

ED Opioid Summit 2025

Using Motivational Interviewing to Increase MOUD Initiation and Maintenance



Topics

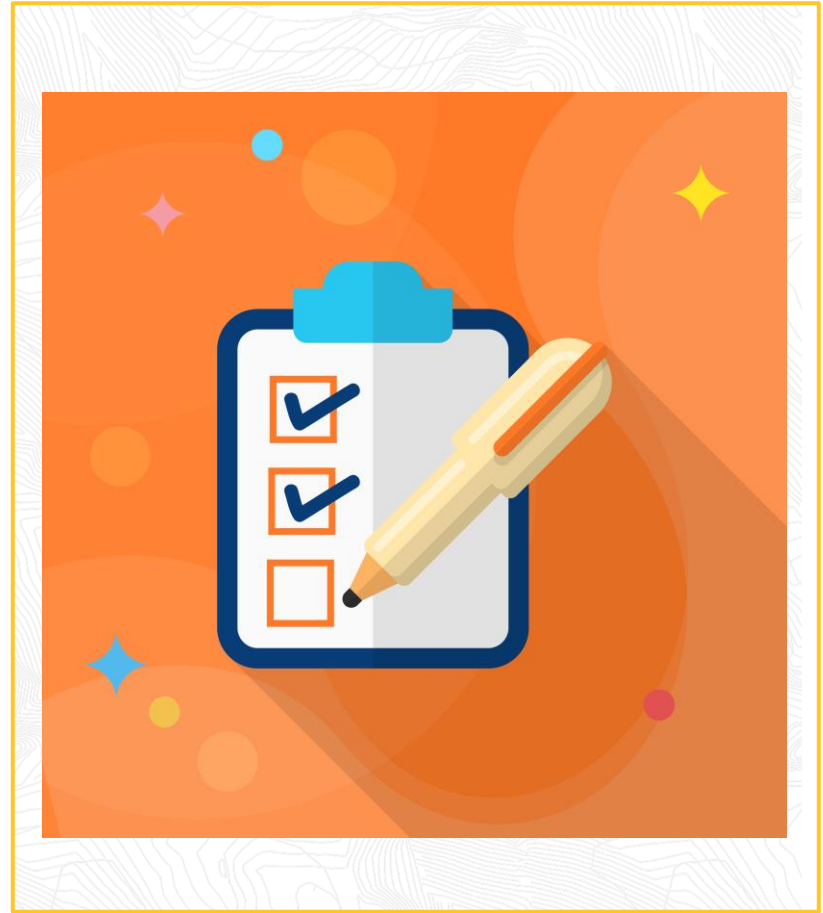
- **Motivational Interviewing**
- **Stigma Toward MOUD**
- **Education on MOUD Effectiveness**
- **MI Techniques to Increase Motivation**
- **Education on MOUD Maintenance**
- **Increasing Maintenance**

Overview of Motivational Interviewing

“MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment” (Miller & Rollnick, 2023, pg 3).

There are four principles that guide one’s approach to the therapeutic relationship:

- Partnership
- Acceptance
- Compassion
- Empowerment



FRAMES

Active ingredients found in effective treatments which evoke change

- **Feedback** – of personal risk
- **Responsibility** – client's
- **Advice** – to change
- **Menu** of alternative change options
- **Empathy** – genuinely expressed for client
- **Self-efficacy** – optimism client can be successful in making a change

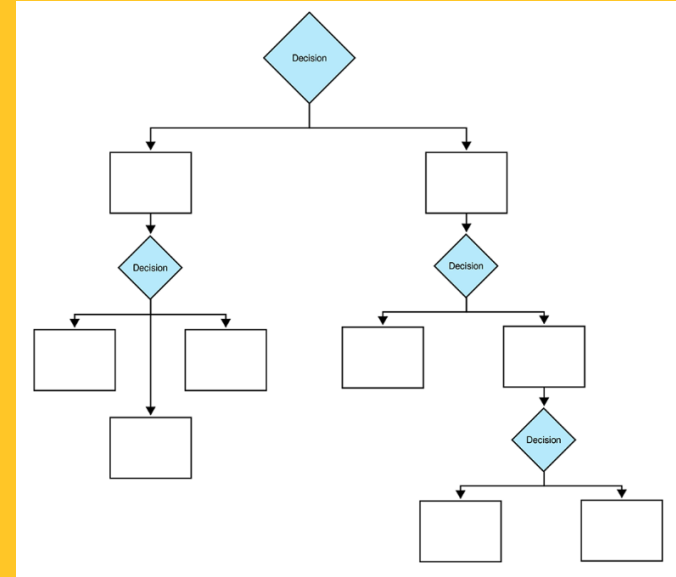


Training in Motivational Interviewing

- Motivational Interviewing: Helping People Change and Grow, 4th Ed. (Miller & Rollnick, 2023)
- SBIRT – Screening, Brief Intervention, and Referral to Treatment
- Helping Patients Who Drink Too Much
- NIAAA/NIH Core Resource on Alcohol (<https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol>)

Decision Tree

- If patient is willing to start MOUD, then skip to Education on Maintenance
- If patient is reluctant to consider MOUD, then address stigma and lack of knowledge with Education on MOUD Effectiveness



Stigma Toward MOUD



Stigma From Providers, Patients, & Family

1. Substituting one drug for another
2. Being on MOUD means I'm an addict or have a severe problem
3. I won't be drug-free – not true abstinence
4. Not consistent with 12-Step programs
5. Achieving recovery without drugs is “better”
6. Being on MOUD means I'm “weak,” can't do it on my own
7. MOUDs are a crutch
8. Should just be used for detox
9. MOUD should only be used temporarily, with the goal of tapering off
10. MOUD should not replace therapy – need to get to the “root of the problem”
11. Fear of diversion or abuse of MOUDs

(Dickson-Gomez et al., 2022; Jaffe et al., 2024)

Education on MOUD Effectiveness



MOUD Effectiveness

- OUD is a chronic, relapsing brain disease, similar to other medical conditions, for which medication helps to control symptoms
 - Make the comparison to other conditions for which they are taking medication
- MOUD is the most effective treatment for OUD, and it is more effective than therapy
 - However, there is accumulating evidence that a combination of medication and evidence-based psychotherapy may be most effective
- Those who do not receive MOUD are 8 times more likely to die from overdose compared to those receiving MOUD
- MOUD decreases craving and withdrawal symptoms, decreasing the likelihood of relapse

Addressing Stigma of MOUD

“Just substituting one drug for another” or “being on MOUD is not abstinence”

- MOUD is medication, taken as prescribed by a medical provider, and is completely different from abusing drugs
- When taken as prescribed, MOUDs do not result in being “high”
- Being on MOUD does not result in any of the negative consequences of drug abuse
- Analogy: individuals with diabetes are unable to regulate their blood sugar levels because of insufficient insulin. Whether this insufficiency is due to genetics or poor diet, insulin can help maintain healthy blood sugar levels, reducing the consequences of diabetes

Addressing Stigma of MOUD (cont.)

“MOUD is a crutch” or “being on MOUD means I can’t do it on my own”

- OUD is a chronic, relapsing brain disease, like other medical conditions, for which medication helps to control symptoms
- Recovery from addiction is difficult, why not use all available tools, and who cares if you are using a medication to stop abusing drugs?
- Recovery rates are much lower when not using MOUD – why not give yourself the best chance for recovery?
- Is being on medication for high blood pressure or depression a crutch, or is medication the recommended treatment for a specific condition?

MI Techniques to Increase Motivation



MI Technique – Provide Feedback

- Identify patient's reasons for not wanting MOUD (stigma, lack of knowledge, lack of access)
- **ASK PERMISSION:** “Would it be okay with you if I shared some information about medications for opioid use disorder?”
- Provide tailored information about OUD and MOUD based on the patient's concerns

MI Technique – Increase Change Talk

- **Change Talk** - self-motivational statements or non-verbal communication indicating the client may be considering the possibility of change
- The more someone talks about change, the more likely they are to change
- Guide the conversation to lead the patient to make these statements
- Reflect and emphasize these statements
- **DO NOT** make these statements for them

MI Technique – Increase Change Talk (cont.)

DARN-CAT

Preparatory Change Talk

- **D**esire – I want to change
- **A**bility – I can change
- **R**eason – It's important to change
- **N**eed – I should change

Tell me more about that

Implementing Change Talk

- **C**ommitment – I will make changes
- **A**ctivation – I am ready/prepared/willing to change
- **T**aking Steps – I am doing _____ to change

MI Technique – Increase Change Talk (cont.)

Strategies for eliciting change talk

- Problem recognition – “I’ve tried to quit before without meds but relapsed”
- Pros/cons of status quo and changing – “If you were in recovery would it matter if you were on MOUD?”
- Looking forward – “Tell me how your recovery might go differently if you didn’t have cravings or experience withdrawal symptoms”
- Explore goals and values – “What do you want your life to look like? If that were the case, would it matter if you were taking medication?”
- Intention to change - “What might be different if you did try MOUD?”

MI Technique – Rulers

- Importance of making a change
- Confidence in ability to make a change
- Readiness to make a change
- “On a scale of 1 to 10, how ready are you to make a change?”
- “Why do you think you picked that number rather than a ____ (lower number)?”
- “What would it take for you to get to a ____ (higher number)?”
- “How can I help you get to ____ (higher number)?”

Readiness Ruler
Importance

How **important** is this change to you right now?



Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University with support from the Ohio Departments of Health, Mental Health, and Alcohol & Drug Addiction Services.

Readiness Ruler
Confidence

How **confident** are you about making this change?



www.centerforebp.case.edu



Steps of the brief intervention

Raise the subject

- “Thank you for answering these questions - is it ok if we review them together?”
- If yes: “Can you tell me in your own words about your drinking or drug use? What does a typical week look like?”

Provide feedback

- “Would it be OK if I shared some information about common drinking patterns?”
- If yes: “People who drink less than the low-risk limits (men-4 drinks/day & 14/week; women/elderly-3/day & 7/week) typically do not experience significant problems due to their drinking. More than 70% of U.S. adults fall in this range.”
- “Most patients who score above this level have trouble cutting back, and experience repeated negative consequences from their use. Risks include...”

Enhance motivation

- “What do you like about your drinking/drug use? What do you not like, or are concerned about when it comes to your use?”
- “On a scale of 0-10, how ready are you to cut back?”
- Why do you think you picked that number rather than a ____ (lower number)?”
- What would cause you to pick a higher number?

Negotiate plan

- Summarize conversation. If patient is ready to change: “What steps do you think you can take to reach your goal of cutting back?”
- “Can we schedule an appointment to check in and see how your plan is going?”

Education on MOUD Maintenance



Benefits of MOUD Maintenance

Almost 30% of a multi-state Medicaid sample discontinued buprenorphine within the first 30 days of treatment, and 65% discontinued within 6 months

- Cessation of MOUD results in a threefold increase in risk of overdose death, with the greatest risk occurring in the first two weeks after discharging from MOUD treatment
- Individuals in treatment less than one year are three times more likely to die compared to those completing more than one year of treatment, and for each additional year in MOUD treatment, risk of death decreases from 5-13%
- Starting therapy after MOUD initiation was associated with slightly lower risk of MOUD cessation

Addressing Stigma of MOUD

“MOUD should just be used for detox” or “I only need to be on MOUD temporarily”

- There are many medical conditions for which ongoing use of medication is required
- Short-term use of MOUD increases the likelihood of relapse and death
- After a month of not using opioids, your tolerance for opioid use changes substantially. If you relapse and use the same amount you previously used, the likelihood of overdose (and death) is greatly increased. Longer-term sobriety, and increased coping skills through therapy, give you a much higher chance of success

Increasing Maintenance



Referral to Ongoing Services

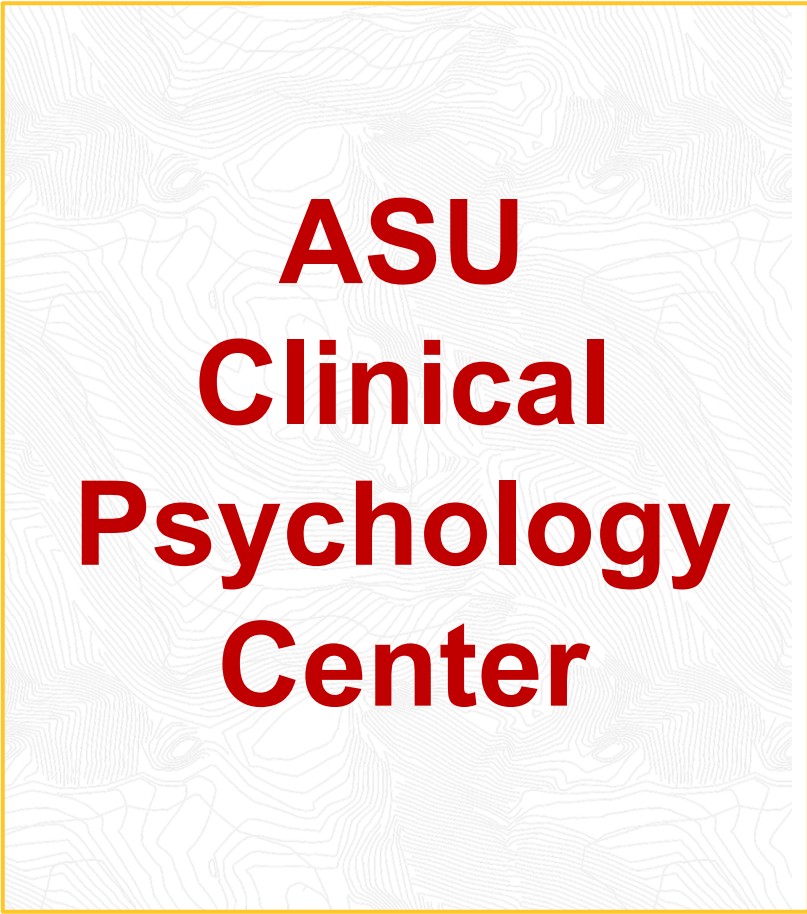
Step 1 is to get them on MOUD, Step 2 is to keep them on MOUD

- **65% discontinue within 6 months**
- Do not just provide a referral – set an appointment and problem solve any hurdles to follow-up
- Referral to an ongoing prescriber
- Referral to evidence-based therapy
 - Contingency Management
 - Coping Skills Training
 - Treatment of Comorbidity



The ASU Clinical Psychology Center is a community-based training clinic for the Clinical Psychology PhD and Master's Addiction Psychology programs. We provide mental health and addiction treatment services on a sliding fee scale to those in need.

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Questions?

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