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# Motivational Interviewing for Clinical Practice

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## Disclosures

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”
6. “The Addiction Casebook”
7. “Mastering the New Psychiatric Diagnoses”
8. “The Behavioral Addictions”
9. “Pocket Guide to Addiction Assessment and Treatment”
10. “Becoming Mindful: Integrating Mindfulness into Your Psychiatric Practice”
11. “Motivational Interviewing for Clinical Practice”
12. “Ward Wisdom”

*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.*





## Disclosures, Cont.

Dr. Arnaout receives royalties from the following books:

1. "Motivation and Change"
2. "Motivational Interviewing for Clinical Practice"

Dr. Marienfeld receives royalties from the following book:

1. "Motivational Interviewing for Clinical Practice"

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## Outline

1. A brief history of addiction treatment
2. The fundamentals of MI
3. MI role-play
4. MI and other modalities
5. MI in administration & leadership
6. Conclusions



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1

# A Brief History of Addiction Treatment

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## The Frying Pan

Normal Control

Methamphetamine Abuser  
(1 month abstinent)

high  
low

Volkow et al, *J Neuroscience*, 2001

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6

## 1<sup>st</sup> Wave: Psychoanalysis

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

## 2<sup>nd</sup> 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

## 3<sup>rd</sup>: Cognitive-Behavior Therapy

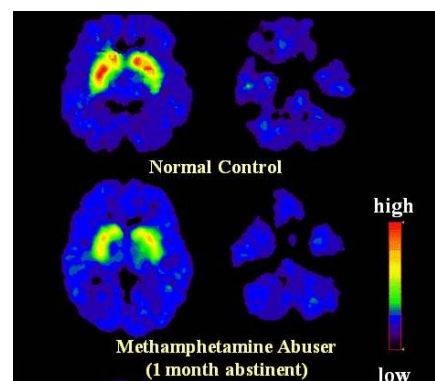
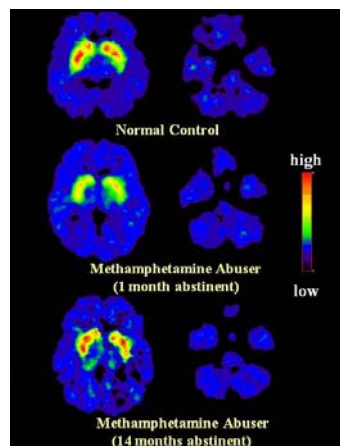
1. Functional Analysis
2. Skills Training to:
  - identify,
  - avoid, and
  - cope with thoughts & cravings

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



9

## The Frying Pan Revisited



Volkow et al, *J Neuroscience*, 2001



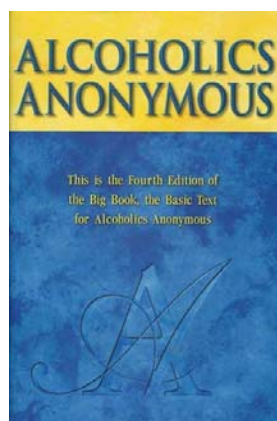
10

## The Kitchen Sink Approach

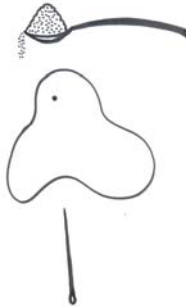
1. 12-step Facilitation
2. Relapse Prevention
3. Family Therapy
4. Primary Care
5. Mental Health Services
6. Aftercare

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

## 12-Step Facilitation



## 4<sup>th</sup> Wave: Not Just an Amoeba



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



13



2

## The Fundamentals of Motivational Interviewing



## The Origins of MI

- Developed by William R. Miller and Stephen Rollnick.
- 3 editions of book: 1991, 2002, 2013.
- Based on many approaches, especially Carl Rogers' client-centered therapy.



## Why Do People Change?

- Change is natural.
- Treatment can facilitate change.
- The “righting reflex” is a common attempt to fix things.

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change*, 2<sup>nd</sup> Edition, 2002.





## Ambivalence

- Ambivalence is normal; needs to be explored, not confronted.
- Resolving ambivalence can be a key to change.

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change*, 2<sup>nd</sup> Edition, 2002.



## Ambivalence

- “People are unmotivated” vs. “People are always motivated for something”
- “Why isn’t the person motivated?” vs. “For what is the person motivated?”
- What does the person want?

Miller and Rollnick, *Motivational Interviewing: Preparing People for Change*, 2<sup>nd</sup> Edition, 2002.



## Facilitating Change

- Change talk: as a person argues on behalf of one position, he or she becomes more committed to it; we talk ourselves into (or out of) things.
- Sustain talk: the more of it is evoked during a counseling session, the more likely that the person will continue to use.

Miller and Rollnick, *Motivational Interviewing: Helping People Change*, 3<sup>rd</sup> Edition, 2013.



## What is MI About?

“MI is about arranging conversations so that people talk themselves into change, based on their values and interests.”

Miller and Rollnick, *Motivational Interviewing: Helping People Change*, 3<sup>rd</sup> Edition, 2013.



## A Continuum of Communication Styles

Directing ↔ Guiding ↔ Following

Miller and Rollnick, *Motivational Interviewing: Helping People Change*,  
3<sup>rd</sup> Edition, 2013.



## Spirit (PACE)

Emphasis on spirit, rather than techniques

- **P**artnership
- **A**cceptance
- **C**ompassion
- **E**vocation

Miller and Rollnick, *Motivational Interviewing: Helping People Change*,  
3<sup>rd</sup> Edition, 2013.



## Processes (EFEP)

### Overlapping and building on one another

- **E**ngaging
- **F**ocusing
- **E**voking
- **P**lanning

Miller and Rollnick, *Motivational Interviewing: Helping People Change*,  
3<sup>rd</sup> Edition, 2013.



## Core Skills (OARS + I&A)

- **O**pen Questions
- **A**ffirming
- **R**eflecting (simple and complex)
- **S**ummarizing
- **I**nforming & **A**dvising (with permission, EPE)

Miller and Rollnick, *Motivational Interviewing: Helping People Change*,  
3<sup>rd</sup> Edition, 2013.



## Deconstructing Resistance

- Sustain talk
- Discord

Miller and Rollnick, *Motivational Interviewing: Helping People Change*, 3<sup>rd</sup> Edition, 2013.



## Practical Remarks

- listen > ask > give advice
- Do not ask more than 3 consecutive questions.
- Avoid wordiness.
- Avoid interrupting.
- Cooperate, do not force knowledge.
- Use patient as consultant.
- Be open, be direct.
- Relax.



## And Remember!

“Retaining curiosity and compassion  
is the raft upon which all else floats!”

Miller and Rollnick, *Motivational Interviewing: Helping People Change*,  
3<sup>rd</sup> Edition, 2013.



## Motivational Interviewing

Spirit (PACE)	Processes (EFEP)	MI in 4 Steps
Partnership	Engaging	1. <b>OARS</b> : Ask Open Questions Affirm Reflect Summarize
Acceptance	Focusing	2. Focus (general → specific) May start to give Information and Advice
Compassion	Evoking	3. Elicit Change Talk Use your <b>EARS</b>  Consider using rulers: <ul style="list-style-type: none"> <li>• Importance ruler</li> <li>• Confidence ruler</li> </ul> Follow each ruler with two questions: <ul style="list-style-type: none"> <li>• Why x and not x – 3?</li> <li>• What would it take to go from x to x + 3?</li> </ul>
Evocation	Planning	4. Negotiate a Plan (general → specific)

Levounis, Arnaout, and Marienfeld, *Motivational Interviewing for Clinical Practice*, 2017.



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## Motivational Interviewing Role Play



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## Engaging

**Example - Combining all the core skills "OARS" to promote engagement**

**Patient:** Hi. The court sent me here, I'm not sure I belong here; there's nothing really wrong with me.  
**Clinician:** It's good that you are working with the court recommendations. Can you tell me more about the reason the court sent you here? *(Affirmation and open-question)*

**Patient:** They say that my drinking is a problem. I got a DUI. I was just unlucky.  
**Clinician:** Unlucky. *(Simple reflection)*

**Patient:** I'm honest, I drank way more before and they never got me. My wife says I drink too much; I never caused any harm to my family though. I drink a lot with my friends, but I'm able to go to work. Do you know what I mean?  
**Clinician:** Your family and job are important to you. Even when you drink heavily, you manage to keep them out of the problem. *(Affirmation and Reflection with understating quality)*


**Patient:** Yes, although this time I got myself into trouble. Don't get me wrong though, I did drink a lot. When I start drinking, before I know it, I lose control and a lot of bad stuff starts to happen.  
**Clinician:** The drinking gets out of control and then it's not fun anymore. It's problematic. *(Complex reflection)*

**Patient:** I guess it is. I don't like to be told what to do though. That's why I hate the court order. I'm my own man. I'm not a kid that you can order around and tell what to do.  
**Clinician:** I'm glad you came, and I commend you for doing so, even when you feel so adamantly against receiving and following orders. *(Affirmation) What can I do to help? (Open question)*


**Patient:** You can tell the court that I will be doing, whatever I have to do.  
**Clinician:** You would like to do whatever it takes to get the court out of your life. *(Complex reflection)*

**Patient:** If there were a medication to help me cut down on my drinking, I would consider it.  
**Clinician:** You are interested in cutting down on your drinking. *(Simple reflection)*

**Patient:** I mean I can try.  
**Clinician:** That is great that you are willing to try and cut back on your drinking. You drink socially, but it gets to the point where you lose control over your drinking. This gets you into trouble, including conflict with your wife, and now a DUI. You do not appreciate the court's mandate for treatment; however, you are not opposed to participating in treatment to cut down on drinking. *(Summarizing)*



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30

## Focusing

### *Example of focusing for Changing Direction*

**Patient:** I want to lose weight, Doc. Summer is coming up, and I want to look good on the beach.

**Clinician:** You are ready to lose some weight.

**Patient:** I've been doing everything you told me to do last time, including exercising 30 minutes every day with some cardio and some weightlifting.

**Clinician:** It's great you've followed the plan you made for yourself during our last appointment. How did the meeting with the dietician go earlier in the week?

**Patient:** It went well. Now I understand what foods I should avoid later in the day.

**Clinician:** You made a lot of progress doing exercise and understanding how your eating patterns can affect your ability to lose weight. You came here because you wanted to lose weight. You've made plans about diet and certain exercise regimens you have incorporated into your daily schedule. We can continue to talk about these options, and another option is to talk about how your alcohol intake may be contributing to your overall health and weight. Would that be okay with you?

**Patient:** I guess it's worth looking at that.



## Evoking

### *Practicing Rulers*

**Patient:** I'm not sure if I can stop smoking.

**Clinician:** I would like to ask you about that. On a scale of 1-10, with 0 being not at all confident, and 10 being very confident, where are you? (ruler, open question)

**Patient:** 2

**Clinician:** You're a 2. Why a 2 and not a 1?

**Patient:** Well, I have quit in the past for a few days here and there, but it's just so hard to stay quit.

**Clinician:** It's been something you've wanted to do, and have even tried a few times with success for a few days, and finding ways to extend the success would be helpful. What would it take to bring the confidence up from a 2 on that scale, to say a 5?

**Patient:** I suppose if I had some help figuring out where to start, and maybe if my wife would stop smoking around me?

**Clinician:** Using that same scale, 1-10, but thinking about importance. How important is it to you to quit?

**Patient:** 7.

**Clinician:** Why a 7 and not a 2 on this scale?

**Patient:** Because I know it's bad for me! I don't want to be smoking around my kids. I watched my mother die of lung cancer. I hate it. I just need help.





## Evoking

*Querying extremes/looking forward and backwards*

**Patient:** I just can't quit smoking. I've tried.

**Clinician:** What would your life be like if you continued never stopping smoking?

**Patient:** I'm sure my blood pressure won't get any better, I'll have to pay more taxes for my cigarettes, and I'll probably die of lung cancer like my mom.

**Clinician:** And looking forward, what would your life be like if you were to quit say, next month?

**Patient:** I'd probably get more done at work instead of taking cigarette breaks all the time, I wouldn't have to see the look of concern in my kids face every time I light up a cigarette, and I wouldn't have to worry so much about my health.



## Planning

*Setting a SMART Goal – Specific, Measurable, Action-oriented, Realistic, Time-frame*

- **Clinician:** You have told me of your commitment to stop smoking. Quitting cold-turkey has not worked for you in the past, and it is often times useful to set some intermediate goals along the way. How would you like to proceed today?
- **Patient:** How about if I cut down some on the amount I smoke over the next several days. I could come in and tell you how much I was able to cut down when I come in next week.
- **Clinician:** That's a great start. It's good you want to cut down over the next week, and we can make that a little bit more specific. How many cigarettes do you think you want to start eliminating per day?
- **Patient:** I'm not sure. I smoke a pack and half every day right now. It would probably be easiest if I cut out a few each day. What do you think?
- **Clinician:** I think that sounds like a good idea. So if you were to cut out a few cigarettes every day, how many would you want to cut out?
- **Patient:** Two? I think I'd be able to do that.
- **Clinician:** Great. Your goal is to cut down by two cigarettes less each day.
- **Patient:** Yeah, that sounds doable. It's not too big of a change but it will certainly add up. Actually, now that I think about it, that would mean I would be smoking 10 cigarettes less after five days. That's half a pack!
- **Clinician:** Well we have a plan, then. Let's meet next week and check in.



## Planning

### *Testing The Water: Recapitulation and Key Question*

- **Clinician:** We have had several meetings where we discussed your feelings about cutting down and possibly eventually stopping drinking.
- **Patient:** That's right. I've been thinking about it for a while. It's gotten to the point that I really need to at least dial it back a bit.
- **Clinician:** You're thinking that it is time for a change.
- **Patient:** Yes, I think I need to do something. I can't go on like this.
- **Clinician:** You are ready to make a change. I would like to offer you a summary of what we have discussed to make sure that we are both on the same page. Then we can talk about how best to proceed. How does that sound?
- **Patient:** Yes, that sounds good.
- **Clinician:** Thank you for all that you have shared with me. You have been running into trouble with drinking for quite a few years at this point. Blackouts at the end of nights of drinking are scary for you, and you have gotten into some altercations that certainly could have been avoided if you were sober. Finally, it was a tipping point for you to seek treatment when your doctor said your high blood pressure is likely due to drinking. You are thinking of cutting down on your drinking and are curious to explore options for achieving that. (PAUSE) So, where would you like to go from here?
- **Patient:** Yeah, that is all true. I'm not sure exactly where to go but, as you said, I definitely want to cut back on my drinking.
- **Clinician:** Well if it's okay with you, we could start talking about some specific strategies to construct a change plan based on what you've mentioned thus far.
- **Patient:** That sounds good. I'd be interested in that.



## 4

## Motivational Interviewing and Other Modalities



## The Four Paeans

1. Supportive Psychotherapy
2. Psychodynamic Therapy
3. Cognitive-Behavioral Therapy
4. Pharmacotherapy

Levounis, Arnaout, and Marienfeld, *Motivational Interviewing for Clinical Practice*, 2017.

Arkowitz, Miller, and Rollnick, *Motivational Interviewing in the Treatment of Psychological Problems*, 2015.



37



# 5

## Motivational Interviewing in Administration & Leadership



## Expanding MI

Motivational Interviewing concepts, developed to facilitate change in individuals, can be applied to changing the culture of systems of individuals.

Levounis, Arnaout, and Marienfeld, *Motivational Interviewing for Clinical Practice*, 2017.

## Using the 4 Processes

1. **Engage** people on mutually negotiated and agreed upon goals
2. **Focus** on pursuing and upholding a direction of change (or maintenance)
3. **Evoke** change talk (when needed) and manage sustain talk. Develop discrepancies, foster motivation, and resolve ambivalence
4. **Plan** for the long-run by setting up achievable, yet gradually challenging, goals

Levounis, Arnaout, and Marienfeld, *Motivational Interviewing for Clinical Practice*, 2017.

## And Once Again 😊

Throughout the process, celebrate:

- Communication,
- Collaboration, and the
- Intrinsic motivation of individuals

Levounis, Arnaout, and Marienfeld, *Motivational Interviewing for Clinical Practice*, 2017.



6

## Conclusions



## Conclusions

1. Person-centered approaches have replaced confrontation as the primary modality in addiction treatment.
2. The spirit of MI is marked by partnership, acceptance, compassion, and evocation.
3. MI occurs in four processes that build on one another: engaging, focusing, evoking, and planning.
4. MI can be readily integrated with other modalities and incorporated into leadership.
5. Continued practice is key!



43

## References

Levounis, P. & Arnaout, B. (Eds.). (2010). *Handbook of Motivation and Change: A Practical Guide For clinicians*. American Psychiatric Publishing: Washington, DC.

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