Motivational Interviewing

Webinar

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- Dr. Levounis receives royalties from the following books:
  1. “Sober Siblings: How to Help Your Alcoholic Brother or Sister—and Not Lose Yourself”
  2. “Substance Dependence and Co-Occurring Psychiatric Disorders,”
  3. “Motivation and Change”
  4. “Office-Based Buprenorphine Treatment of Opioid Dependence”
  5. “The LGBT Casebook”

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Educational Objectives

• At the conclusion of this activity participants should be able to:

1. Describe four fundamental principles of Motivational Interviewing.

2. Use specific Motivational Interviewing approaches to help patients move through the stages of change.

3. Integrate Motivational Interviewing psychotherapy with other psychosocial and psychopharmacological interventions.
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.
Accreditation Statement

- American Academy of Addiction Psychiatry (AAAP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
Outline

1. Addiction Psychotherapy
2. The Principles of MI
3. The Practice of MI
4. Next Steps?
5. Conclusions
1

Brief History of Addiction Psychotherapy
The Frying Pan

1. Psychoanalysis works for all treatable mental illness.

2. Psychoanalysis does not work for addiction.

3. Therefore, addiction cannot be treated.
The prototype, Synanon, was founded in California in 1958 to address heroin addiction.

The goal was to:
- break down defenses,
- bust through denial, and
- reshape the addict’s personality.
2nd: Therapeutic Communities

1. Shaving heads

2. Hanging humiliating signs around residents’ necks

3. Subjecting patients to “encounter groups” involving loud, free flowing attacks from staff and fellow residents
3rd: Cognitive-Behavior Therapy

1. Functional Analysis

2. Skills Training to:
   • identify,
   • avoid, and
   • cope with thoughts & cravings

The Frying Pan Revisited

Volkow et al., J Neuroscience, 2001
The Kitchen Sink Approach

1. 12-step Facilitation
2. Relapse Prevention
3. Family Therapy
4. Primary Care
5. Mental Health Services
6. Aftercare

12-Step Facilitation

ALCOHOLICS ANONYMOUS

This is the Fourth Edition of the Big Book, the Basic Text for Alcoholics Anonymous
The Principles of Motivational Interviewing
4th Wave: Not Just an Amoeba

What is Motivational Interviewing?

A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Motivation

1. “People are unmotivated” vs. “People are always motivated for something.”

2. “Why isn’t the person motivated?” vs. “For what is the person motivated?”

Ambivalence

1. Ambivalence is normal; needs to be explored, not confronted.

2. Ambivalence is a reasonable place to visit, but you wouldn’t want to live there.
Principles

**REDS**

1. **Roll** with **Resistance**
2. **Express** **Empathy**
3. **Develop** **Discrepancy**
4. **Support** **Self-Efficacy**

The Practice of Motivational Interviewing
Phases

PHASE 1:
Building Motivation for Change

PHASE 2:
Strengthening Commitment to Change and Developing a Plan.
The Stages of Change

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse

The Stages of Change Cycle

- **Precontemplation**: Awareness of need to change
- **Contemplation**: Increasing the pros for change and decreasing the cons
- **Preparation**: Commitment and planning
- **Action**: Implementing and revising the plan
- **Maintenance**: Integrating change into lifestyle
- **Relapse and recycling**
- **Termination**
1. Identify the Stage of Change.

2. Help the person move a little bit forward.

3. Don’t rush her or him.
1. Plant the seed of ambivalence.

2. Techniques:
   • Ask for a description of a typical day.
   • Hunt for the smallest discrepancy between where people are and where they would like to be.
The Readiness Ruler

1. Open up to explosive decision analysis.

2. Techniques:
   • Brainstorm widely.
   • Explore both positive and negative prospects of life with and without the proposed changes.
The Decisional Balance

1. Develop a realistic action plan.

2. Techniques:
   - Anticipate problems and identify solutions.
   - Unforeseen complications and frustrating obstacles may require revisiting “contemplation stage” techniques.
1. Based on principles of learning, replace maladaptive patterns of behaving and thinking.

2. Techniques:
   • Essentially use a CBT model.
   • Provide ample positive feedback, encouragement, and support.
1. Back to the “kitchen sink” approach.

2. Techniques:
   - Recruit motivational, cognitive-behavioral, regulatory, disciplinary, and social approaches to sustain the desired change.
   - Explore disappointments, temptations, and doubts.
1. Remember Confucius: “Our greatest glory is not in never falling but in rising every time we fall.”

2. Techniques:
   • Accept relapse as an opportunity to reengage, rethink, and reemerge stronger than before.
   • Reengage quickly, even if it is to the expense of deeper rethinking.
Technique: Reflective Listening

- Make a guess as to what the patient means. Skillful listening moves past what the person exactly said, without jumping too far.

- Like interpretations in dynamic therapy, if the patient becomes defensive, you know that you jumped too far, too fast.

Technique: Elicit Change Talk

- As a person argues on behalf of one position, she or he becomes more committed to it; we literally talk ourselves into (or out of) things.

- This may explain why the more “resistance” is evoked during a counseling session, the more likely it is that a person will continue to use.

Practical Suggestions

1. Listen > Ask > Give advice
2. Talk less than the patient.
3. Do not ask more than 3 consecutive questions.
4. Avoid wordiness.
5. Avoid interrupting.
6. Cooperate, do not force knowledge.
7. Relax.

Next Steps?
MI – The First Edition

DARES

1. Develop Discrepancy
2. Avoid Argumentation
3. Roll with Resistance
4. Express Empathy
5. Support Self-Efficacy

**Principles**

**REDS**

1. **Roll with** Resistance
2. **Express** Empathy
3. **Develop** Discrepancy
4. **Support** Self-Efficacy

Beyond REDS

1. Engaging
2. Focusing
3. Evoking
4. Planning
“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lie our growth and our freedom.”

Viktor E. Frankl

Interoception: Awareness of Craving

And Back to Psychodynamics…

*\( p < 0.05 \), **\( p < 0.001 \) based on logistic regression analysis adjusted for race, age, educational level, personal income, employment status, relationship status, health insurance status, geographic location, MSA, age at alcohol onset, and family history of AOD problems. Reference group was “heterosexual” group.

Courtesy of Sean McCabe, PhD.
Conclusions
1. Motivation has replaced confrontation as the primary focus of addiction treatment.

2. During early stages of change, Motivational Interviewing (MI) is based on exploring ambivalence.

3. During later stages of change, MI focuses on resolving ambivalence at which point it essentially becomes CBT.
Thank you
References


PCSSMAT is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA) and American Society of Addiction Medicine (ASAM).

For More Information: [www.pcssmat.org](http://www.pcssmat.org)

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