invalidate the patients' perspective
- Use a process that supports partnership and respects autonomy



E-P-E

- Explore: What does the patient/client already know or believe about the issue?
- Provide: Obtain permission and then share the information, feedback, or advice
- Explore: What is the person's reaction or response?



E-P-E - Example

- Clinician: How do you think your health might improve if you cut down?
- Patient: I don't think it would really make much difference.
- Clinician: Would it be OK if I mentioned a few ways I believe your health might improve?
- Patient: Sure.
- Clinician: [Gives information.] What do you think about that?



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Elicit Change Talk - Confidence

Strengths

- What past accomplishments suggest that you could change?

Foreshadow plan

- What would have to happen for you to succeed at changing?



When do we help patients plan how to change?

**When they exhibit
resolve to change**



Summary

MI-adherent introductions and assessments might result in

- ✿ More patient cooperation during assessments
- ✿ More accurate assessments
- ✿ Stronger engagement in treatment
- ✿ Better treatment retention
- ✿ Better outcomes

If you try making changes, please let me know
what happens - drrichbrown@gmail.com
