Michigan Institute for Care Management & Transformation

Motivational Interviewing

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October 5, 2020

MAT in Primary Care: Motivational Interviewing Disclosures

Successful completion of the MAT in Primary Care: Motivational Interviewing webinar includes:

- Attendance at the entire session.
- Completion of the MICMT webinar evaluation within 5 business days – this will be sent to attendees.

Nursing:

- There is no conflict of interest for anyone with the ability to control content for this activity.
- Upon successful completion of this webinar, the participant will earn 1.0 Nursing CE contact hour.
- This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91).
- ONA Activity #2020-0000000733

Pharmacy:

- Complete the MICMT webinar evaluation within 5 business days.
- Additionally, to request Pharmacist Continuing Education contact hours, complete the MPA webinar evaluation and post test; go to https://www.michiganpharmacists.org/education/MAT20-328. You will be required to provide your CPE Monitor e-profile identification number as well as date of birth (month and day only).
- The MPA webinar evaluation and post-test must be completed no later than 10.28.20.

Social Work:

- Upon successful completion of this webinar, the participant will earn 1.0 Social Work CE Contact Hours.
- "Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative." Approved provider Number: MICEC 110216.

"I just thought I'd drop by personally and congratulate you on your accomplishment. No one has ever quit smoking 17,000 times in one year before.

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In 2018…

About 164.8 million people aged 12 or older in the United States (60 percent) used substances in the last month (tobacco, alcohol, illicit drugs).

Nearly 1 in 5 people aged 12 or older (19.4 percent) in the United States used an illicit drug in the past year, which is a higher percentage than in 2015 and 2016.

Source: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

In 2018…

Approximately 10.3 million people aged 12 or older in 2018 misused opioids in the past year.

About 9.9 million people aged 12 or older in 2018 misused prescription pain relievers.

Source: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

Also in 2018…

There were 67,367 drug overdose deaths in the United States.

The rate of drug overdose deaths involving synthetic opioids other than methadone (drugs such as fentanyl and tramadol) increased by 10%, from 9.0 in 2017 to 9.9 in 2018.

Source: https://www.cdc.gov/nchs/products/databriefs/db356.htm

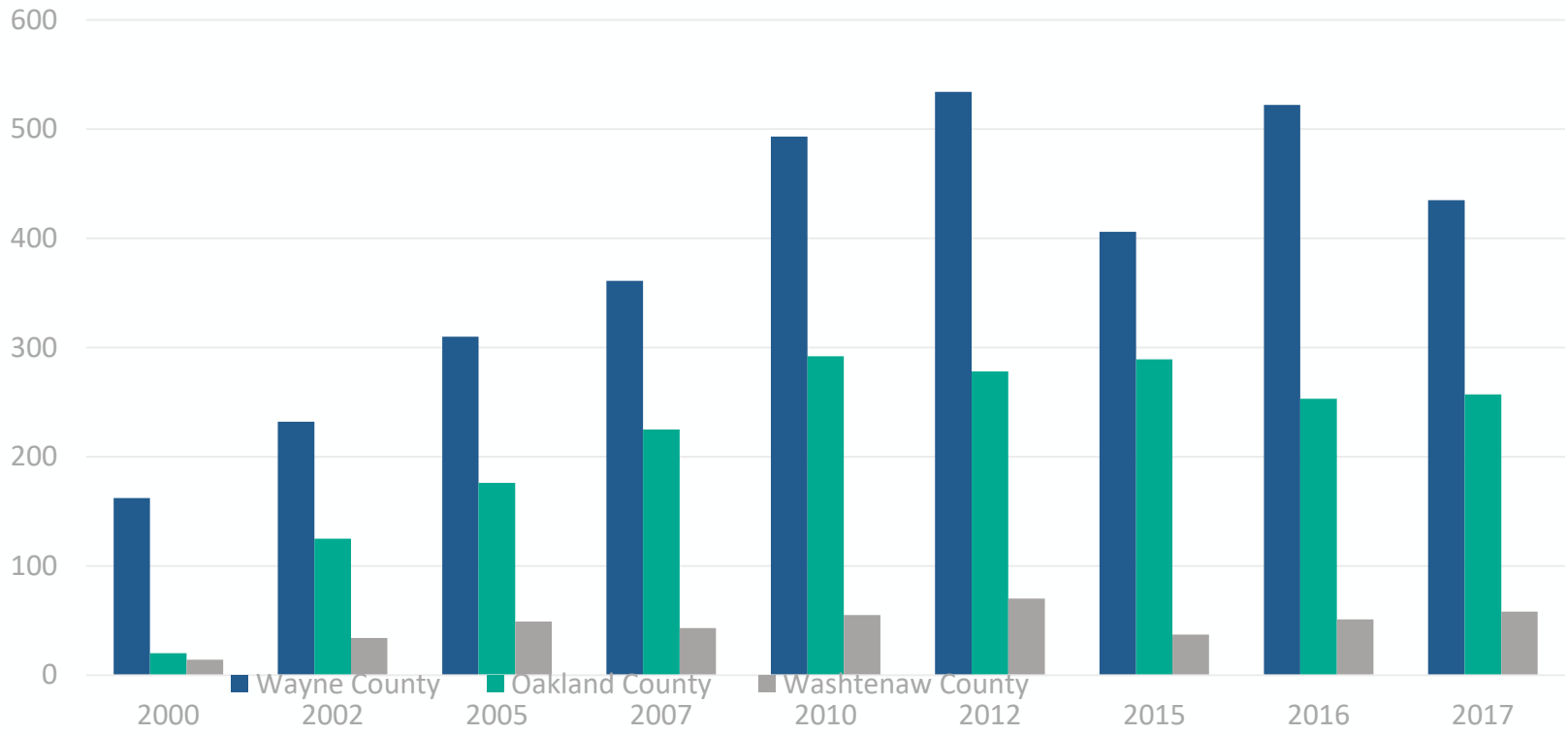
And in Michigan…

Over 11 million opioid prescriptions were filled in 2016, enough for at least one opioid prescription for every person in Michigan.

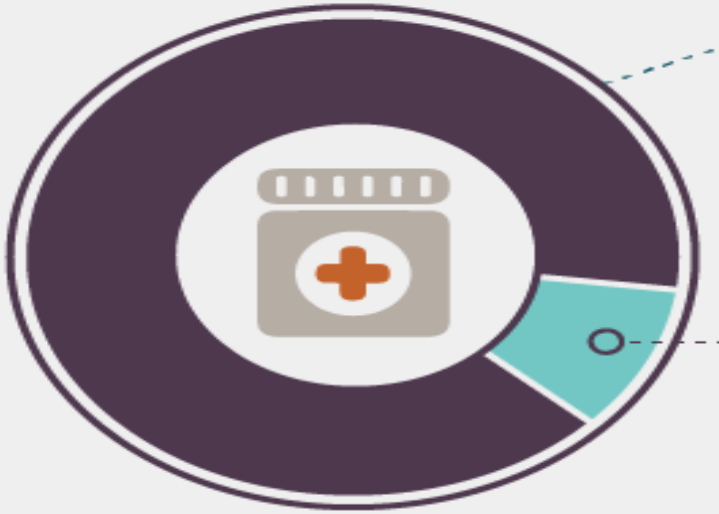
There has also been about a **299%** Increase in opioid deaths in Michigan since 2011.

- Source: https://mi-suddr.com/opioids/

And Opioid Related Hospitalizations…

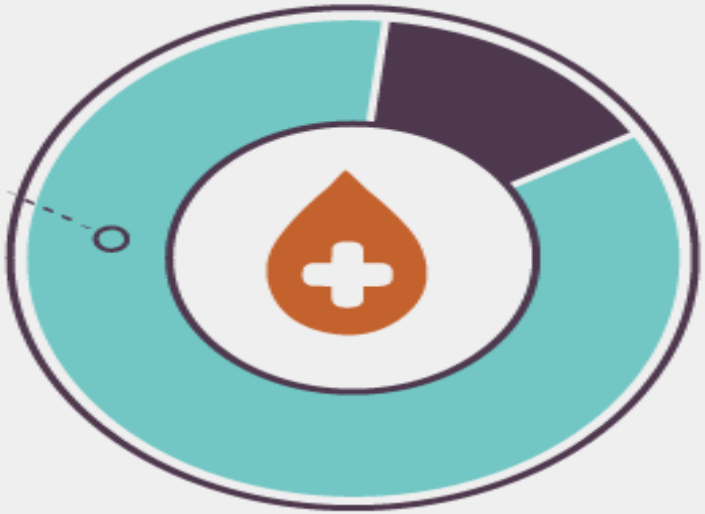


SUBSTANCE USE DISORDERS



- **23 million** Americans (ages 12+) need treatment for substance abuse disorders
- Only **10%** receive the treatment they need

By contrast, **85%** of the **29 million** people in the U.S. with diabetes receive treatment



Sources: CDC, 2014; JAMA Psychiatry 2015

ADDICTION RECOVERY

23.5 million adults (ages 18+) are in recovery from alcohol or drug addictions

That's 10% of the U.S. population!

Most never receive the help they need.

- Only **11.2%** received help for their addiction in a specialized facility

Sources: Partnership for Drug-Free Kids & OASAS, 2011; NIH 2011

So now what?

Medication-Assisted Treatment (MAT)

- Methadone
- Buprenorphine
- Subutex
- Naltrexone
- Among others

But even before that…

Motivational Interviewing

"There is something within human nature that resists being coerced and told what to do. Ironically, it is acknowledging the other's right and freedom not to change that sometimes make change possible."

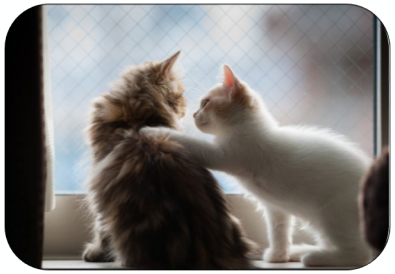
Rollnick, Miller, and Butler 2008

Motivational Interviewing

"is a client-centered directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence"

(Arkowitz, H., & Miller, W. R. (2008))

Four Principles



Express Empathy

Develop Discrepancy

Roll with Resistance

Support Self-Efficacy

Express Empathy

Try to experience the world from your client's point of view without being judgmental.

You don't have to approve or disapprove of someone's actions…just simply try to put yourself in their shoes.

Develop Discrepancy

Awareness of discrepancy increases motivation to change.

Pay close attention to your patient's reasoning for change, as well as not changing. Use your patient's ***own*** reasons for change.

Roll with Resistance

Resistance is a normal and expected part of the change process. It helps us understand one's emotional state, wishes, as well as fears.

It is our job to understand ambivalence and continue to express empathy and acceptance. It's best not to meet fire with fire.

Support Self-Efficacy

"People often have the knowledge and resources to make desired changes once **they have decided to do so**."

It is not about us as providers; it is about our patients and being able to empower them to make the changes they need to, but also giving the tools they need to make these changes.

So, what does this look like?

- Ask open-ended questions
- Listen reflectively
- Affirm
- Summarize
- Elicit change-talk

Change Talk

Use scaling questions to assess motivation, readiness to change, and confidence in one's ability to make a behavior change.

- "On a scale of 1 to 10, 1 being the lowest and 10 being the highest, how motivated are you to quit drinking?"
- "On a scale of 1 to 10, 1 being the lowest and 10 being the highest, how confident are you to be able to quit drinking?"

Change Talk

Use your patients' answers to further assess what their motivation is to change, as well as what their barriers are.

- "You mentioned being a 7 in terms of motivation. That's amazing! Why not a 3 or 4? …. Why not a 9 or 10?"
- "You mentioned being a 5 in terms of confidence to maintain your behavior change. That's great! Why not a 3 or 2? …. Why not a 9 or 10?"

Change Talk

These two particular questions allow you to do two things:

1. Truly assess where your patient is in terms of readiness to change
2. Understand any fears, hesitations, or even tangible barriers, that are keeping your patient from making behavior changes.

Change Talk

The Miracle Question

"If you had a magic wand, what would you change about your substance use?"

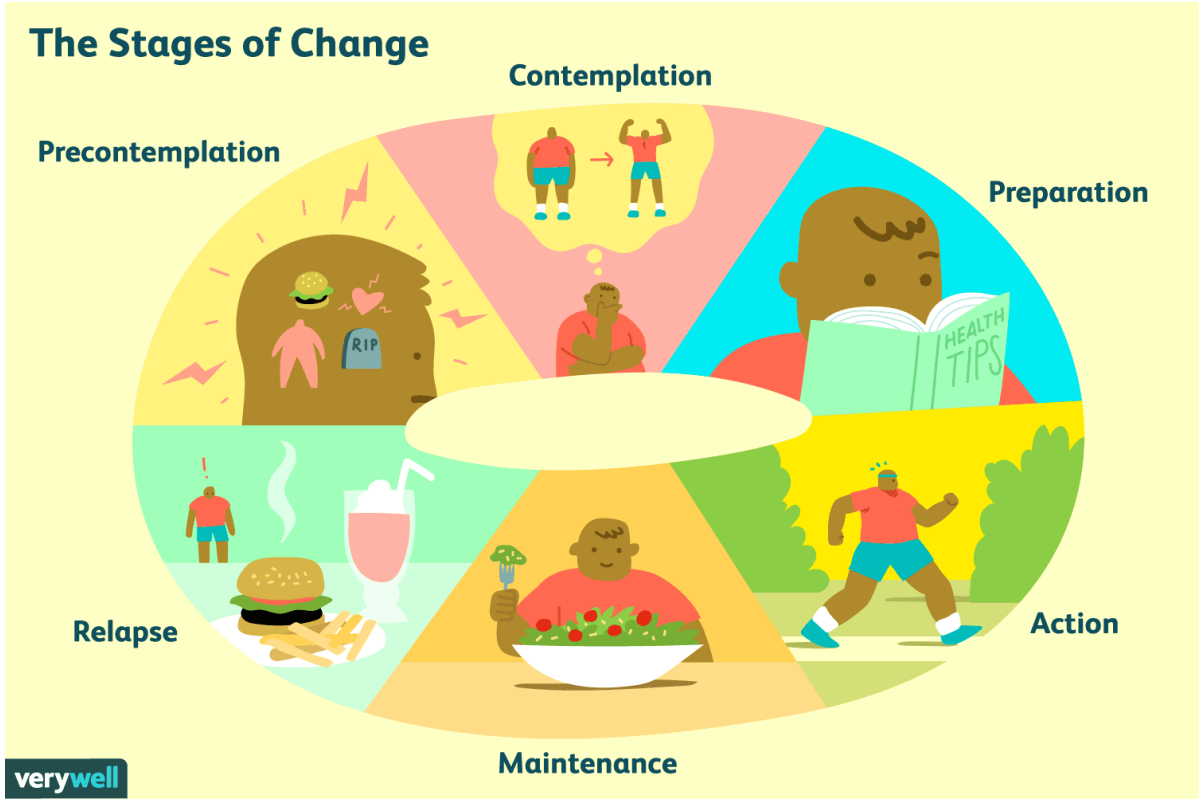
Let's role play

Bill has diabetes, but has not followed the appropriate diet to keep his blood sugar under control. He continues to consume take out from Red Lobster, Zingerman's, and Famous Dave's BBQ.

Stages of Change Theory

Also known as The Transtheoretical Model, The Stages of Change Theory is a framework of five levels to understanding human behavior change.

Stages of Change Theory



The Precontemplative Stage

Someone in this stage is not considering behavior change at all **within the next six months**.

- In “denial”
- Not aware or accepting of consequences of behavior
- May not think there is a problem

The Precontemplative Stage

So, what do we do?

Continue to support and empathize with your patient. Validate their perspective and respect their autonomy. **It is best to avoid being defensive or "pushy".**

Ask: What would it take for you to make a change? Use the Miracle Question.

Offer: Would you like to receive any resources?

The Contemplation Stage

Someone in this stage may be aware of the benefits of behavior change, but still not expressing *commitment* to behavior change. They may be in this stage for ***months***.

- Ambivalence
- Conflict
- Is it worth it?

The Contemplation Stage

So, what do we do?

Continue to support and empathize with your patient. Validate their perspectives and respect their autonomy. **Try to empower your patient to make choices that they know are in their best interest**.

Ask: a scaling question! This is the perfect opportunity to assess readiness to change and any barriers to change.

Offer: Can we make a list of pros and cons to making this change?

The Preparation Stage

Someone is this stage may be considering small behavior changes and may commit to a plan of action within about **30 days**.

- Gathering information
- Seeking help
- Action planning

The Preparation Stage

So, what do we do?

Continue to support and empathize with your patient. Validate their perspectives and respect their autonomy. **Encourage your patient; revisit your patient's motivation for change**.

Ask: Can I assist with making a mental health appointment?

Offer: Can we write down a couple of short-term goals?

The Action Stage

Someone in this stage has maintained their behavior change for approximately **six months**.

- Positive reinforcement
- Direct action

The Action Stage

So, what do we do?

Continue to support and empathize with your patient. Validate their perspectives and respect their autonomy. **Empower your patient to continue making positive changes.**

Ask: Can I help with additional support resources? Continue to provide positive reinforcement.

The Maintenance Stage

Someone in this stage has made positive behavioral changes for **more than six months**.

- Avoiding temptations
- Reaffirming motivation to change
- Assurance

The Maintenance Stage

So, what do we do?

Continue to support and empathize with your patient. Validate their perspectives and respect their autonomy. **Encourage, support. Repeat. This is the most common stage where relapse occurs.**

***Ask**: What are some coping skills you have developed to avoid triggers?*

Self-Efficacy

This is the ultimate goal of behavior change. It is when someone has no desire to revert back to old behaviors.

Relapse

If someone relapses…

- About 15 percent revert to Precontemplation.
- The other 85 percent revert back to Contemplation or Preparation.

Normalize this for your patient. Pick up where they left off. Support. Encourage. Empower. Repeat.

Summary

"Meet your patient where they are."

Reference Slide

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