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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.



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# 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!”

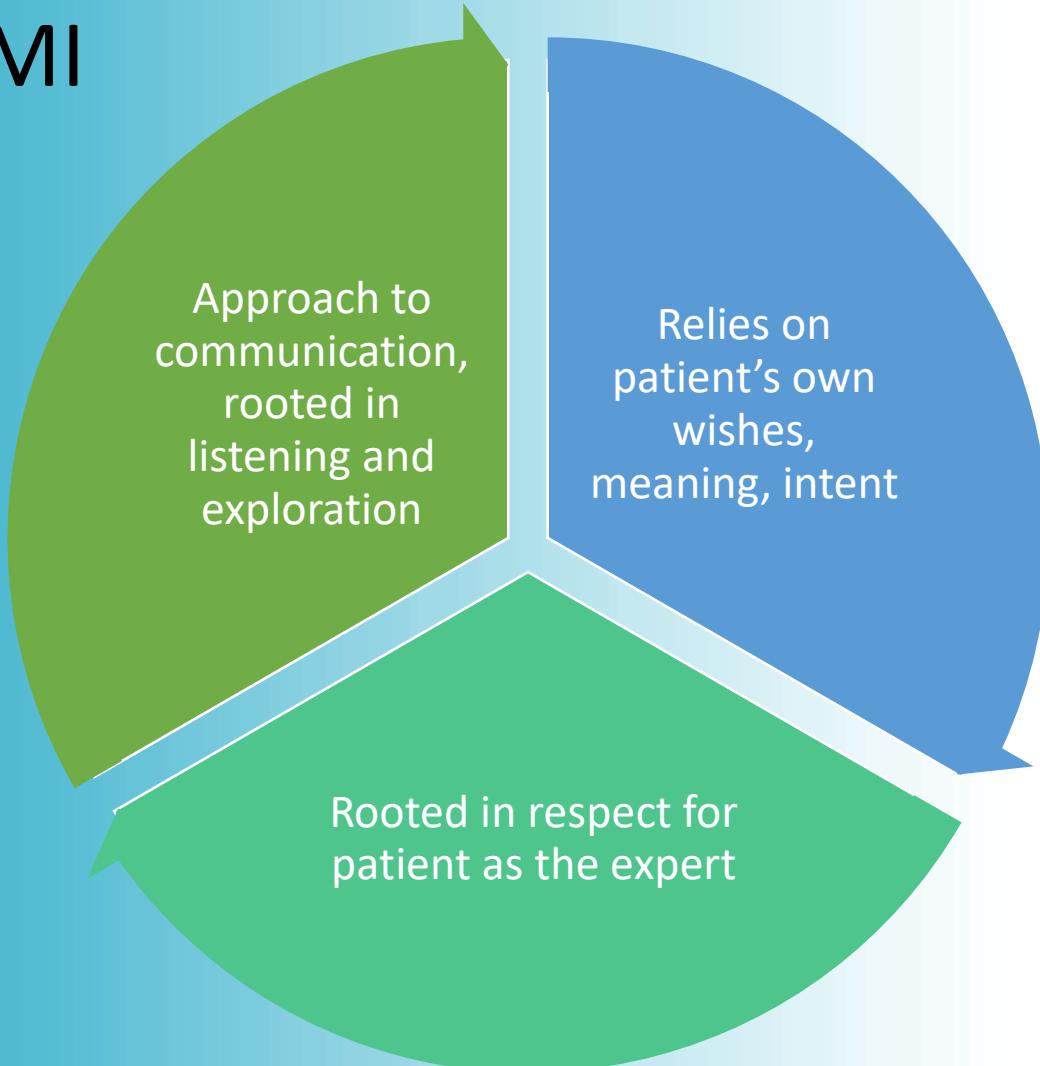
- **Relapse**

- “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



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# Spirit of MI





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# In Motivational Interviewing:

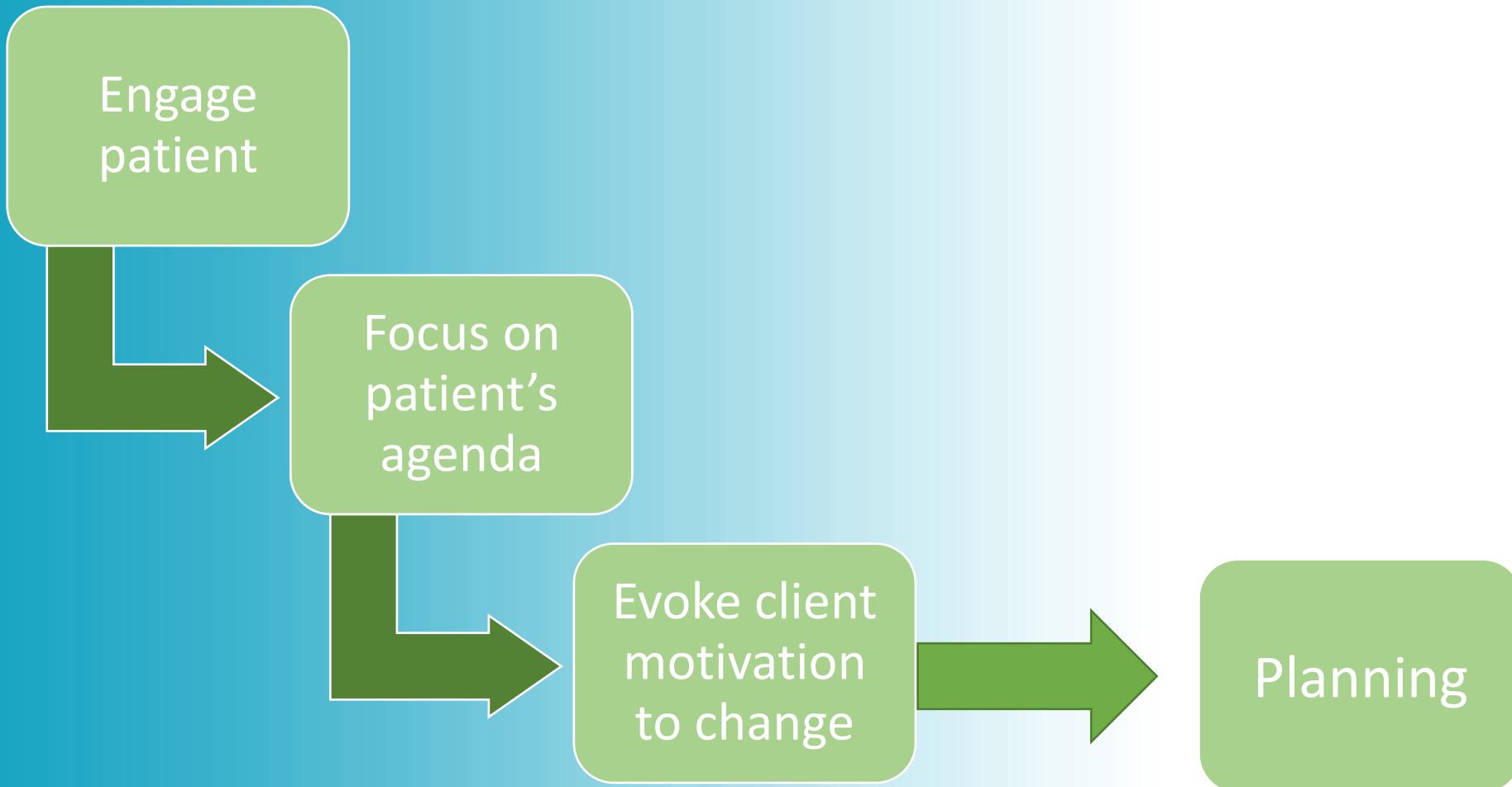
- Direct persuasion is not very useful
- Motivation is elicited from the patient and not imposed from without
- The patient is supported in identifying and resolving ambivalence
- Patient values and autonomy respected
- “Change talk” recognized & responded to
- Resistance is treated as part of the change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

- 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

## 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...”

D  
A  
R  
N  
C  
A  
T

## Change Talk:

- 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?

- 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  $\frac{1}{2}$  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

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



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# Ways to Sink the MI Ship

## The Obvious:

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





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# 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, et al, 2021; DiClemente, et al, 2017; Smedslund, et al, 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, et al, 2021



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# Innovative Applications

- 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, et al, 2023



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# Thank You

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