SAMHSA ADVISORY

Substance Abuse and Mental Health
Services Administration

USING MOTIVATIONAL INTERVIEWING IN SUBSTANCE USE DISORDER TREATMENT

Effective substance use disorder (SUD) treatment requires providers to understand what an individual genuinely needs to do to change substance use behaviors. An essential element in motivational SUD interventions is helping people who misuse substances raise awareness of their values and hopes for a healthy life. Using strategic conversational approaches can increase clients' internal motivations to take actions toward wellness.

Motivational interviewing (MI) is an effective, evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change. The core goals of MI are to express empathy and elicit clients' reasons for and commitment to changing substance use and other unhealthy behaviors (Miller & Rollnick, 2013).

This *Advisory* is based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol (TIP) 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment.* It addresses the spirit, application, and fundamentals of MI; how practitioners can effectively employ MI in SUD treatment; and tools practitioners can use to encourage and promote lasting positive outcomes for their clients.

Key Messages

- Client motivation is essential to promoting change in substance use behavior.
- Motivational approaches are based on the principles of person-centered counseling.
- Effective motivational counseling approaches can be brief.
- MI focuses on enhancing intrinsic motivation and is especially applicable when clients are in the early stages of change, unlike other approaches (e.g., contingency management) that use extrinsic (reward-driven) motivators.
- Reflecting clients' hopes and values in contrast to the negative effects of their substance use behaviors is essential for promoting awareness and internal motivation to change.
- The current practice of MI is based on the primary principles of eliciting change talk and strengthening the client's commitment to change.

Core Principles of Motivational Interviewing

MI is a goal-directed SUD intervention that stems from person-centered counseling and focuses on the collaboration between provider and client. It is a respectful counseling style that raises awareness of a client's internal discrepancies about substance use, focuses on helping clients resolve their ambivalence about SUD, and can promote their motivation to change. Underlying this approach is the principle that a client's motivation to change is essential to bringing about actual change (DiClemente et al., 2017).

MI is a unique counseling approach in which providers use specific clinical skills to foster client motivation to change substance use or other unhealthy behaviors. To be effective, MI requires that providers embody the spirit of MI (i.e., the underlying perspective that there is a partnership between the provider and client that fosters a collaborative approach to change). Providers must also become competent in both the skills and strategies involved in MI. MI incorporates four interwoven processes: **P**artnership, **A**cceptance, **C**ompassion, and **E**vocation (PACE) (Miller & Rollnick, 2013):

- **Partnership** is an active collaboration between provider and client. A client is more willing to express concerns when the provider is empathetic and shows genuine curiosity about the client's perspective. In this partnership, the provider gently influences the client, but the client drives the conversation.
- **Acceptance** is the act of demonstrating respect for and approval of the client. It shows the provider's intent to understand the client's point of view and concerns. Providers can use MI's four components of acceptance—absolute worth, accurate empathy, autonomy support, and affirmation—to help them appreciate the client's situation and decisions.
- **Compassion** refers to the provider actively promoting the client's welfare and prioritizing the client's needs.
- **Evocation** is the process of eliciting and exploring a client's existing motivations, values, strengths, and resources.

Practitioners can further enhance the use of MI by adapting to cultural differences, rather than making cultural assumptions about clients' needs. Successful cultural adaptation includes identifying potential areas of conflict or "mismatches" between the planned intervention and the client's culture and then adjusting to reflect the client's cultural norms more closely. This can be accomplished by altering such components as the language, content, concepts, goals, and/or methods employed by the practitioner (Oh & Lee, 2016).

Transtheoretical Model and Stages of Change

MI is rooted in the transtheoretical model of the stages of change framework, a process of change that has five stages (Connors et al., 2013):

- **Precontemplation**—Individuals currently using substances are not thinking of making a change now or in the future.
- **Contemplation**—Individuals currently using substances are aware that they need to make a change.
- **Preparation**—Individuals currently using substances begin weighing the pros and cons of making a change and preparing for how to deal with urges and triggers.
- **Action**—Individuals currently using substances decide to change their behavior and successfully attempt to do so.

- **Maintenance**—Individuals who changed their substance use behaviors are engaged in efforts to continue doing so over the long term.

The focus of MI is on enhancing intrinsic motivation (rather than on providing the client with extrinsic motivation, which is key to other behavioral strategies like contingency management). Providers can assist clients in developing and understanding their intrinsic motivations by helping them see "where they are" versus "where they want to be." Intrinsic motivation is a method of moving from contemplation to preparation for implementing change.

Evolution of MI—Four Principles Versus Four Processes

MI has evolved considerably since its initial development in the early 1990s. While prior MI application focused on four principles (express empathy, develop discrepancy, roll with resistance, and support self-efficacy), MI is now based on four **processes**:

- **Engaging**, which is the relational foundation
- **Focusing**, which identifies an agenda and change goals
- **Evoking**, which uses MI core skills and strategies to move toward a specific change goal
- **Planning**, which is the bridge to behavior change

The original four principles have been folded into the four processes as reflective listening or strategic responses intended to move conversations along. These processes help practitioners frame a clinical session with their clients and provide specifics as outlined below.

Integrating MI Approaches Into Practice

Listen and interact using OARS (Asking <u>O</u>pen questions, <u>A</u>ffirmations, <u>R</u>eflective listening, <u>S</u>ummarization)

The core counseling skills of MI are described with the acronym **OARS**. Providers should use **open questions** to invite clients to tell their story and obtain a meaningful understanding of the clients' goals, values, and beliefs. For example, providers can ask questions such as, "What was it like when you were drinking a 12-pack of beer every day?" or "Can you tell me a little more about how using cocaine affected your marriage?" (Miller & Rollnick, 2013).

Using **affirmation** expresses genuine appreciation and confirms a positive regard for clients' hidden and expressed strengths (Miller & Rollnick, 2013). For example, "You got discouraged last week but kept going to your AA meetings. You are persistent!" Or, "That's a good idea for how you can avoid situations where you might be tempted to drink" (Miller & Rollnick, 2013).

Reflective listening is fundamental to person-centered counseling and is one of the most important elements of MI (Miller & Rollnick, 2013). Reflections provide the client with the opportunity to verify that the provider's interpretation is congruent with the client's thought or intention. Providers' expressions of empathy are predictive of improved substance use outcomes (Moyers et al., 2016). Providers skilled in MI offer reflections more than they ask questions. As an example, the client says, "It can be really hard to deal with Dave when he's stressed and has been drinking. He sits around and won't help out and gets upset when I

say anything to him about it. Sometimes I'm late picking up the kids from school because I have no help." The provider could respond with a meaning-reflection ("When Dave gets stressed out and drinks, he doesn't help you around the house, and that makes it harder for you to pick the kids up from school on time") or a feeling-reflection ("When Dave gets stressed out and drinks, he doesn't help around the house, which can be very frustrating. Then, when you can't pick the kids up on time, you feel like you're being a bad parent") (Miller & Rollnick, 2013).

Summarization by the provider during a counseling session is a key element of reflective listening that distills statements that have a particular meaning for a client and reflects them back to ensure appropriate understanding of the client's full experience (Miller & Rollnick, 2013). Summaries can provide a concise statement of what was expressed, or they can guide change in the discussion theme. A summary statement could be as follows, "Okay, let me make sure I understand. You're interested in attending some AA meetings, but your only free time is after work, and then someone else would have to pick up the kids. Also, you have some concerns about being able to attend meetings regularly because it sounds like your car is old and unreliable. Do I have that right?" (Miller & Rollnick, 2013). Where clinically appropriate, skilled MI providers deliver summaries several times during a session to assure the client they heard the client's expressions and understand the meaning.

Distinguish between sustain talk and change talk

Change talk consists of statements that favor making changes ("I have to stop smoking crack or I'm going to land in jail again") (Miller & Rollnick, 2013). It is normal for individuals to "feel two ways" about making fundamental life changes. This ambivalence can be an impediment to change but does not indicate a lack of knowledge or skills about **how** to change (Forman & Moyers, 2019).

Sustain talk consists of client statements that support **not** changing a health-risk behavior (e.g., "Marijuana has never affected me") (Miller & Rollnick, 2013).

Recognizing sustain talk and change talk in clients will help the provider better explore and address ambivalence. Studies show that encouraging, eliciting, and properly reflecting change talk is associated with better outcomes in client substance use behavior (Barnett et al., 2014; Borsari et al., 2018; Houck et al., 2018; Magill et al., 2014, 2018; Romano & Peters, 2016).

Advance client thinking with DARN-CAT

Providers can remember to listen for different types of change talk using the acronym **DARN-CAT: D**esire, **A**bility, **R**eason, **N**eed, **C**ommitment, **A**ctivation, and **T**aking steps. Examples of practitioner questions in this model are summarized in the table below (Miller & Rollnick, 2013). Additional details about the DARN-CAT model are available in TIP 35.

Examples of DARN-CAT Statements	
Desire Statements about preference for change: "How would you like for your drinking to change?" "What do you hope our work together will accomplish?"	**C**ommitment Statements about the willingness of change: "I want to _____" "I could _____" "I need to _____"
Ability Statements about capability: "If you decided to quit drinking, what steps would you take?" "What do you think you might be able to change about your opioid use?" "What ideas do you have for how you could stop smoking?"	**A**ctivation Statements about willingness to change: "I am willing to _____" "I am ready to _____" "I am prepared to _____"
Reasons Specific arguments for change: "What are some of the reasons you have for stopping smoking?" "Why would you want to stop or cut back on your use of alcohol?" "What's the downside of you continuing to use heroin?"	**T**aking Steps Statements about action taken: "I went to a support group meeting." "This week, I didn't smoke a cigarette in the evening."
Need Statements about the need to change: "What needs to happen for you to feel ready to give up cocaine?" "How important is it for you to stop smoking?"	

Strategies to elicit change talk

MI includes a set of strategies beyond core interviewing skills that can assist providers in evoking change talk: asking for elaboration, asking for examples, looking back, looking forward, querying extreme thoughts, measuring clients' confidence in their ability to successfully change behaviors, and exploring goals and values. (See TIP 35 for more information.) The strategies are most effective when there is already a positive therapeutic alliance generated by a provider's competent use of OARS. Additionally, providers should take into account the client's stage of change and readiness to change when selecting the most appropriate strategy.

Employ the FRAMES Approach

The **FRAMES** approach consists of six components designed to move patients toward self-awareness and build confidence in their ability to change. This method can be incorporated into screening, brief intervention, and referral to treatment (SBIRT) interactions. These components are summarized in the acronym: **F**eedback, **R**esponsibility, **A**dvice, **M**enu of options, **E**mpathy, and **S**elf-efficacy. When working with SUDs, providers should:

- Give clients personalized **feedback** from assessments so they understand how the severity of their problem compares to others. This can include results from standardized screening or assessment instruments. Feedback can influence motivation for treatment and promote movement between stages of change.
- Empower clients to become involved in the change process by taking **responsibility** for choices they make about their substance misuse and the effect on treatment initiation and outcomes.
- Seek permission to offer directive or educational **advice** in the form of suggestions and/or potential activities or processes that promote positive change. Clients can then provide feedback and ask for clarification about the provider's suggestions. This approach requires patience and careful timing.
- Present choices through a **menu** of options to promote client engagement and facilitate treatment. These choices have been shown to enhance the therapeutic alliance, decrease dropout rates, and improve outcomes (Van Horn et al., 2015).
- Demonstrate **empathy** by taking an active interest in understanding the perspective of the client through the use of reflective listening (Miller & Rollnick, 2013). Provider empathy is a moderately strong predictor of client treatment outcomes (Elliott et al., 2018).
- Assist with the enhancement of **self-efficacy** by supporting the client, helping to review past successes, identifying personal strengths, and building the client's confidence in the ability to make positive changes (Kadden & Litt, 2011). Considerable evidence points to self-efficacy as an important factor in addiction treatment outcomes (Kadden & Litt, 2011; Kuerbis et al., 2013; Litt & Kadden, 2015; Morgenstern et al., 2016).

Brief MI Interventions

Effective motivational counseling approaches can be brief and conducted in a variety of settings. As part of a movement toward early identification of alcohol misuse and the development of effective and low-cost methods to address such issues, brief intervention strategies that include motivational components are widely used in the United States and in other countries (Joseph & Basu, 2016). Research has shown positive effects from screening and brief motivational interventions in clinical settings (Bernstein et al., 2005). For instance, SBIRT has been proven effective for reducing substance use and misuse among adolescents and adults. MI techniques are a fundamental part of SBIRT interactions.

Learn more about how to use MI with SBIRT for clients with substance misuse in TIP 35.

Using Motivational Approaches With SUD Clients

Motivational approaches can help clients with SUDs achieve better outcomes. SUD research has consistently shown that MI can help reduce alcohol use and misuse, tobacco use, and drug use (Madson et al., 2016; SAMHSA, 2019). Other positive outcomes associated with MI interventions include improved retention in SUD treatment following detoxification, improved retention in methadone maintenance programs, and greater engagement in HIV risk-reduction behaviors (Bachiller et al., 2015; D'Amico et al., 2015; Holstad et al., 2010; Navidian et al., 2016).

MI can be offered as an effective, independent treatment or as a part of other evidence-based interventions (Madson et al., 2016). When used with cognitive–behavioral therapy, for instance, MI for people with SUDs may help increase the odds of clients maintaining long-term positive behavior changes (Copeland et al., 2017; Naar & Safren, 2017). Making MI part of SUD treatment intake and assessment improves retention in SUD treatment and length of abstinence (Martino et al., 2016). MI has been shown to be effective in a wide variety of client populations, such as adolescents, women with HIV, people in criminal justice settings (including youth in juvenile corrections settings), people with SUDs and co-occurring mental disorders, college students, and other young adults (Madson et al., 2016; SAMHSA, 2019). Finally, research suggests MI can be applied in both individual as well as group formats, although more research is needed on the latter (Madson et al., 2016).

MI Fidelity—Adherence and Proficiency for Better Outcomes

Fidelity to an evidence-based practice is defined by two components: adherence (i.e., delivering the intervention as prescribed by the developers in the manual or guide) and competence (i.e., the skillfulness with which the primary intervention components are delivered) (Schillinger, 2010). MI is considered a complex skill that requires practice as well as the provider's focus on integrating the MI spirit, skills, and strategies. MI adherence and competence can be learned most effectively by receiving coaching and feedback from MI-competent supervisors, by attending to the reactions and success of clients, and through MI-focused learning collaboratives. Providers can adhere to MI principles by refraining from giving too much advice and asking too many questions without reflections. Further, providers should be careful that they do not disregard clients' efficacy by neglecting to affirm their positive actions. Research supports the effectiveness of MI training in improving provider knowledge and application of motivational techniques (Madson et al., 2016).

Resources

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*
  - Addiction Technology Transfer Center Network Motivational Interviewing Trainings
- **Boston University School of Public Health, BNI ART Institute**
- **Institute for Research, Education & Training in Addictions (IRETA)**
  - Motivational Interviewing Toolkit
- ***Motivational Enhancement Therapy Manual***
- **Motivational Interviewing Network of Trainers (MINT)**
  - Motivational Interviewing Resources
- **National Institute on Drug Abuse (NIDA)**
  - Blending Initiative Motivational Interviewing CME/CE and Patient Simulation
- **Providers Clinical Support System's Motivational Interviewing: Talking with Someone Struggling with Opioid Addiction**

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