

MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Motivational Interviewing

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 3. “Motivation and Change”
 4. “Office-Based Buprenorphine Treatment of Opioid Dependence”
 5. “The LGBT Casebook”
 6. “The Addiction 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.

Designation Statement

- American Academy of Addiction Psychiatry designates this enduring material educational activity for a maximum of 1 (one) *AMA PRA Category 1 Credit*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.
 - Date of Release May, 15, 2014
 - Date of Expiration May, 15, 2017

Participation in this CME Activity

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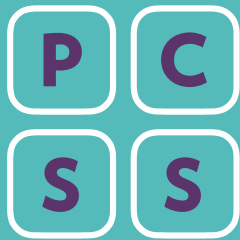
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Outline

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



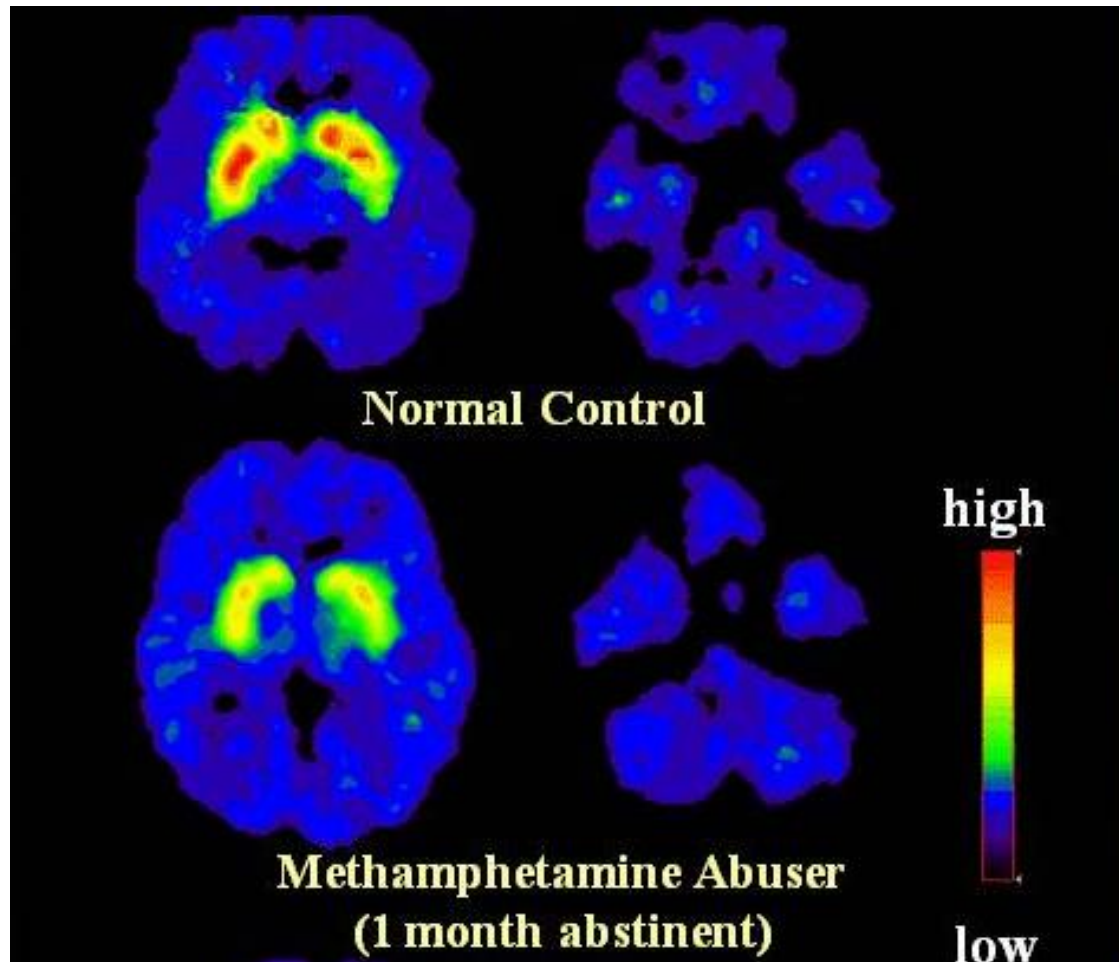
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1

Brief History of Addiction Psychotherapy

The Frying Pan



1st Wave: Psychoanalysis

1. Psychoanalysis works for all treatable mental illness.
2. Psychoanalysis does not work for addiction.
3. Therefore, addiction cannot be treated.

2nd Wave: Boot Camps

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

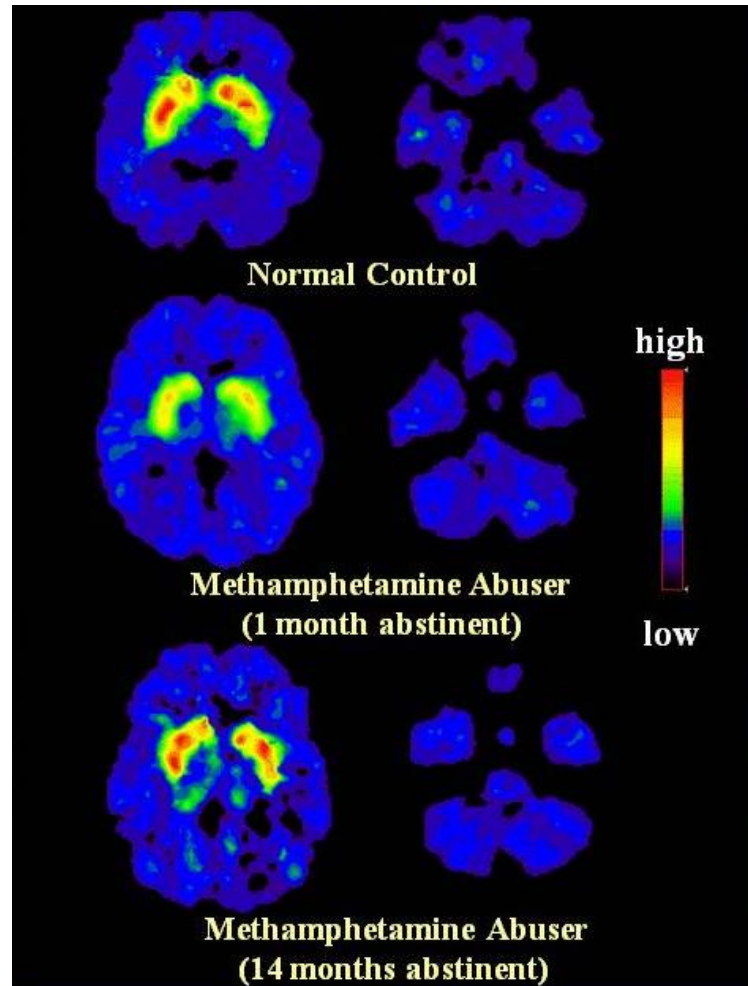
1. Functional Analysis

2. Skills Training to:

- identify,
- avoid, and
- cope with thoughts & cravings

Kadden, *Cognitive-Behavioral Coping Skills Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence*, 1992

The Frying Pan Revisited

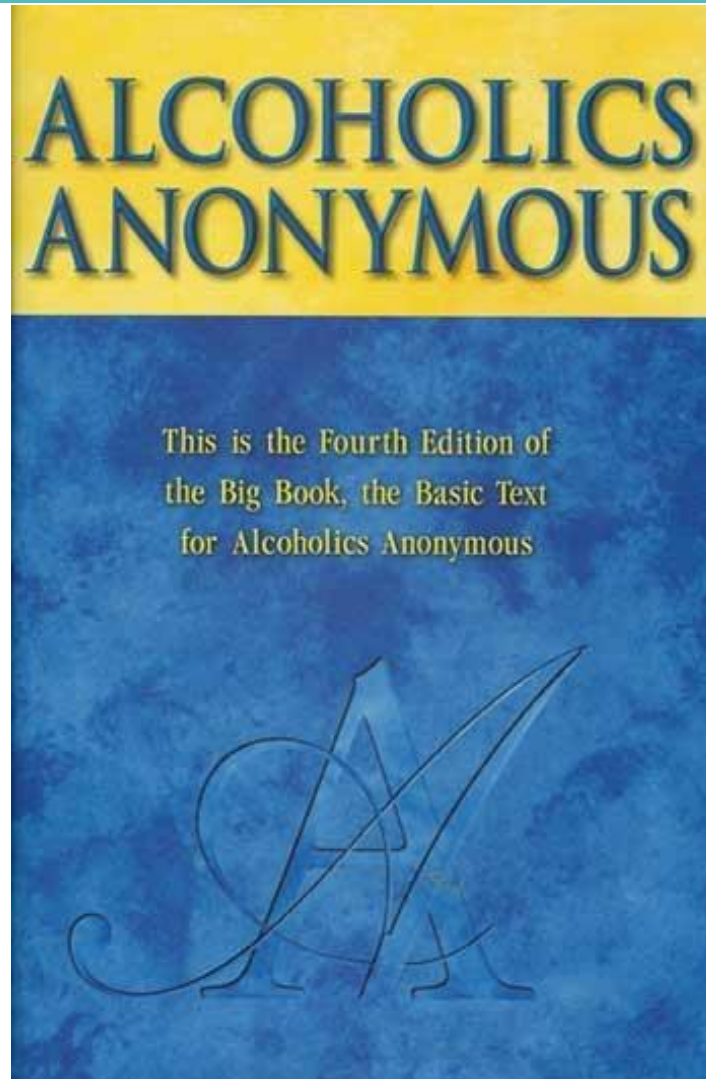


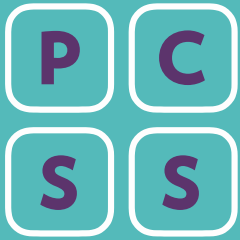
The Kitchen Sink Approach

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

Nunes, Selzer, Levounis, Davies, *Substance Dependence and Co-Occurring Psychiatric Disorders*, 2010.

12-Step Facilitation





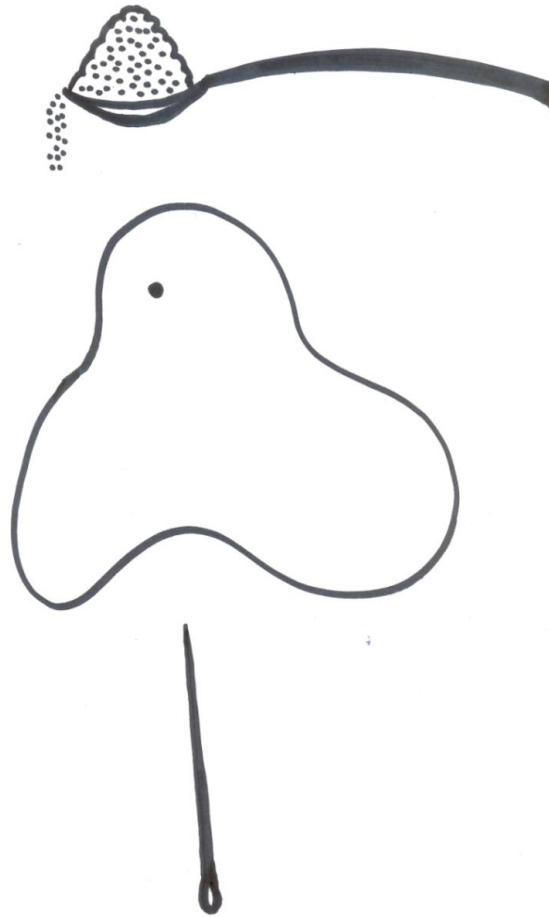
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2

The Principles of Motivational Interviewing

4th Wave: Not Just an Amoeba



Adapted from: Flaherty, *Coaching: Evoking Excellence in Others*, 2005.
Graphic by Lukas Hassel.

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?”

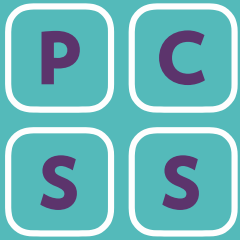
Ambivalence

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. **R**oll with **R**esistance
2. **E**xpress **E**mpathy
3. **D**evelop **D**iscrepancy
4. **S**upport **S**elf-Efficacy



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The Practice of Motivational Interviewing

Phases

PHASE 1:

Building Motivation for Change

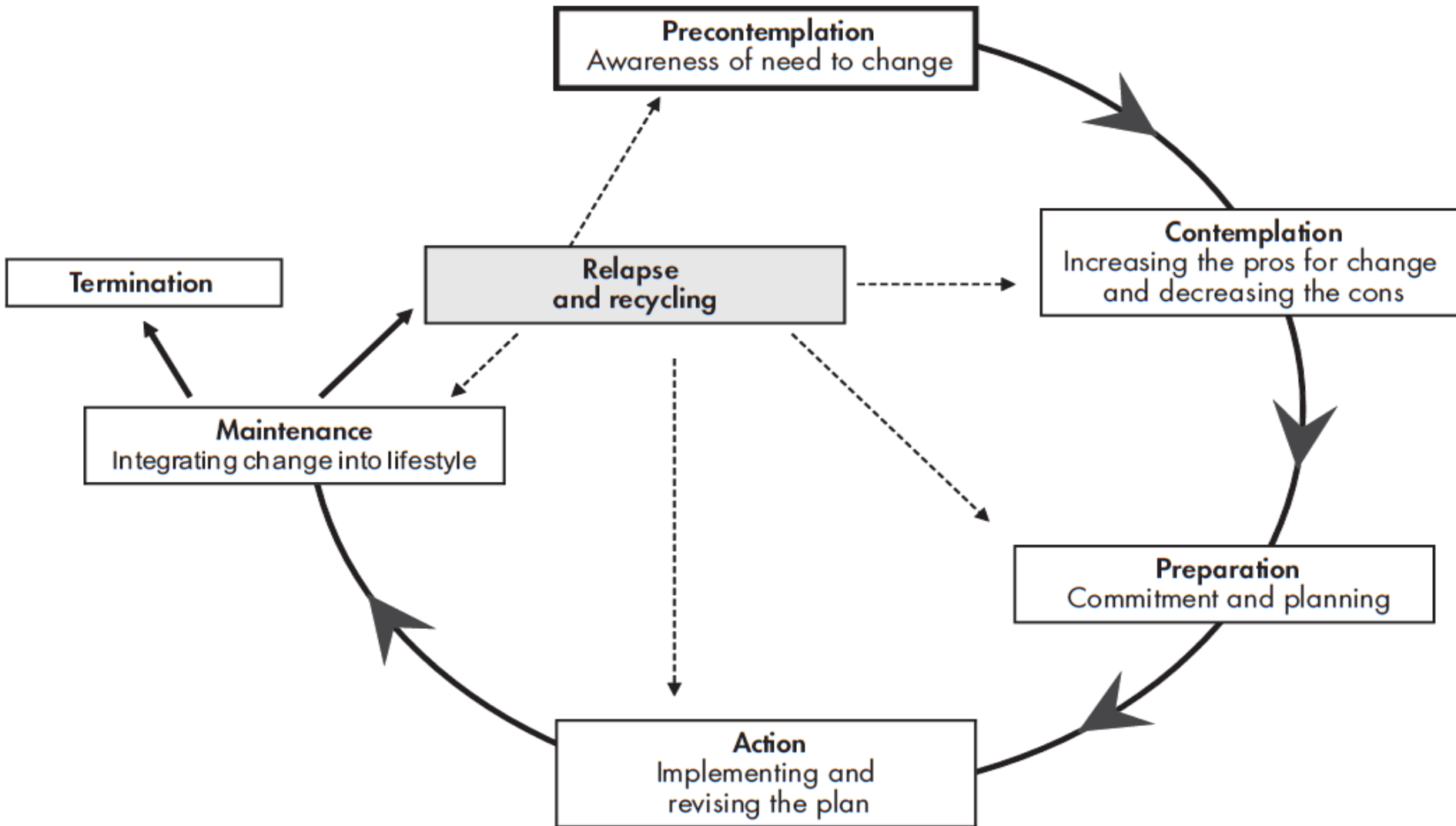
PHASE 2:

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



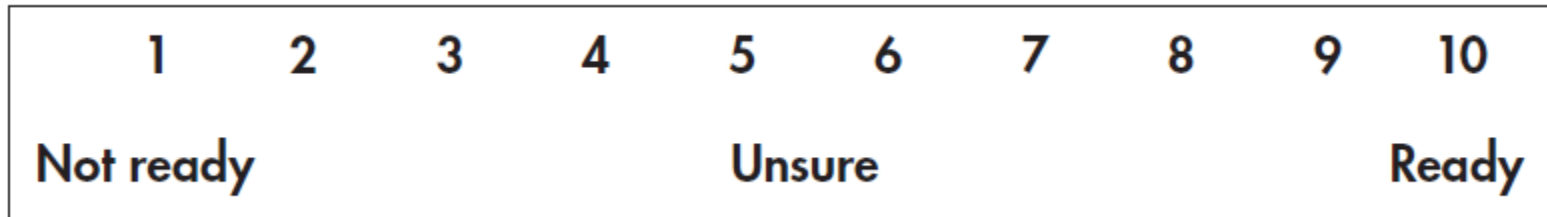
Working the Stages

1. Identify the Stage of Change.
2. Help the person move a little bit forward.
3. Don't rush her or him.

Precontemplation

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

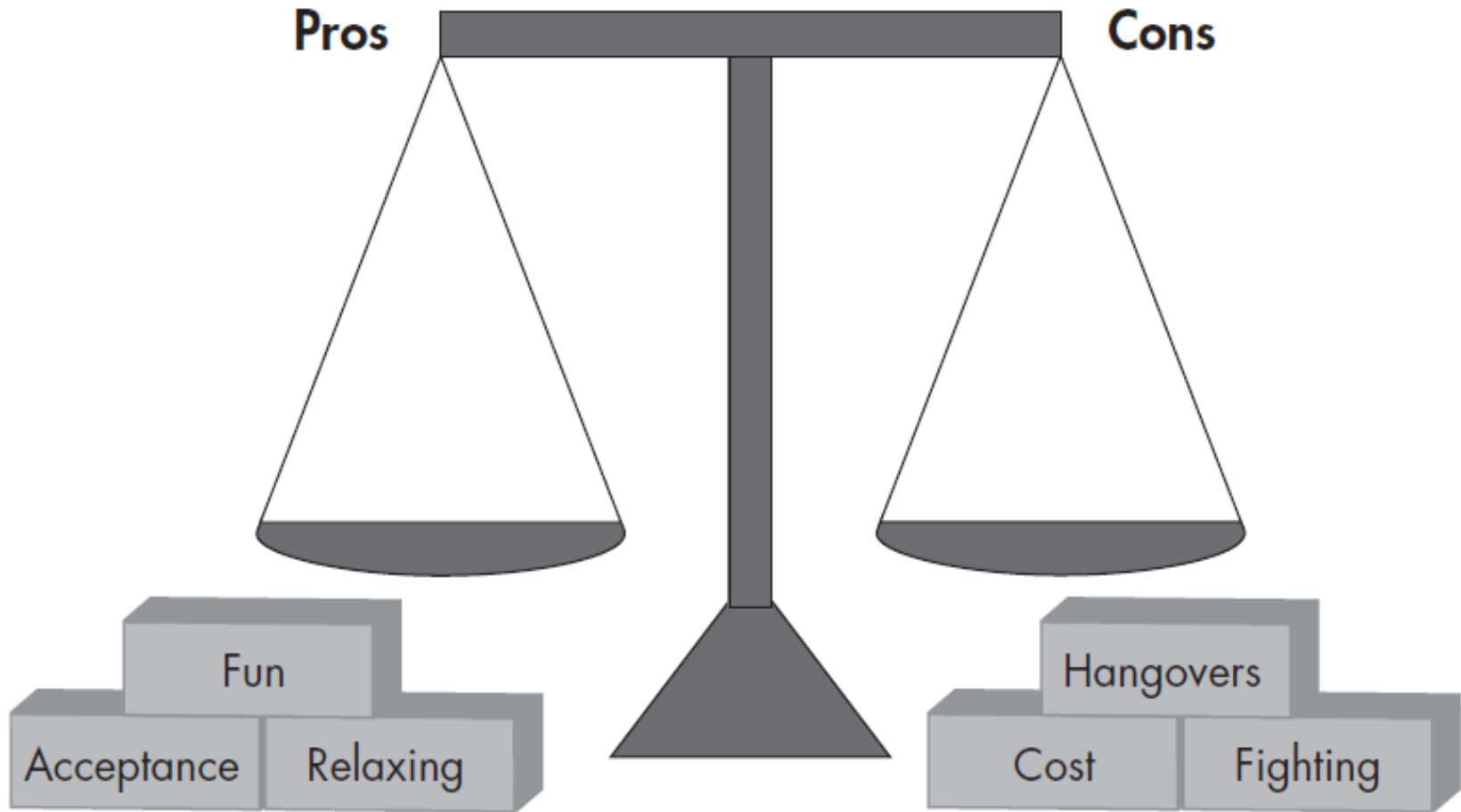


Adapted from: Miller and Rollnick, *Motivational Interviewing: Preparing People for Change, 2nd Edition*, 2002, Graphic by Dr. Chris Welsh.

Contemplation

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



Levounis and Arnaout, *Motivational Interviewing: Preparing People for Change, 2nd Edition*, 2002, Graphic by Dr. Chris Welsh.

Preparation

1. Develop a realistic action plan.
2. Techniques:
 - Anticipate problems and identify solutions.
 - Unforeseen complications and frustrating obstacles may require revisiting “contemplation stage” techniques.

Action

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.

Maintenance

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.

Relapse

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

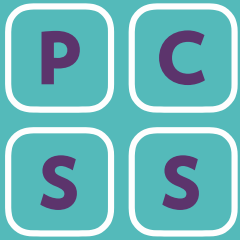
- Make a guess as to what the patient means. Skillful listening moves past what the person exactly said, without jumping too far.
- Like interpretations in dynamic therapy, if the patient becomes defensive, you know that you jumped too far, too fast.

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.



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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. **R**oll with **R**esistance
2. **E**xpress **E**mpathy
3. **D**evelop **D**iscrepancy
4. **S**upport **S**elf-Efficacy

MI – The Third Edition

Beyond REDS

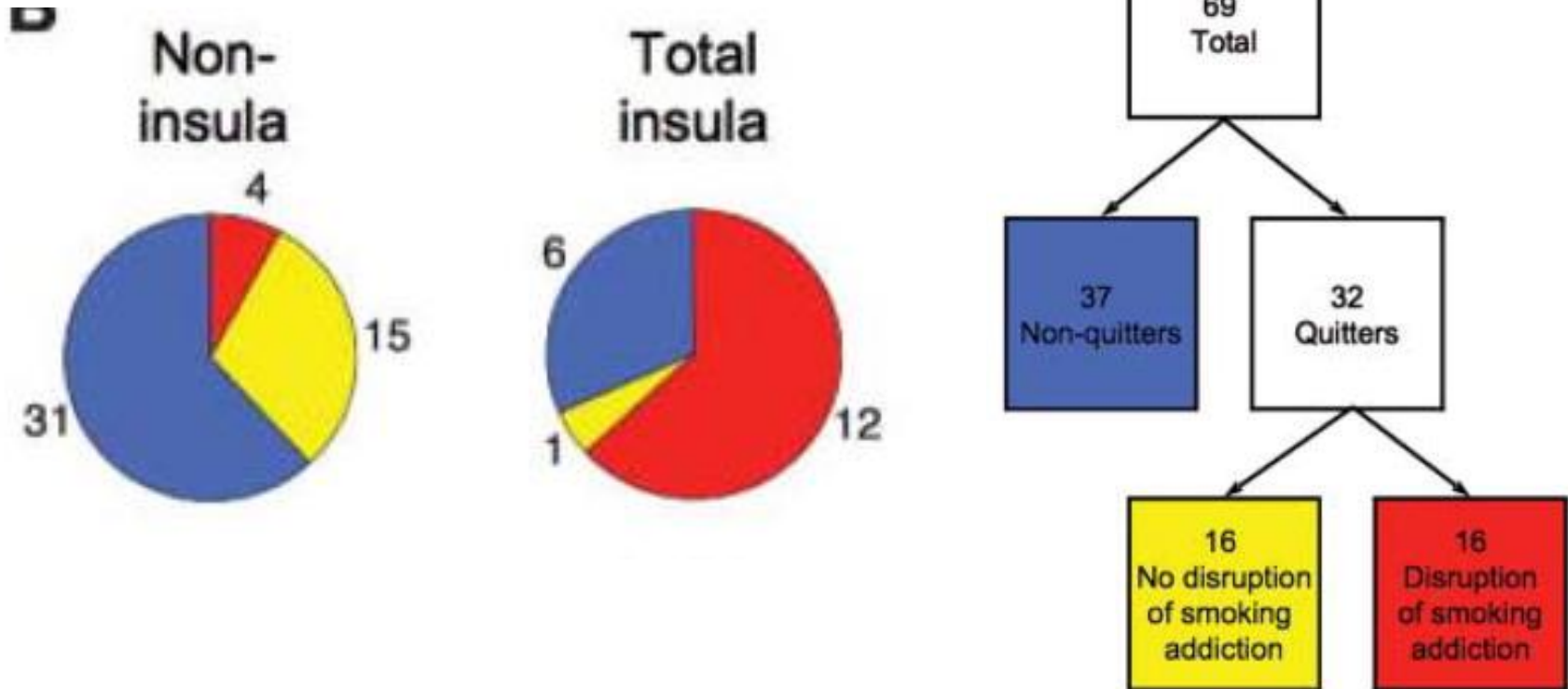
1. Engaging
2. Focusing
3. Evoking
4. Planning

Mentalization

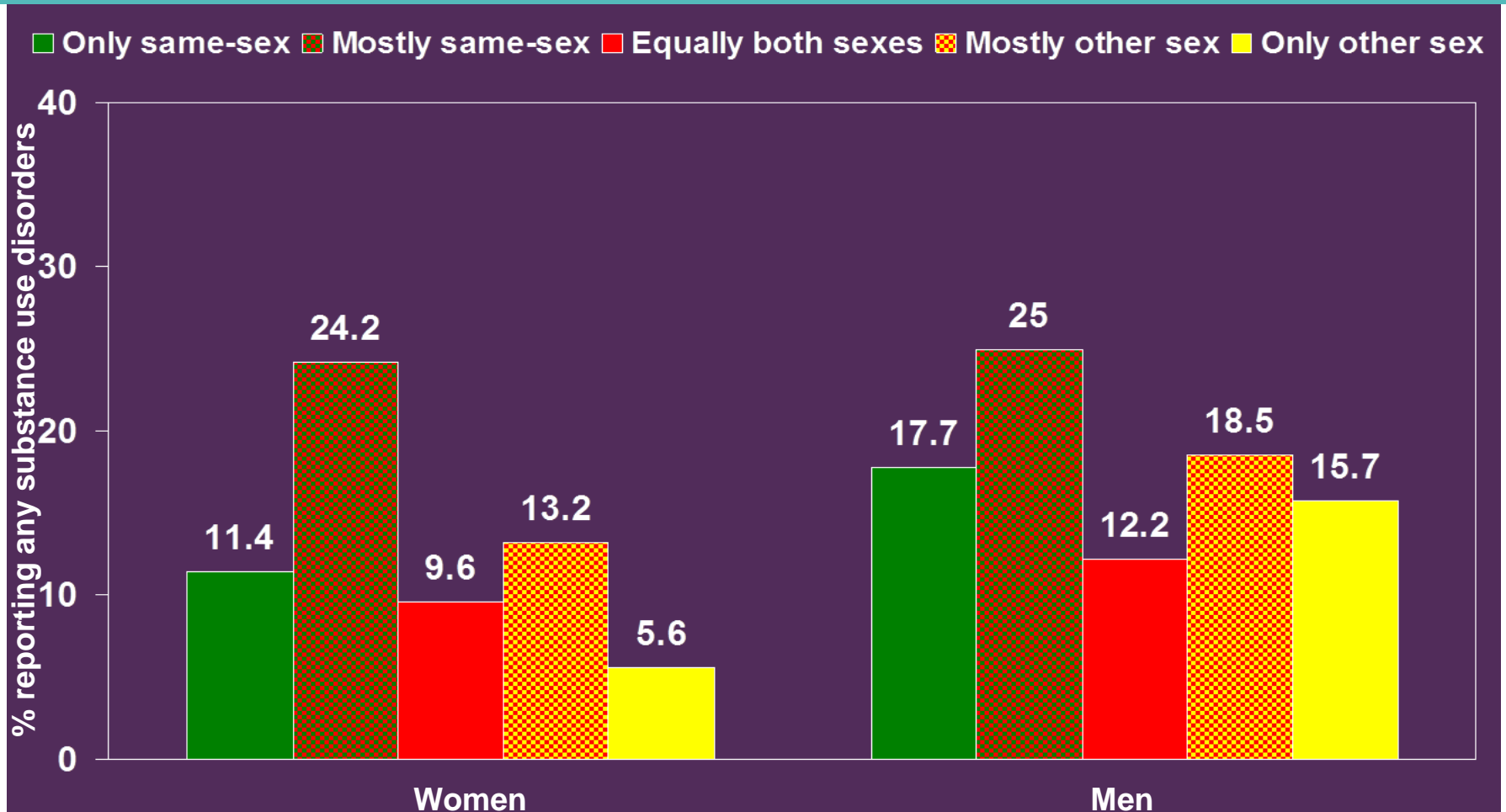
“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lie our growth and our freedom.”

Viktor E. Frankl

Interoception: Awareness of Craving

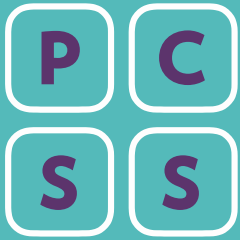


And Back to Psychodynamics...



* $p < 0.05$, *** $p < .001$ 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.



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Conclusions

Goals of Motivational Interviewing

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.



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Thank you

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For More Information: www.pcssmat.org



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