

# Principles of Motivational Interviewing: Useful for Primary Care Physicians

**Joji Suzuki, MD**

*Director, Division of Addiction Psychiatry, Brigham and Women's Hospital  
Assistant Professor of Psychiatry, Harvard Medical School  
Member, Motivational Interviewing Network of Trainers*

# 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.*

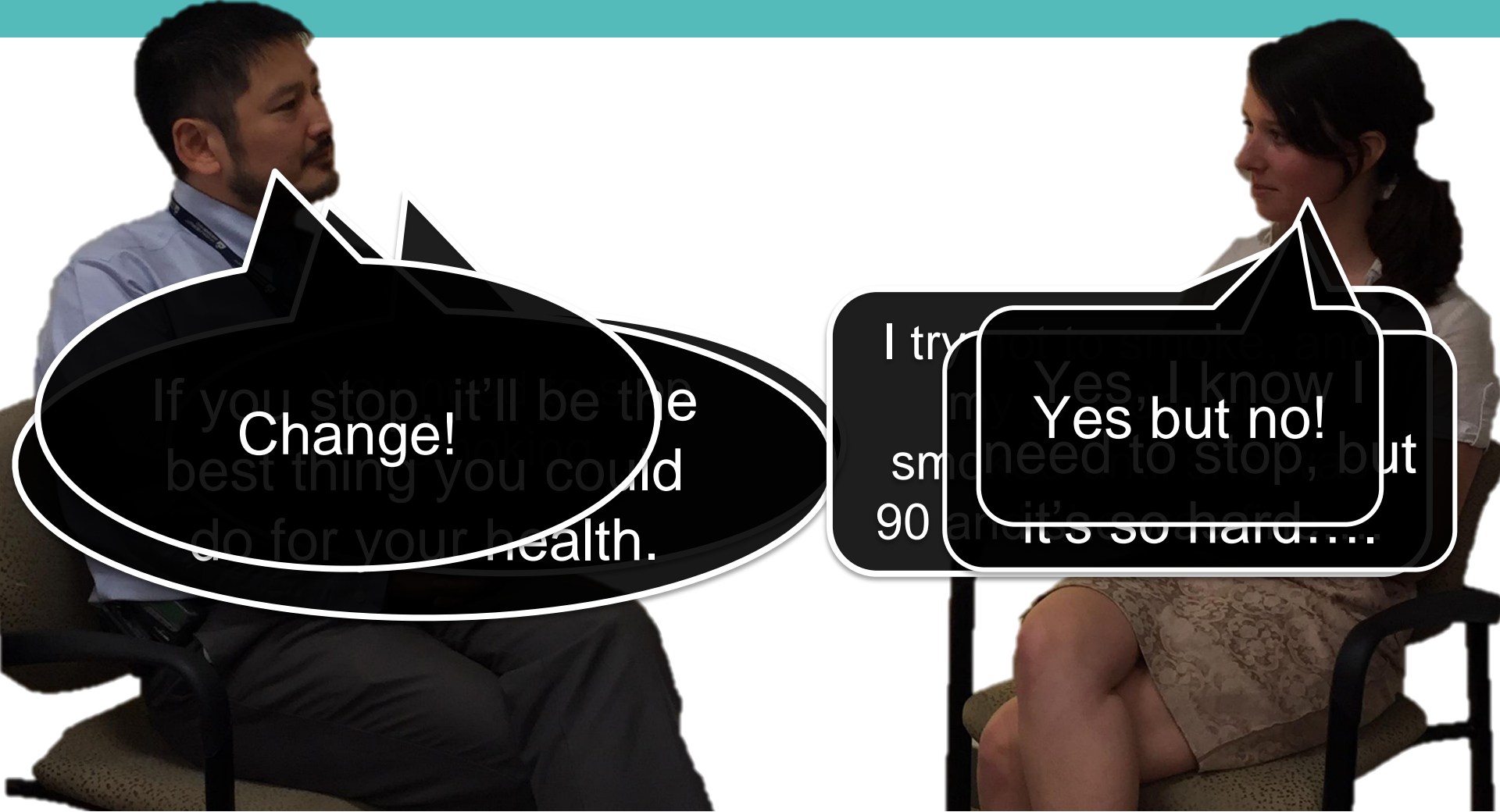
# Target Audience

- 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

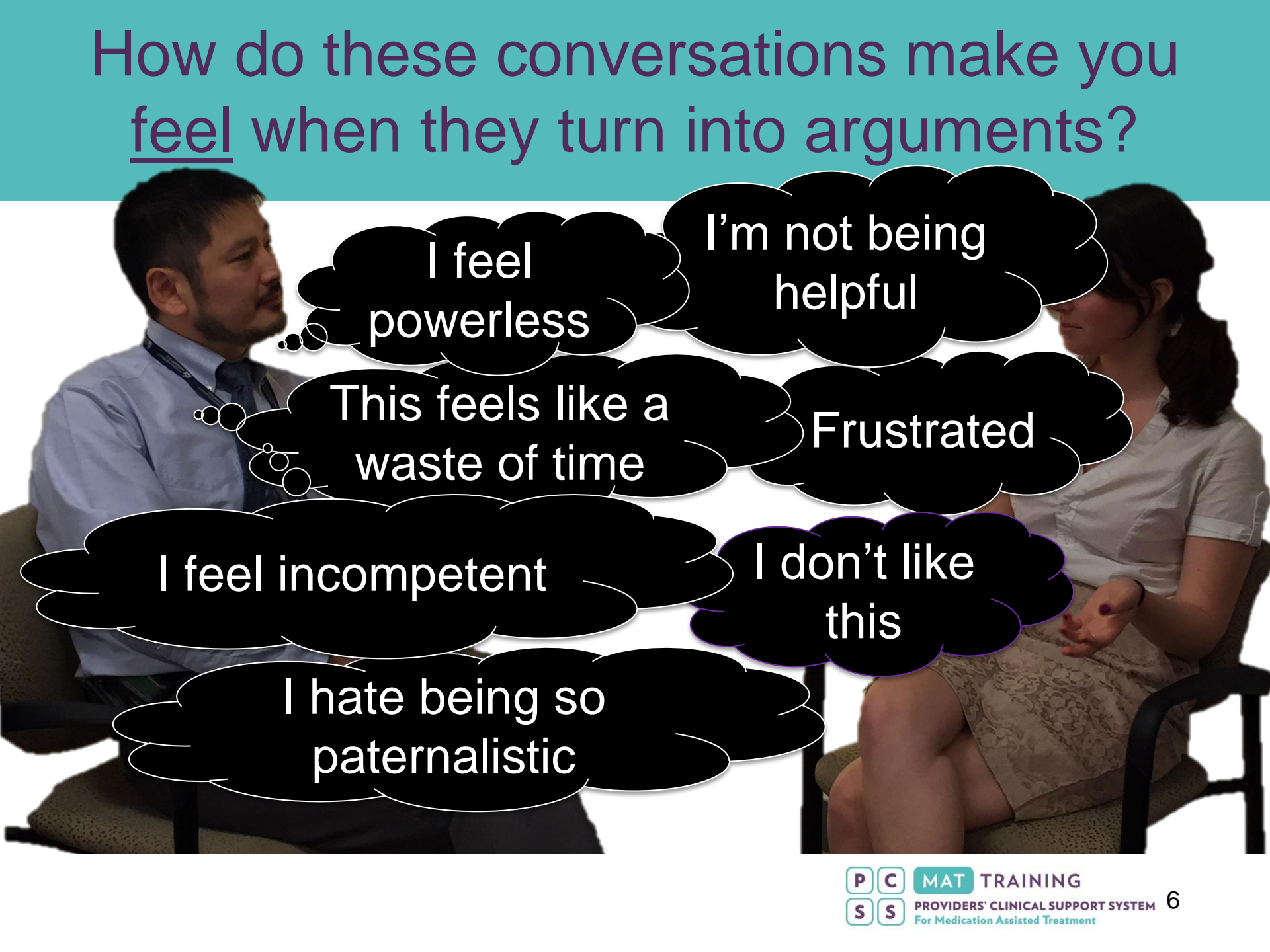
# A typical conversation about behavior change can quickly turn into an argument



Change!

Yes but no!

# How do these conversations make you feel when they turn into arguments?



I feel powerless

I'm not being helpful

This feels like a waste of time

Frustrated

I feel incompetent

I don't like this

I hate being so paternalistic

**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

## The Effectiveness and Applicability of Motivational Interviewing: A Practice-Friendly Review of Four Meta-Analyses



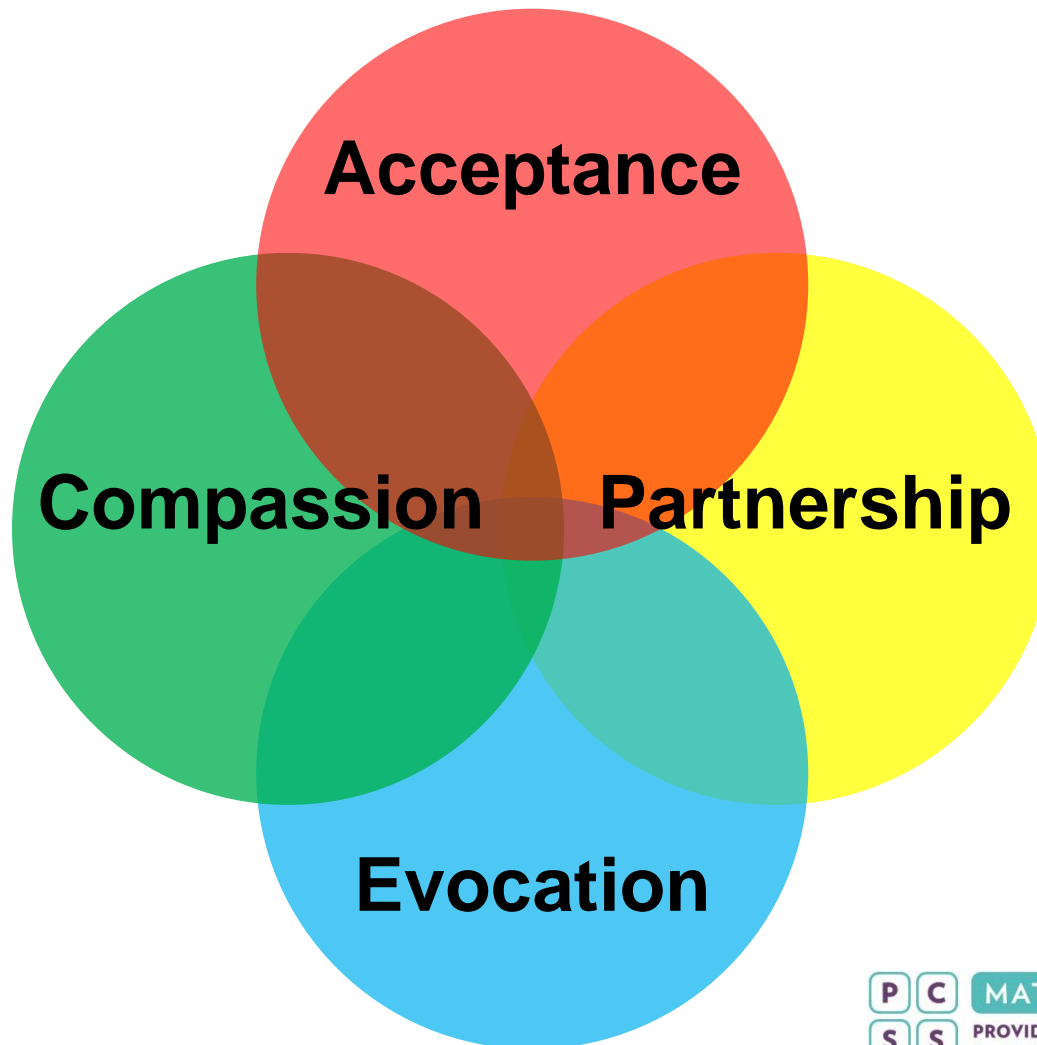
**Brad Lundahl**  
*University of Utah*



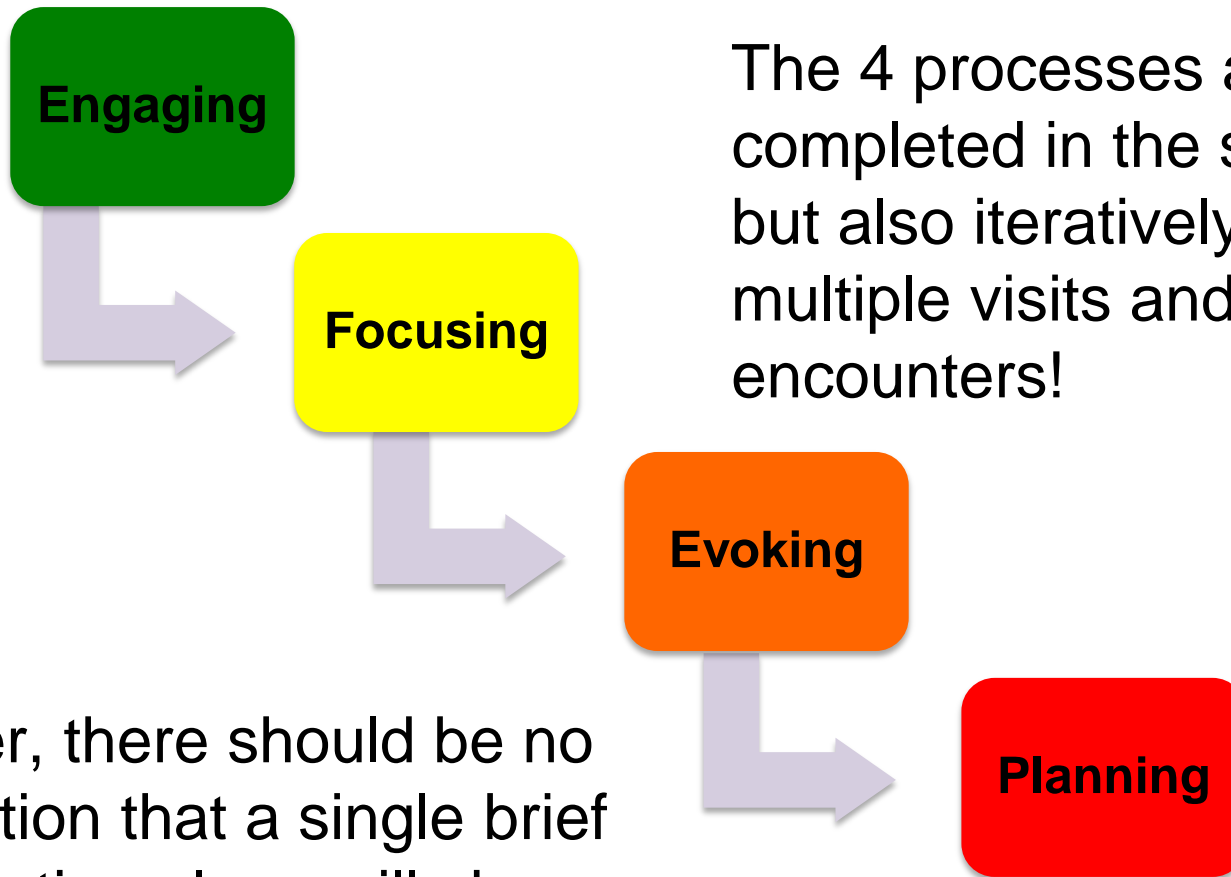
**Brian L. Burke**  
*Fort Lewis College*

	Weak Comparison groups		Strong Comparison groups	
	Effect Size	Difference in success rate (%)	Effect Size	Difference in success rate (%)
Burke et al 2003	0.35	17	0.04	2
Hettema et al 2005	0.27	13	0.32	15
Vasilaki et al 2006	0.40	19	0.27	13
Lundahl et al 2009	0.28	14	0.09	5

# Spirit of MI



# The 4 Processes of Motivational Interviewing



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

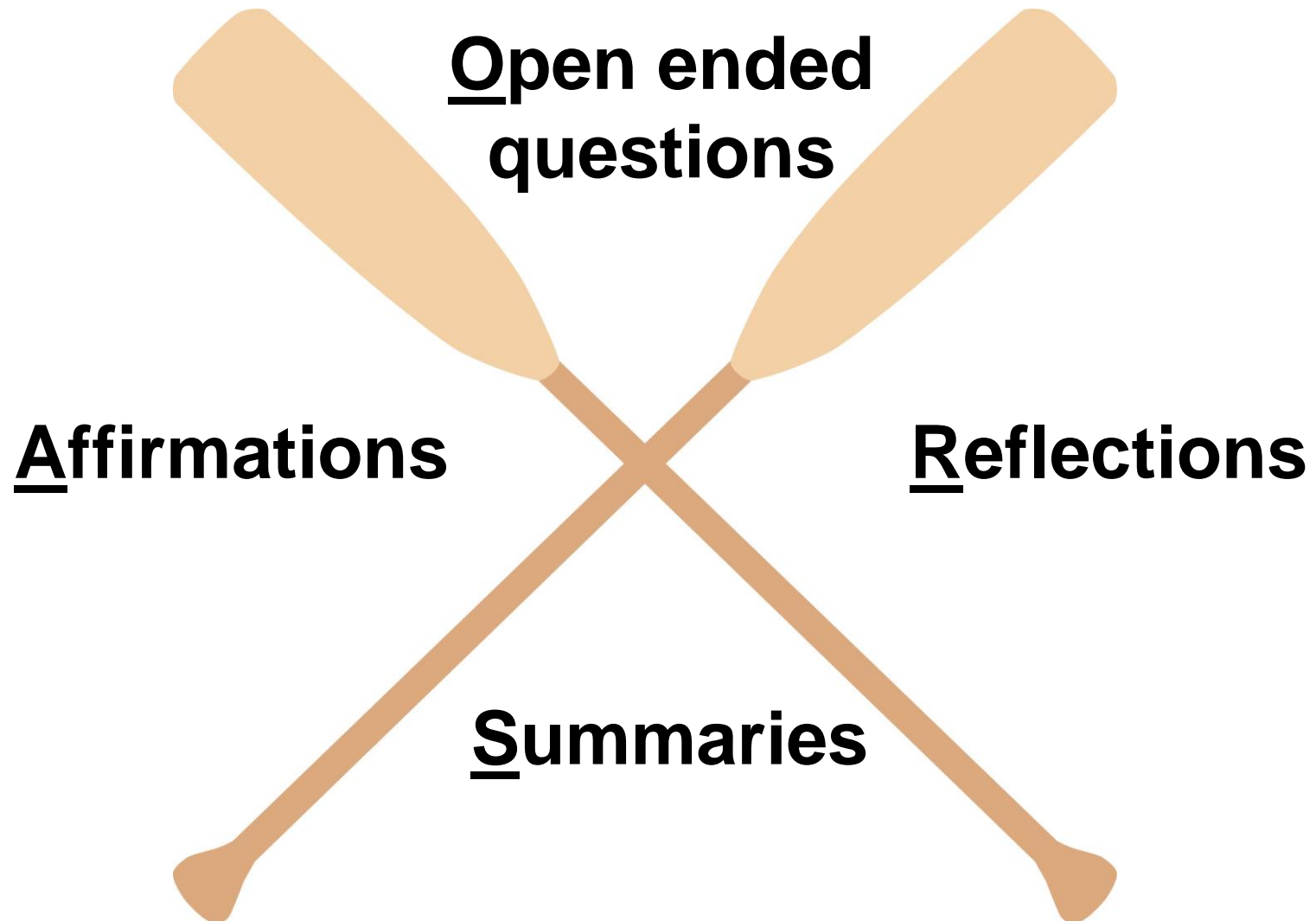


# Some strategies for starting a conversation about substance use

- “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



# Empathic statements?

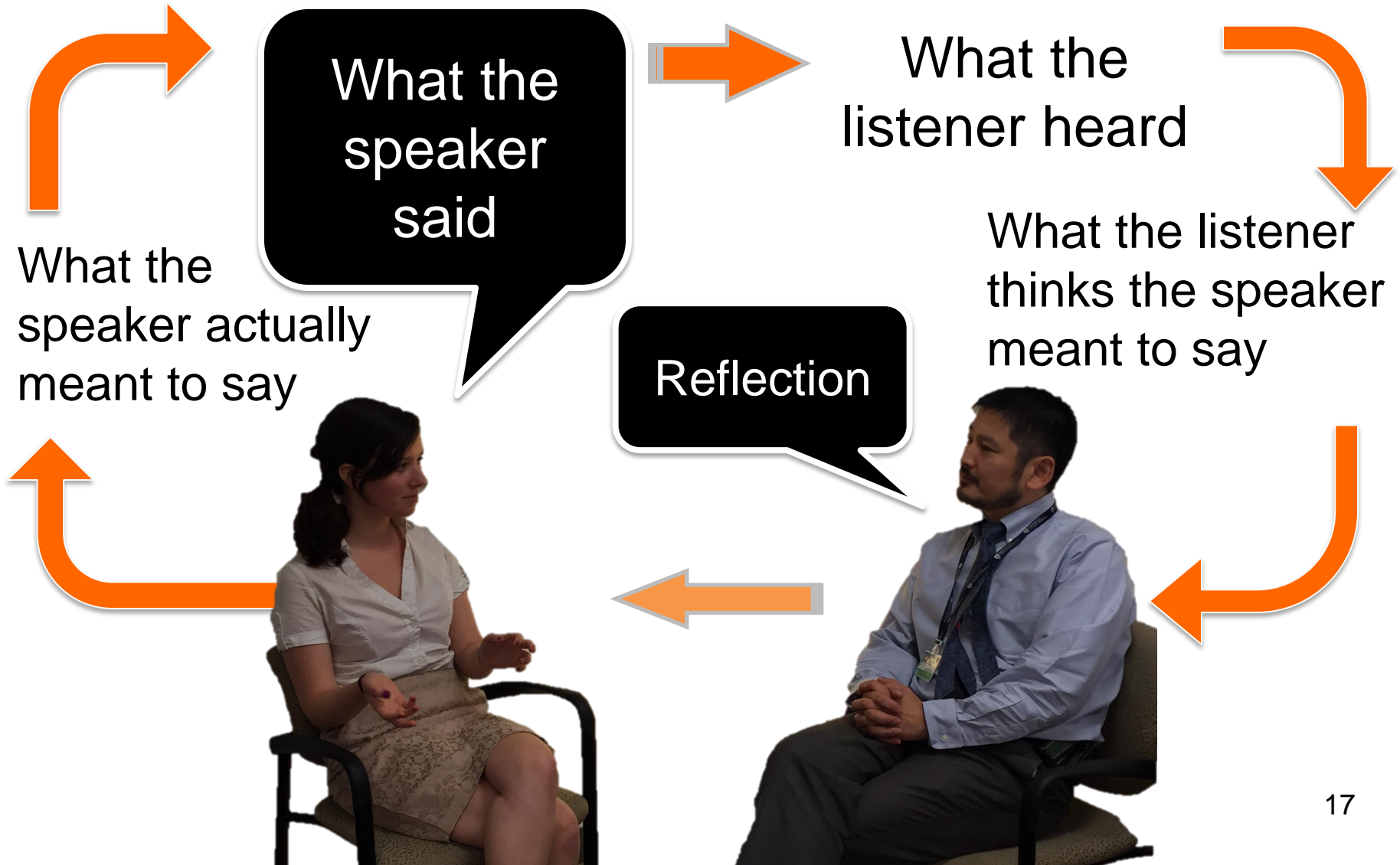
I know how you must feel.

It must have been difficult  
for you.





# Reflective Listening



# 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.



# Complex reflections add substantial meaning

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.

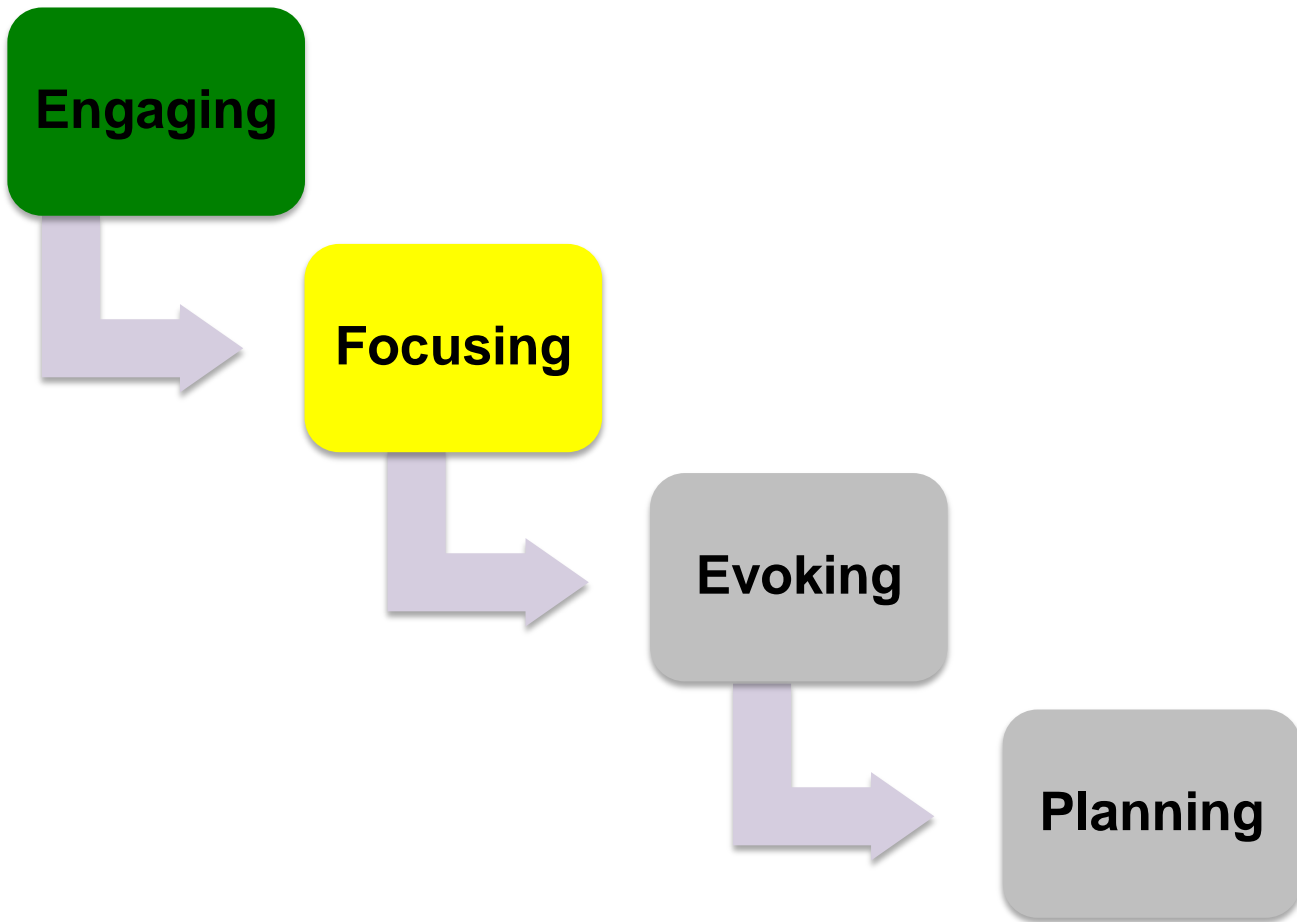


# Complex reflections add substantial meaning

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.





# Focusing: Agreeing what to talk about

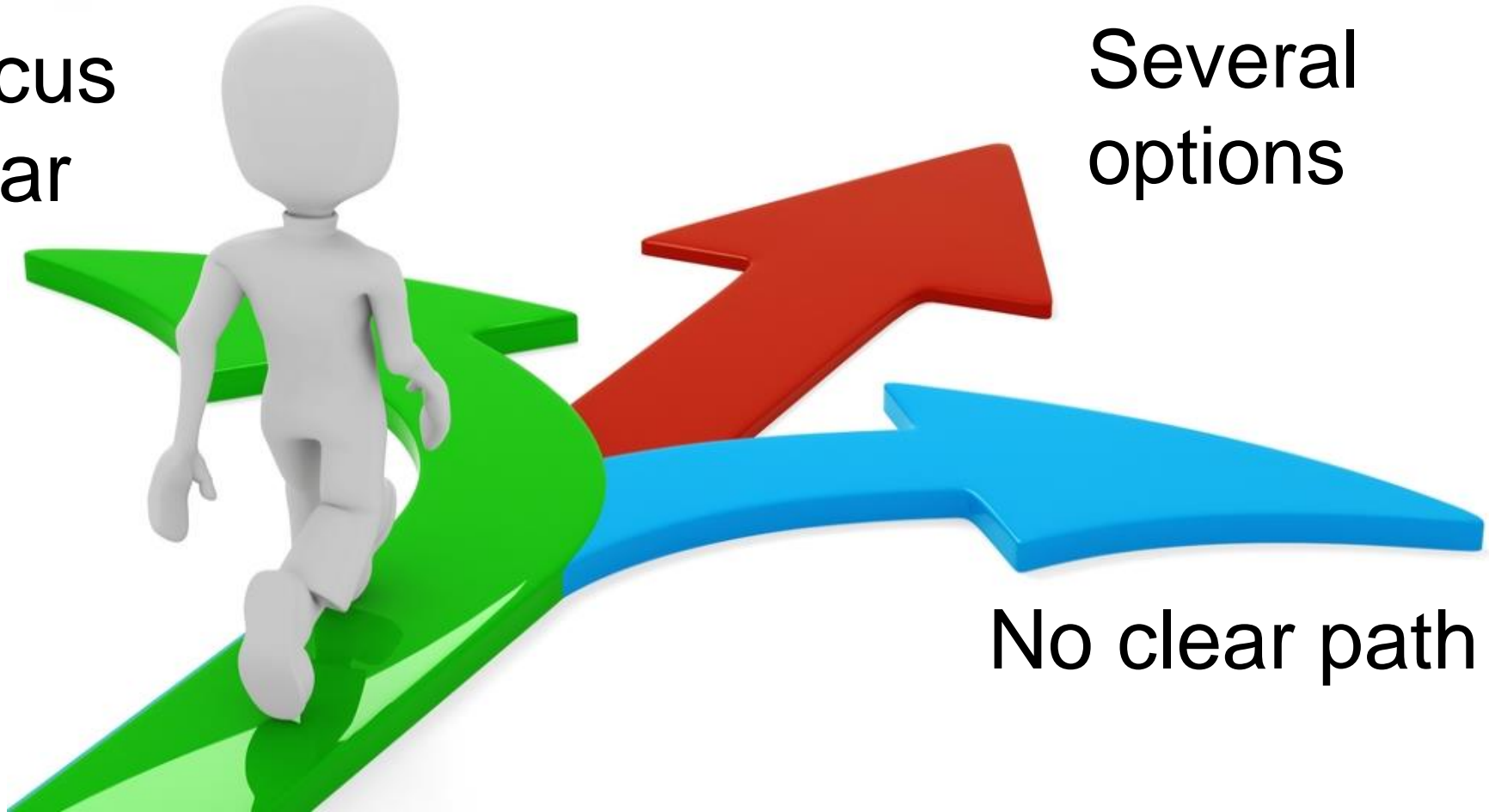




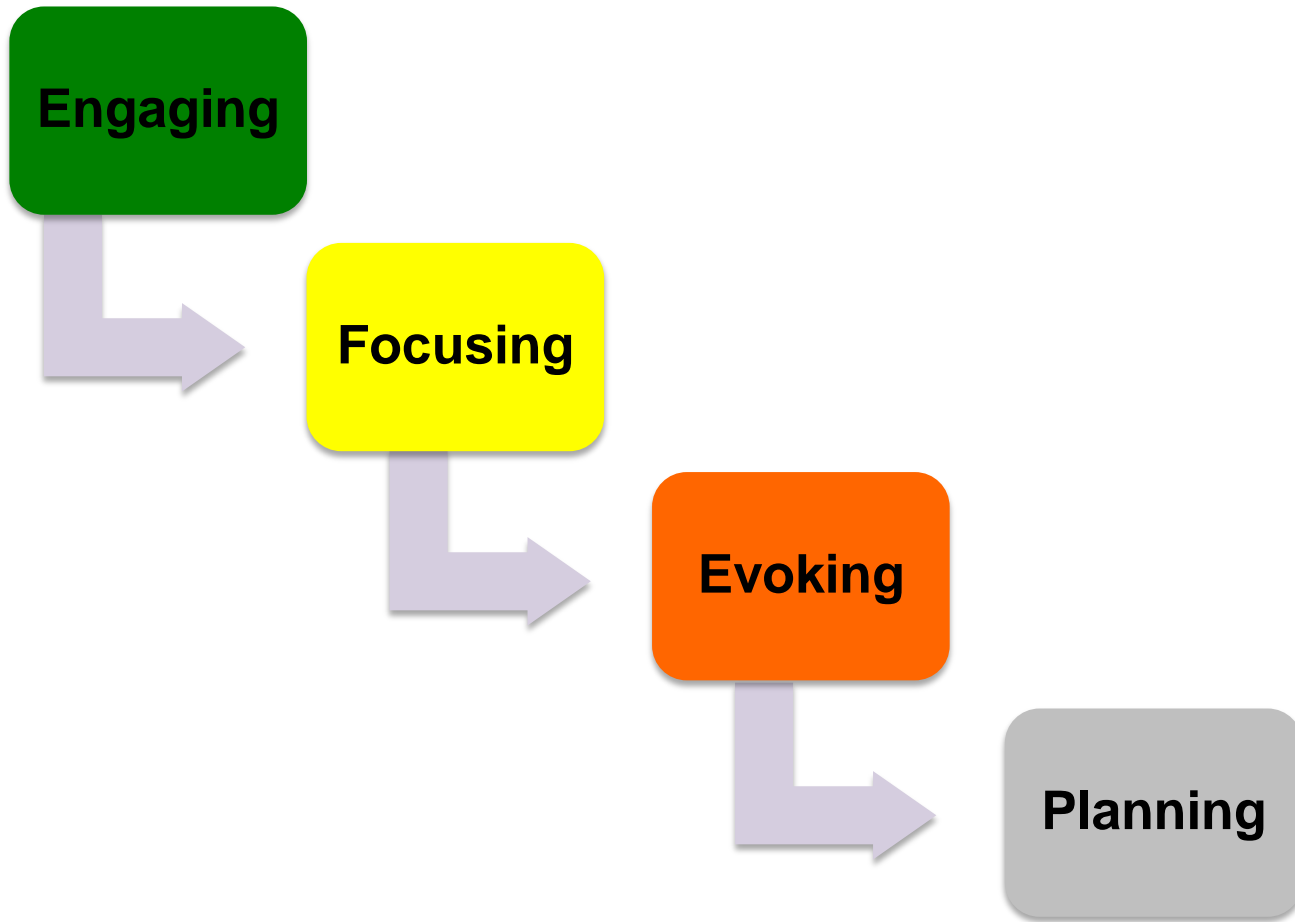
# Focusing: Agreeing what to talk about

Focus  
clear

Several  
options



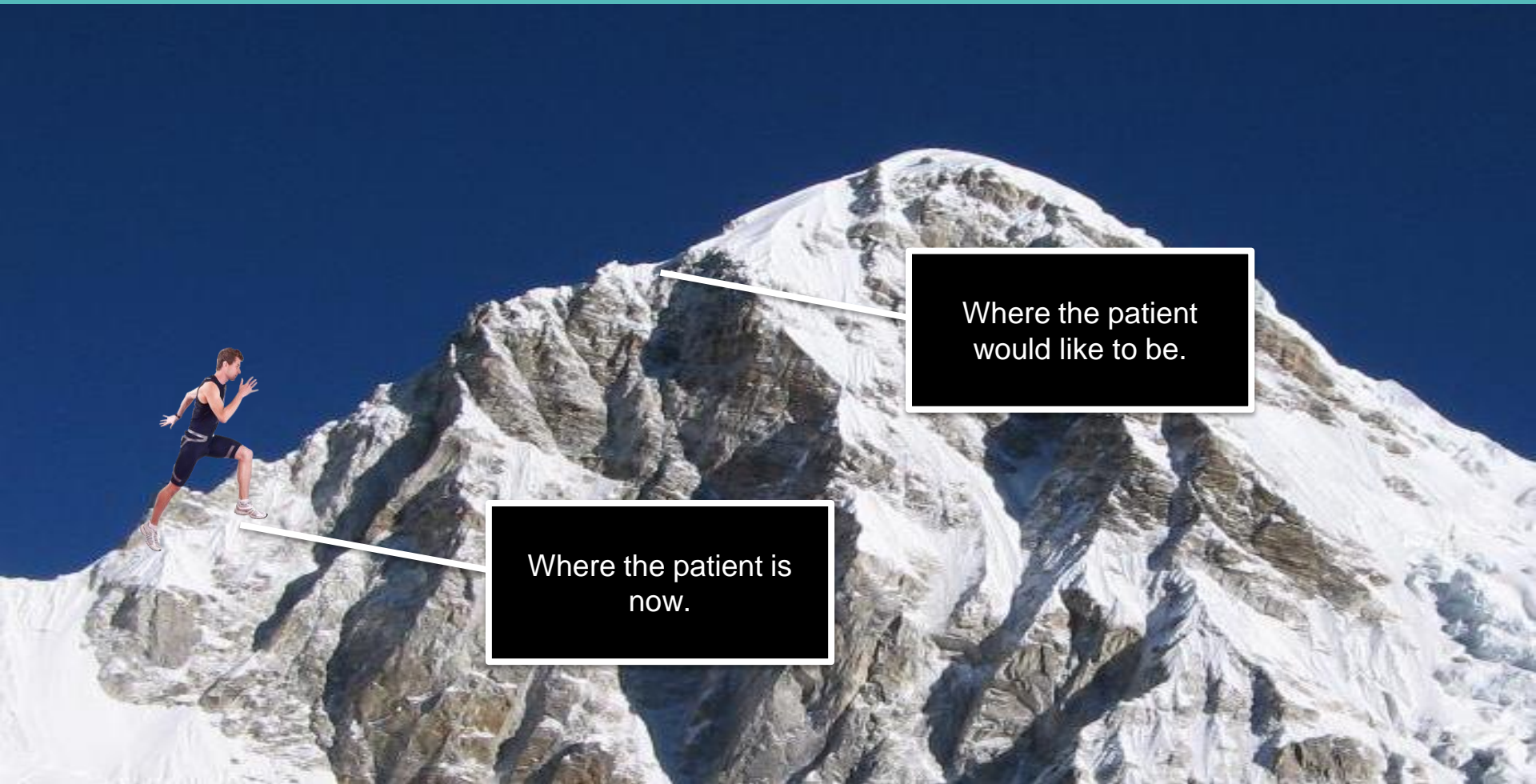
No clear path



# Evoking: Increasing Motivation



Our task is to help lift the patient's motivation as high as we can, in the time that we have



Where the patient is now.

Where the patient would like to be.

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

I don't want  
to change



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

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 guarantee...

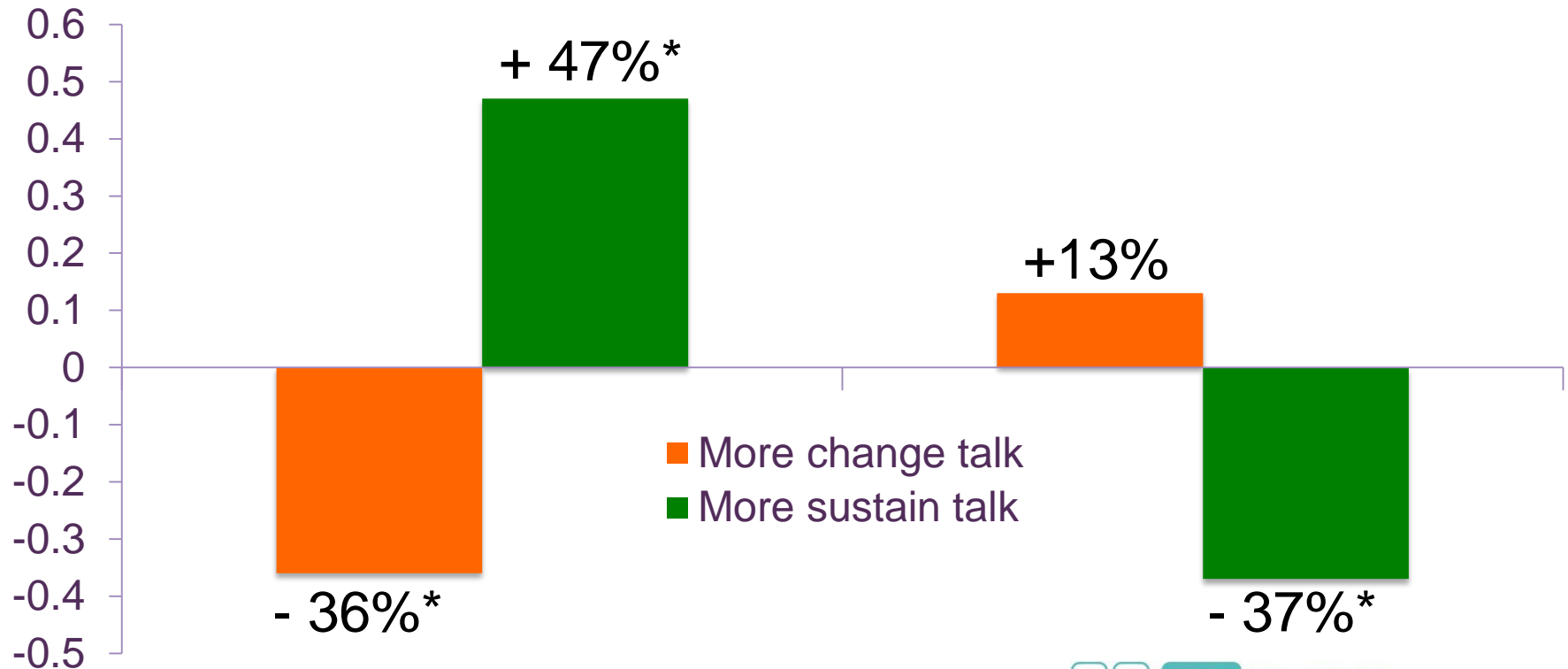
A: Activating → I am ready to...., I am willing to...

T: Steps Taken → I've tried...

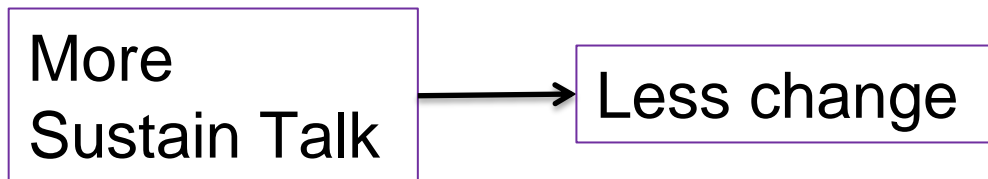
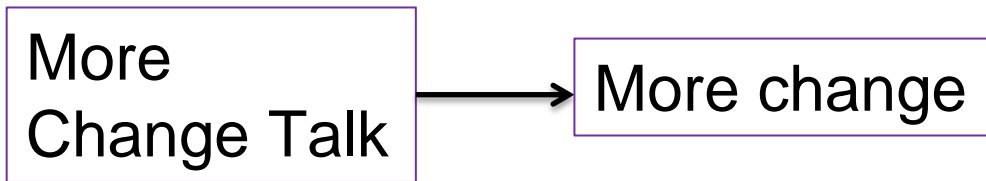
# Emergence of Change Talk Predicts Subsequent Behavior Change

Drinks per drinking days

Percent days abstinent



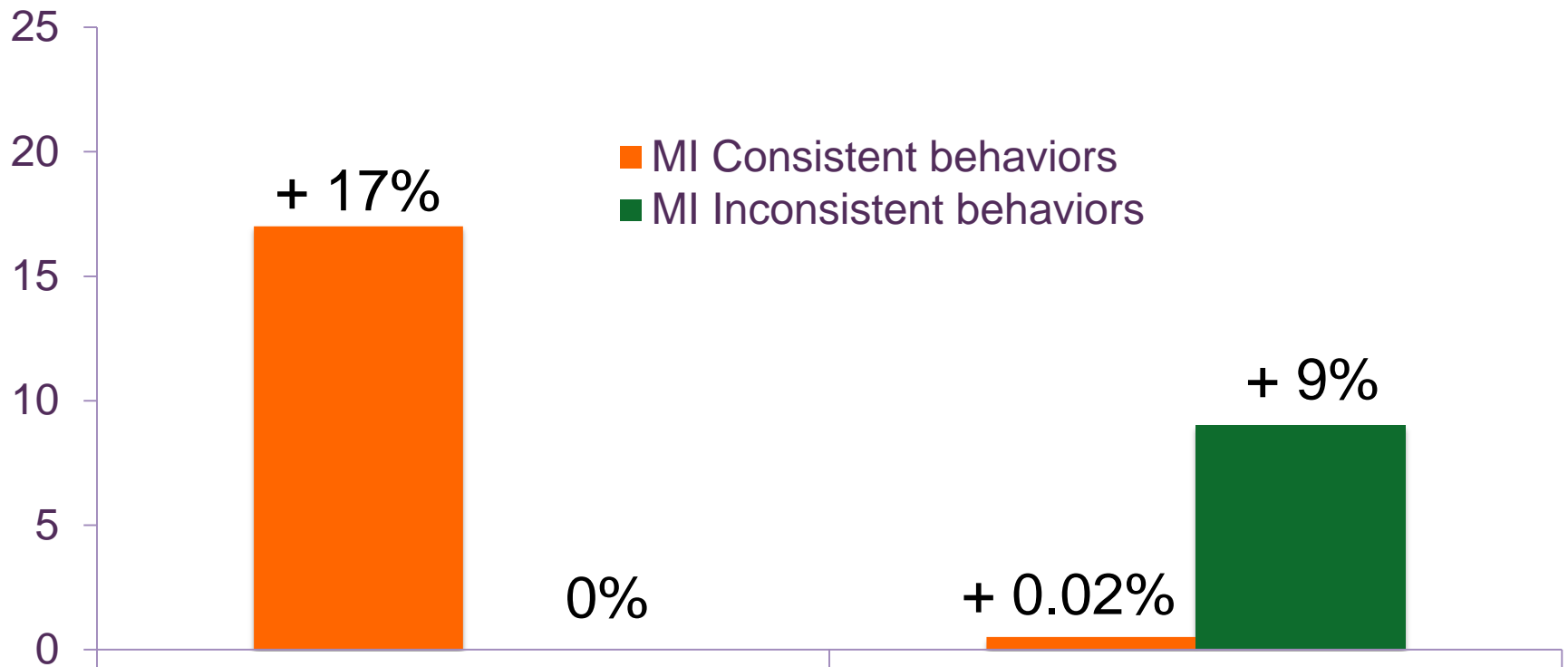
# Emergence of Change Talk Predicts Subsequent Behavior Change



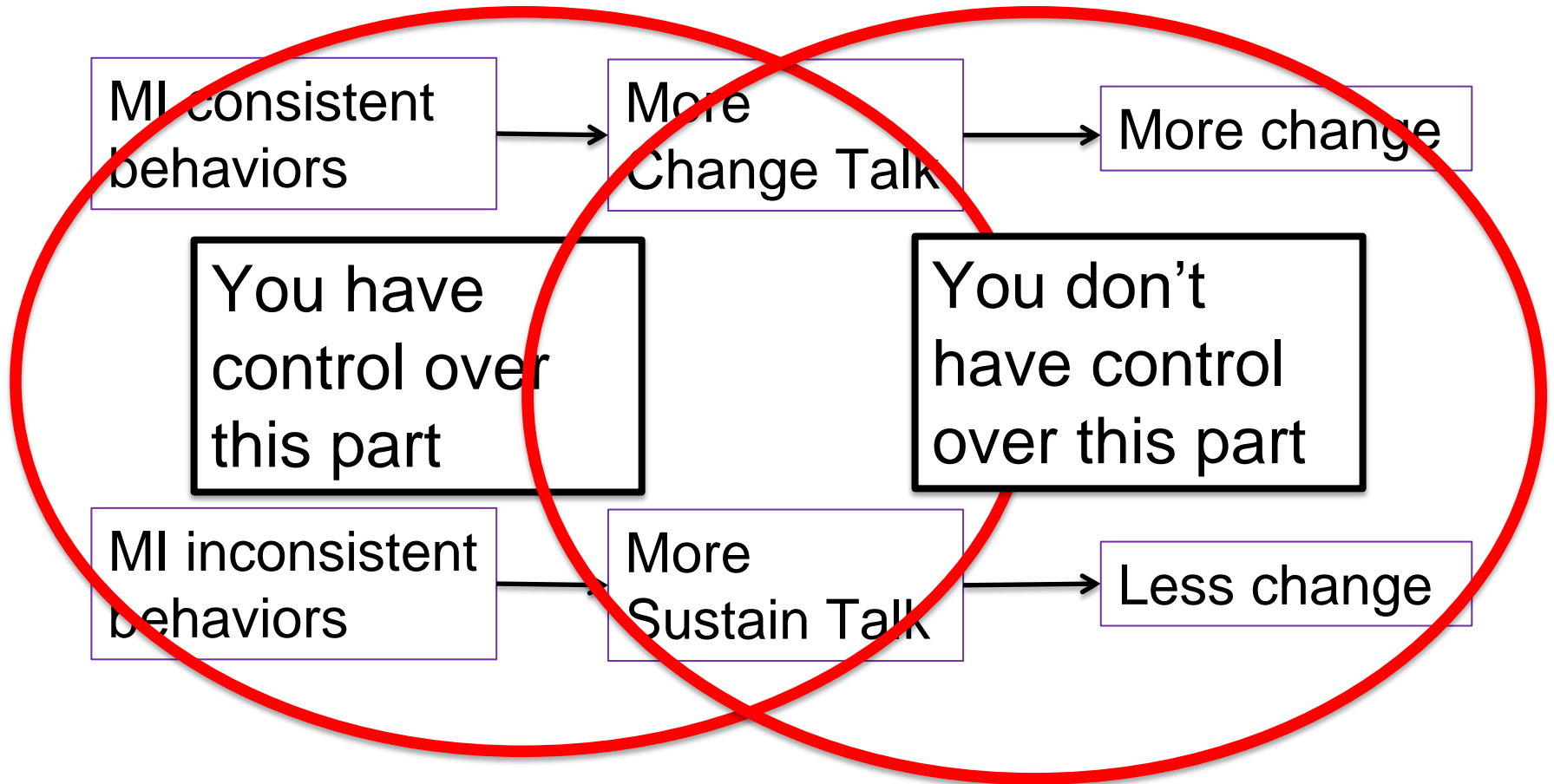
# MI-consistent Behaviors Evoke Change Talk

Likelihood of evoking Change Talk

Likelihood of evoking Sustain Talk



# MI-consistent Behaviors Evoke Change Talk



# 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?



## Looking BACK: Prior successes, attempts, or efforts

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 its 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?



# Selective Responding to Strengthen Change Talk

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.

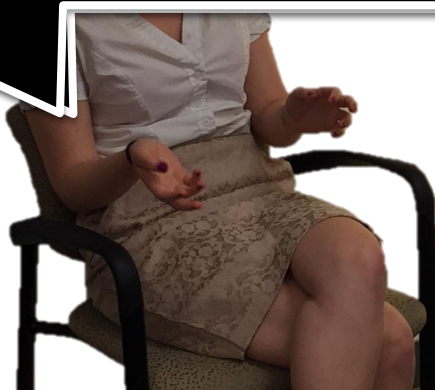
Despite the hassle, you find a way to take them some of the time. How are you successful half the time?



# Selective Responding to Strengthen Change Talk

I don't want any medications. **I want to stop using heroin**, but **I've tired 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?”



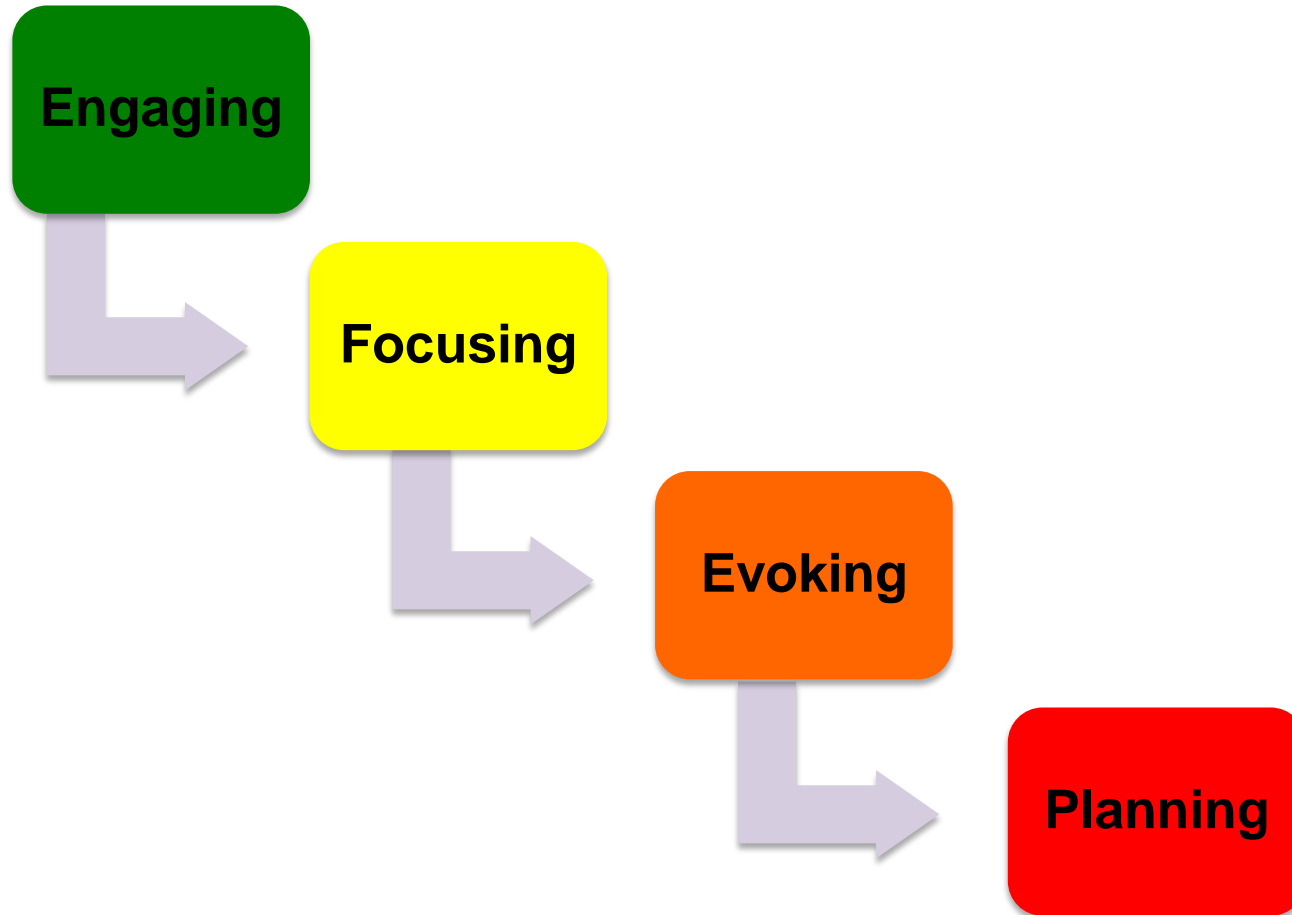
## Affirm

- “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.”



# Planning: Translating into Action



# Change Talk Bouquet





Change Talk bouquet

# 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?

KEY Question

Change Talk bouquet

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?

KEY Question

Change Talk bouquet

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?

KEY Question

# Linking Patients with Opioid Use Disorder to Further Treatment

<b>Patient's willingness to engage in treatment</b>	<b>Intervention</b>
<b>Patient is willing</b>	<ul style="list-style-type: none"><li>• Focus on a SMART (Specific, Measureable, Achievable/Realistic, Timely) plan</li><li>• Explore appropriate treatment options</li><li>• Affirm and recognize efforts to seek treatment</li><li>• Offer treatment at clinic or refer to off-site programs</li><li>• Provide community resources as appropriate</li><li>• Offer information on naloxone rescue</li></ul>
<b>Patient is not yet willing</b>	<ul style="list-style-type: none"><li>• Continue to engage, focus, and evoke</li><li>• Demonstrate empathy</li><li>• Avoid coercive strategies if possible</li><li>• Agree to provide ongoing support and accountability</li><li>• Offer information on naloxone rescue</li></ul>

# SMART Planning

- 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)

# Motivationalinterviewing.org



[About](#) [Events/Trainings](#) [Trainers/MINT Members](#) [Library](#) [Join](#)

## Welcome to the Motivational Interviewing Page!

This web site 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 Trainings and Events

- [Public MI Trainings by MINT members](#)
- [Founder Trainings \(Miller & Reulnick\)](#)
- [2015 MINT Training of New Trainers](#)
- [2015 MINT Forum](#)



### Info about MINT

Want to know more about Motivational Interviewing or MINT?

- [Learn more about how to bring MI to your community](#) (under development)
- [Become a member of MINT](#)



### MINT News

[The TNT New Trainers application process has been reopened through August 23](#) - admin - 14 Aug  
Find older blog posts [here](#)

# References

- Hettema JE, Hendricks PS: Motivational interviewing for smoking cessation: a meta-analytic review. *J Consult Clin Psychol* 2010; 78(6): 868–84.
- Lundahl B, Burke BL: The effectiveness and applicability of motivational interviewing: a practice-friendly review of four meta-analyses. *J Clin Psychol* 2009; 65(11): 1232–45.
- Lundahl B, Moleni T, Burke BL, et al: Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Educ Couns* 2013.
- Miller W, Rollnick SR: *Motivational Interviewing: Helping people change*. 3rd ed. New York, NY: Guilford Press; 2013.
- Moyers TB, Martin T, Houck JM, Christopher PJ, Tonigan JS: From in-session behaviors to drinking outcomes: a causal chain for motivational interviewing. *J Consult Clin Psychol* 2009; 77(6): 1113–24.
- Moyers TB, Martin T, Christopher PJ, Houck JM, Tonigan JS, Amrhein PC. Client language as a mediator of motivational interviewing efficacy: where is the evidence? *Alcoholism, Clinical and Experimental Research* 31: 40-47, 2007.

# References

- Moyers TB, Martin T: Therapist influence on client language during motivational interviewing sessions. *J Subst Abuse Treat* 2006; 30(3): 245–51.
- Miller WR, Rose GS: Toward a theory of motivational interviewing. *Am Psychol* 2009; 64(6): 527–37.
- Rollnick S, Miller WR, Butler CC: *Motivational interviewing in health care: Helping patients change behavior*. New York, NY: Guilford Press; 2008.
- Rosengren DB. *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York, NY: Guilford Press; 2009.
- Rollnick S, Miller W, Butler CC. *Motivational Interviewing in Health Care*. New York, NY: Guilford Press; 2008.
- 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](http://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](https://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 >](#)



P

C

MAT

TRAINING

S

S

PROVIDERS' CLINICAL SUPPORT SYSTEM

For Medication Assisted Treatment

**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](http://www.pcssmat.org)



[@PCSSProjects](https://twitter.com/PCSSProjects)



[www.facebook.com/pcssprojects/](https://www.facebook.com/pcssprojects/)

*Funding for this initiative was made possible (in part) by grant nos. 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*