Motivational Interviewing for Primary Care Clinicians

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), **20.6 million** people who need treatment for an illicit substance use disorder (SUD) did not receive it. The estimated **annual cost related to substance abuse**, including tobacco and alcohol use, is **more than $600 billion** in health care expenses, lost productivity, and crime.

Primary care clinicians may be the first resource for patients struggling with substance use disorders, as co-morbid health issues often cause these individuals to seek medical care. At that time, inquiry and some intervention by the primary care clinician may be helpful in motivating the patient to seek further treatment for his or her SUD. **Motivational Interviewing (MI)** has become an important tool for providers to use to engage and ally with patients, so that they feel **empowered to seek and maintain treatment**.

Motivational Interviewing is an effective therapeutic tool to address ambivalence and resistance, both of which are considered normal in SUDs. MI is **non-confrontational** and is dependent on patients developing a reflective stance on their own accord. The opposite is true of a more confrontational approach where one directly challenges the patient with his or her substance use. For example:

Confrontational approach: "So, do you know your alcohol abuse is causing you significant liver damage?"

Motivational Interviewing approach: "Is it okay with you if I talk to you about the effects that alcohol has on your liver?"

The confrontational approach does not meet the patient where he or she is in the change cycle (see *Motivational Interviewing - Stages of Change* document) and does not respect the patient's right to say no. A confrontational approach assumes the patient lacks the knowledge or insight to change and that the physician has to impart that knowledge. It forces the patient to admit his or her lack of understanding. As shown in the MI example above, the provider always asks the patient permission to inform. **MI respects the patient's opinion**, creating an environment where the patient can feel respected and affirmed, on his or her own terms. MI is a **person-centered, collaborative approach** to effect change.

The **four basic principles** of MI are:

- Roll with resistance (resistance is normal and expected)
- Encourage self-efficacy
- Develop discrepancy
- Express "accurate empathy." Empathy and developing reflective listening skills are key to Motivational Interviewing.

continued

One of the basic MI tools is to use **open-ended questions** that allow the patient to open up and talk without judgment on the part of the provider. Physicians have to **avoid "the expert role,"** labeling ("addict or alcoholic"), and the impulse to fix things, as all of these could deepen resistance and have the opposite intended effect.

How can a primary care clinician use Motivational Interviewing? We invite you to view a **recent webinar on MI given by Judith Bayog, PhD**, which can be accessed through the link below. Dr. Bayog is a licensed psychologist and Clinic Director of the Alcohol & Drug Treatment Program (ADTP) Outpatient Clinic at the Brockton Division of the VA Boston Healthcare System.

http://www.masspartnership.com/pdf/MotivationalInterviewingSlidesforMBHPWebinar102313FIN.pdf

Using Motivational Interviewing will help to identify some of your patients who are struggling with substance use disorders and "hiding under the radar." With the use of **open-ended questions**, **affirmations**, and **reflective listening tools**, you will have a greater engagement and alliance with the patient to help facilitate change.

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