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The Use Of Motivational Interviewing To Treat Addictive Disorders

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Disclosures



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Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.



Goals of Talk

- Foundations for MI
- The Processes of MI
- Examples of questions/statements
- Considerations
- Novel Applications



Stages of Change

- **Precontemplation**

- “I don’t have a problem...

- **Contemplation**

- “Maybe, but I’m not doing anything about it”

- **Preparation**

- “I need to do something..what?”

- **Action**

- “Give me a meeting list, I’ll make the call”

- **Maintenance**

- “I got my 6 month chip!”

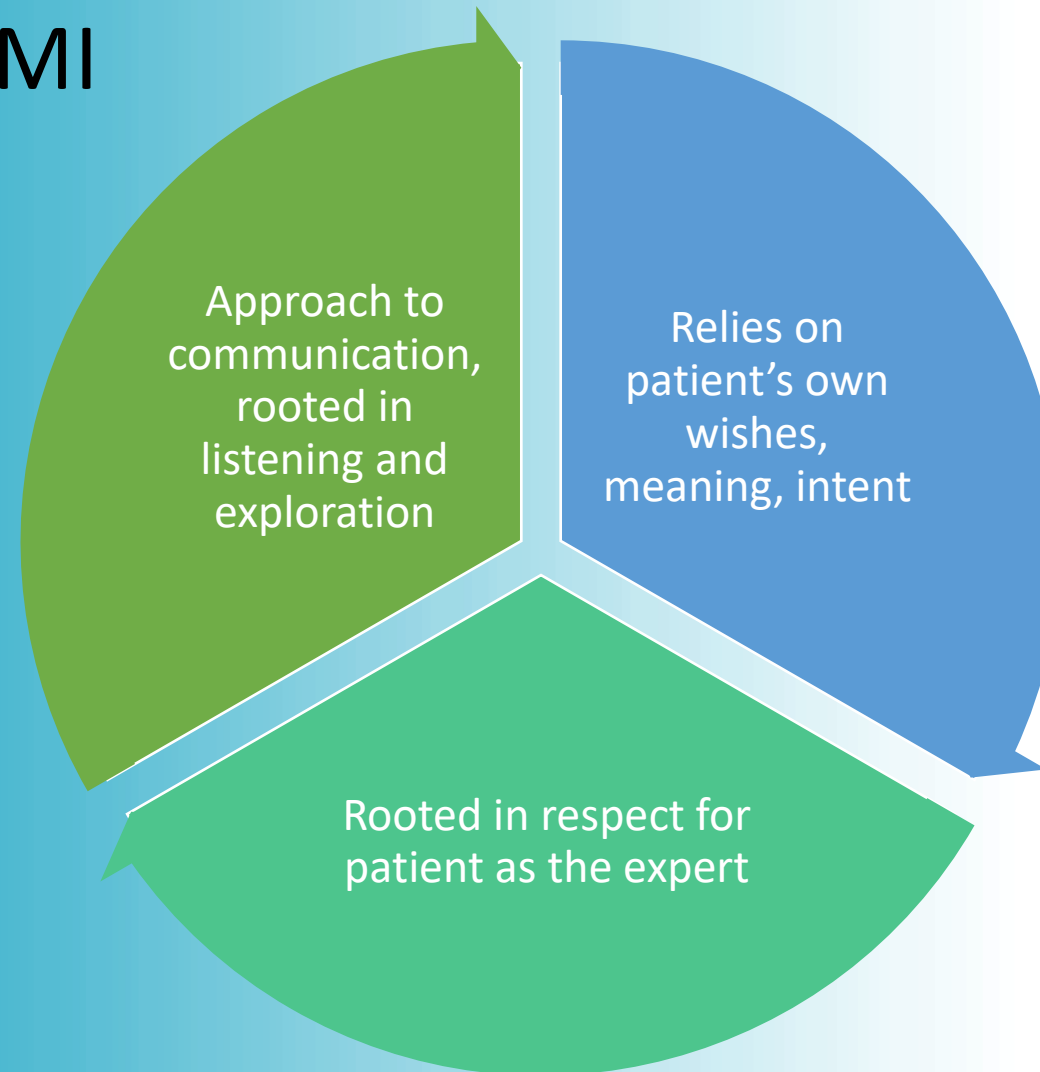
- **Relapse**

- “I drank last night”

(Prochaska and DiClemente)
(Please note: Miller and Rollnick do not specifically endorse a staged change model)



Foundations of MI



Motivational Interviewing Network of Trainers, 2021



Spirit of MI





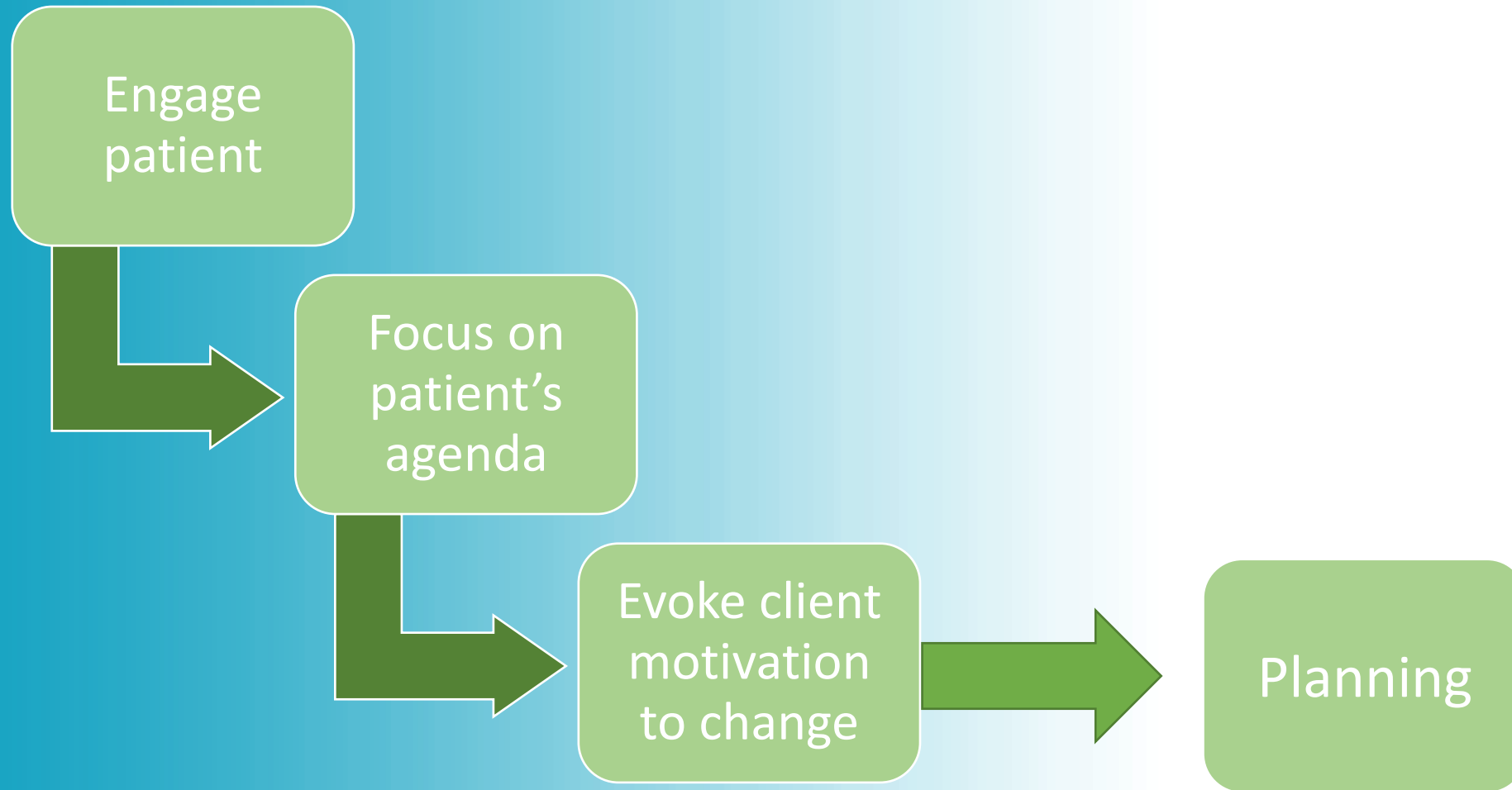
In Motivational Interviewing:

- Direct persuasion is not very useful
- Motivation is elicited from the patient and not imposed from without
- The patient is supported in identifying and resolving ambivalence
- Patient values and autonomy respected
- “Change talk” recognized & responded to
- Resistance is treated as part of the change process

Four Processes



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Engagement

- Establishing a trusting and respectful relationship
- Use reflective listening, accurate empathy
 - Making a guess about what person means based on information shared
 - Varies from simple reflection to more complex
- Explore core values and goals
 - Discrepancy between core values and behavior can be a potent motivator
 - Confronting yourself is powerful; being confronted by others is less useful

Focus on Patient's Agenda



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- Set a strategic direction with patient
 - Mutually agreeable
 - Determined via conversation, not transaction
- Initially, focus can be either
 - Easily recognized, clear; set an agenda and prioritize
 - Clouded due to a variety of options; look at the map of options and decide on a course
 - Entirely unclear; may require some formulation in order to determine where to start

Evoking Motivation



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❑ Ambivalence:

- Normal part of change process
- Combination of Sustain Talk and Change Talk

❑ Sustain Talk

- “I can manage on my own without any help”

❑ vs. Change Talk:

- “I wish I could, I have good reasons to...”

❑ Change Talk:

D
A
R
N

C
A
T

■ Preparatory Change Talk

- Desire, Ability, Reasons, Need

■ Mobilizing Change Talk

- Commitment – signals likelihood of action
- Activation – movement towards action
- Taking Steps – completed action in direction of change

Evoke: How To Respond?



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- OARS
 - Open ended questions
 - “Tell me about your drinking..”
 - Affirm
 - Statements of appreciation or understanding
 - “Thank you for sharing that with me. I understand what you’re saying, you’re not sure this is so bad. Is that right?”
 - Reflective Listening
 - Form a reasonable guess about patient’s meaning
 - Present guess in form of a statement
 - “You’re not really sure where to go from here given you like dope and you worry about overdosing again.”
 - Summarize
 - “Let me make sure I understand, so.....”
 - Informing and advising, ***with permission***
 - “Would it be okay if I share some of my observations/thoughts?”



Useful Tools

- Elicit self-motivational statements
 - Problem recognition
 - “The amount of alcohol concerns you”
 - Expression of concern about perceived problems
 - “You’re worried about turning out like your father who became a daily drinker....I worry about that also”
 - Intention to change, either directly stated or implied
 - “Although you drink to relax, it sounds like you’ve reached a point where this isn’t working anymore and you would like to figure something else out to help?”
 - Expression of optimism about possibility of change
 - “I hear you saying you think it’s time and that you’re ready to give this a shot. That’s ½ the battle won already!”
- Respond to initial statements with encouragement
 - “This is such a great conversation, what else would be important to chat about today.....” ,
 - “Can you share more about that....” → Elaboration



Useful Tools

- Decisional balance “One the one hand.....and on the other....”
- Consider the extreme of the voiced concern – “what worries you the most..., what are your worst fears... If this never changes what...”
- Recall past before problem, Envision future without problem “Was there a time when you were more in control?” “If you change, benefits do you see..”
- Identify and explore goals, wishes “Tell me what you think needs to change..” “How do you wish things were different...”



“Taste of MI” questions

- 1) Is there something you would like to do for your health in the next week or two?
- 2) If you were to cut down or stop using, how would you go about doing it?
- 3) What are the 3 most important reasons to cut down or stop using?
- 4) 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?
 - Follow-up with: Why did you pick that, and not a lower number?

The Righting Reflex



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The desire to set things
“RIGHT”

Leads to the inclination to:

- advise
- teach
- persuade
- counsel or argue for a particular resolution to a patient's ambivalence





Ways to Sink the MI Ship

The Obvious:

- Ordering, Directing, Commanding
- Warning, threatening
- Disagreeing, judging, criticizing
- Withdrawing
- Moralizing
- Shaming, labeling





Going under.....

The Tempting:

- Persuading with logic, Lecturing
- Giving advice, Offering solutions
- Agreeing, Approving
- Distracting, Changing the subject
- Reassuring, Consoling





Effectiveness

- ❑ Overall demonstrated moderate effect size
 - ❑ As compared to no tx control
 - ❑ Strongest for alcohol, cannabis, and tobacco
 - ❑ More mixed or inconclusive for cocaine, opioids, and gambling
 - ❑ Results more mixed when compared to other active tx, e.g. CBT

Colomarde-Gomez, etal, 2021; DiClemente, etal, 2017; Smedslund, etal, 2011

- ❑ In group therapy format
 - ❑ 4 session format as part of outpatient treatment
 - ❑ Moderate effect size for reduced alcohol use and increased participation in treatment

Santa Ana, etal, 2021



Innovative Applications



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- Applying MI principles to Intake Process
 - Patient centered assessment
 - Emphasis on patient desire and interest
 - Focus on engagement first, treatment entry, attendance
 - Secondary focus on enhancing patient motivation and establishing alliance
 - Consider low threshold, MI groups, “meet and greet”

Hurlocker, etal, 2023

Thank You



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