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No conflicts of interest to disclose

# Typical MI training:

- Three-day intensive course.
  - Six-month follow up.
  - Weekly conference calls.
- Review of textbook and MI sessions.
  - Recorded sessions (coded).
    - Basic competencies.

# Today's lecture:

Sixty minutes.

# **Topics**

- 1. Definition: elevator and technical.
- 2. Evidence.
- 3. Relational component (spirit of MI).
- 4. Technical component: OARS and E-P-E.
- 5. Further resources.



#### MI defined



"Motivational Interviewing is an evidence-based, collaborative conversation style for strengthening a person's own motivation and commitment to change."

#### MI defined

MI is a collaborative, goal-oriented style of communication with a particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.



(Miller and Rollnick, MI 3, 2012)

## **Evidence**

Rubak et al, Br J Gen Pract 2005, meta analysis, n=19 RCTs

- BMI, total cholesterol, systolic BP, BAC.
- Longer encounters, >1 encounter increases likelihood of effect.
- Brief encounters (20mins or less): 64% of studies showed an effect.

Monti et al, Addiction 2007, RCT, n=198 18-24 year olds in ER.

- Brief MI=less drinking days, heavy drinking days, drinks/week.
- Twice as many MI patients reduced drinking.

Miller, Am Psychol 2009 (review).

- Effect size doubles among some minority populations.
- Increased efficacy in minority pregnant women with SUD

#### **SBIRT** framework

- Universal screening identifies people with potential alcohol use disorders.
- Brief Intervention utilizes motivational interviewing techniques focused on motivating people toward positive behavioral change.
- Referral to Treatment provides a referral to specialty care for persons deemed to be at high risk.

(CA Dept Healthcare Services, 2015)

# Spirit of MI

MI is a non-judgmental, collaborative attitude (as opposed to a set of skills) focused on evoking the patient's own motivation for change rather than imposing our own.

Skills without MI spirit = words without music.

#### Video: A Brief MI Session



# MI Skills: OARS



# MI Skills: OARS\*

O: Open-ended questions.

A: Affirmations.

R: Reflections.

S: Summaries.

\*should focus on target behavior

# Open-ended questions





"How many grams of heroin do you use daily?" "Tell me about your heroin use."
"Do you take your Suboxone?" "How are you doing with your
Suboxone?"

# Closed Ended -> Open Ended

- Are you taking your medications on time?
- On a scale of 1-10, how bad is your pain?
- What would you like to discuss today?
- Do you mix your medications with alcohol?
- Do you want to stop using heroin?
- Does Methadone reduce your cravings?
- Are you feeling depressed?
- Are you having suicidal thoughts?

## **Affirmations**

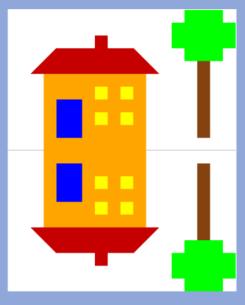


"I'm glad you've been taking your Naltrexone."
"Great job cutting down on drinking."



"You've had some real success taking the Naltrexone." "You've worked hard to cut down on your drinking."

## Reflections: simple and complex



"You feel frustrated"
"You're trying to quit smoking."



"You want your time to be taken seriously" "Getting healthy is really important to you."

# Reflections: change talk vs sustain talk



"You think you might be able to walk more in the morning."



"There's never enough time for you to walk."

#### **Double-sided reflections**

"It takes effort to take the medications every day...."

"You want your pain to be under control..."



"...and at the same time, you really want to keep your cravings under control"

"...and you want to make sure we sure do that in a safe way."

#### **Summaries**



"You've had knee pain for 5 years and you were hoping it would get better after the surgery. But you've continued to need medications and now your doctors and family are worried about how much you're using. How does that sound?"



# Sharing Information: Elicit-Provide-Elicit

"What have you heard about using opioids and benzos together?" [Elicit]

"Great. It sounds like you've heard about the risk of falls.

May I tell you a bit more about other concerning side effects?"

"What we know is.../Research suggests that..." [Provide]

"What do you think of that/ Where does that leave you?" [Elicit]

#### **Exercise: MI skills**

Person 1: Patient.

Person 2: Clinician.

Person 3: Observer.



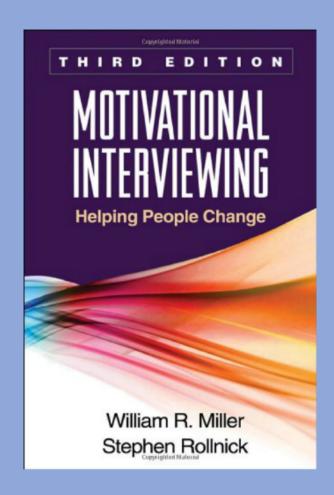
#### Note:

- Open-ended questions.
- Affirmations.
- Reflections.
- · Summaries.
- Elicit-Provide-Elicit.

## **Video: Smoking Cessation**



### **Further resources**





www.motivationalinterviewing.org

#### **Acknowledgments**

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#### References

- Miller, W; Rollnick S. Motivational Interviewing, 3rd ed. New York: The Guilford Press, 2012.
- Miller W, Rose G. Toward a theory of motivational interviewing. Am Psychol. 2009 Sep; 64(6): 527-537.
- Rubak S, Sandbaek A, Lauritzen T, Christensen B. Motivational interviewing: a systematic review and meta analysis. Br J Gen Pract. 2005 Apr; 55(513): 305-312.
- Monti PM, Barnett NP, Colby SM, Gwaltney CJ, Spirito A, Rohsenow DJ,
   Woolard R. Motivational interviewing versus feedback only in emergency care for young adult problem drinking. Addiction. 2007 Aug; 102(8): 1234-1243.

