

# Motivational Interviewing in Harm Reduction

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The presenter has no financial interest to disclose.

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**MOTIVATIONAL  
INTERVIEWING  
IN HARM  
REDUCTION**

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# Objectives

Upon Completion of this activity, participants will be able to

- Differentiate MI skills appropriate vs potentially inappropriate for HR settings
- Develop strategies for implementing MI in HR settings



# Lessons from the Van

- People who use drugs use for a reason (they have a **why**)
- People who use drugs will ask for **help**
- People who use drugs may have diminished **agency**, but they still have agency



# THIS IS MOTIVATIONAL INTERVIEWING



THIS IS ALSO HARM REDUCTION



# What MI/HR is NOT

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**Table 1.** Inappropriate assumptions regarding behavior change<sup>a</sup>

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This person *ought* to change.

This person *wants* to change.

This patient's health is the prime motivating factor for him/her.

If he or she does not decide to change, the consultation has failed.

Patients are either motivated to change, or not.

Now is the right time to consider change.

A tough approach is always best.

I'm the expert. He or she must follow my advice.

A negotiation-based approach is best.

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<sup>a</sup> Adapted from Rollnick et al.<sup>12</sup>

# An Exercise

1. On a small piece of paper, write down *something that you believe strongly*. (Example: “all people living with opioid use disorder should have access to effective treatment options if they want it.”)
2. Pass the paper to the person next to you.
3. Read your neighbor’s belief to yourself.
4. On the back of their paper, *write down a question* you would ask your neighbor to better understand WHY they hold that belief.
5. Hand the paper back to your neighbor.

**1. HAVE YOU ASKED  
YOURSELF THAT SAME  
QUESTION?**

**2. HOW DID IT FEEL TO BE  
ASKED THAT QUESTION?**

Does MI Work? From Rubak et al 2005

**Table 2. Meta-analysis, the motivational interviewing effect.**

Effect measure	<i>n</i>	Combined effect estimate	<i>P</i> -value (95% CI)
Body mass index	1140	0.72	0.0001 (0.33 to 1.11)
HbA <sub>1c</sub> (%GHb)	243	0.43	0.155 (-0.16 to 1.01)
Total blood cholesterol (mmol/l)	1358	0.27	0.0001 (0.20 to 0.34)
Systolic blood pressure (mmHg)	316	4.22	0.038 (0.23 to 8.99)
Number of cigarettes/day	190	1.32	0.099 (-0.25 to 2.88)
Blood alcohol content (mg%)	278	72.92	0.0001 (46.80 to 99.04)
Standard ethanol content (units)	648	14.64	0.0001 (13.73 to 15.55)

## Motivational interviewing compared with no treatment for smoking cessation

**Patient or population:** tobacco smokers (adolescents, university students, adult primary care patients)

**Setting:** high schools, university & primary care (USA)

**Intervention:** motivational interviewing

**Comparison:** no smoking cessation treatment

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with no treatment	Risk with MI				
Smoking cessation at ≥ 6 months follow-up	Study population		RR 0.84 (0.63 to 1.12)	adjusted N = 684 (4 RCTs)	⊕⊕⊕⊕ LOW 1, 2	One eligible study (Naik 2014) has been excluded from this pooled analysis as it recruited a substantially different population (incarcerated men) compared with the other studies, which recruited adults and adolescents from the general population. When included in the analysis, it resulted in substantial heterogeneity - removal of Naik 2014 decreased statistical heterogeneity to zero.
	22 per 100	19 per 100 (14 to 25)				

\*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

**CI:** Confidence interval; **RR:** Risk ratio; **OR:** Odds ratio;

### GRADE Working Group grades of evidence

**High certainty:** We are very confident that the true effect lies close to that of the estimate of the effect

**Moderate certainty:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

**Low certainty:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

**Very low certainty:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

# Motivational Interviewing Strategies

- Express empathy
- Communicate respect and acceptance
- Establish a non-judgmental, collaborative relationship
- Be a supportive and knowledgeable consultant
- Listen rather than tell
- Develop discrepancy between clients' goals or values and current behavior
- Avoid argument
- Roll with resistance
- Support self-efficacy and optimism




**WHAT STRATEGIES MIGHT BE  
A CHALLENGE TO IMPLEMENT  
IN HR SETTINGS?**

# Motivational Interviewing Strategies

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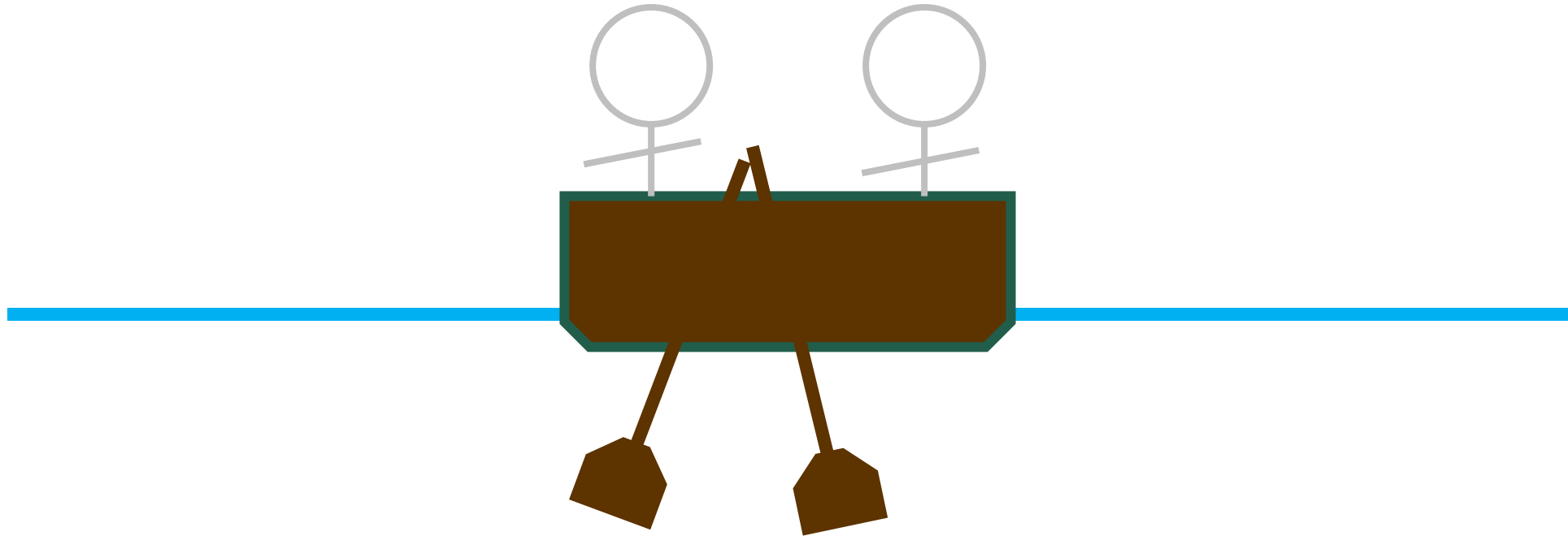
This takes time



This can feel like  
an overstep



# OARS!



# OARS! – Skills for Motivational Interviewing

- **Open-ended questions**
  - Open-ended questions cannot be answered with a single word or phrase. Example: rather than asking, “Do you like to drink?” ask, “What are some of the things that you *like* about drinking?”
- **Affirmations**
  - Support and comment on the client’s strengths, motivation, intentions, and progress.
- **Reflections**
  - Demonstrate that you have heard and understood the client by reflecting what they shared with you
- **Summarization**
  - “Am I getting that right?” ...provides clean transitions and allows you to emphasize change talk



Closed Question	Open Question
So you are here because you are concerned about your use of alcohol, correct?	Tell me, what is it that brings you here today?
How many children do you have?	
Do you agree that it would be a good idea for you to go through detoxification?	
First, I'd like you to tell me some about your marijuana use. On a typical day, how much do you smoke?	
Do you like to smoke?	
How has your drug use been this week, compared to last: more, less, or about the same?	
Do you think you use amphetamines too often?	
How long ago did you have your last drink?	
Are you sure that your probation officer told you that it's only cocaine he is concerned about in your urine screens?	
When do you plan to quit drinking?	

Tip 35

# Affirmations

*As you hear the client's story, what strengths do you identify in them? How would you acknowledge those strengths?*

Examples:

- I appreciate how hard it must have been for you to decide to come here. You took a big step.
- I think it's great that you want to do something about this problem.
- You're certainly a resourceful person to have been able to live with the problem this long and not fall apart.
- That's a good suggestion.

## R

## Skill: A Rainbow of Reflections for Rolling with Resistance

|----- Complex Reflections -----|

- **Simple Reflection:** Respond to resistance with non-resistance (Ex: *You don't think abstinence would work for you right now*)
- **Amplified Reflection:** Reflect the client's comment in an exaggerated form—make them argue against an anti-change statement (Ex: *So your wife is worrying needlessly*)
- **Double-sided Reflection:** Juxtapose client's statement with a prior statement from them that counters it (Ex: *You can see some problems here, but you're not ready to think about quitting right now*)
- **Shifting Focus:** nudge clients away from focusing too heavily on barriers/obstacles to change. (Ex: *I don't think we're ready to talk about that just yet—I'm still trying to understand your priorities*)
- **Agreement With a Twist:** Agree with part of an anti-change statement while taking the conversation in a new direction
- **Reframing:** Offer a new and positive interpretation of negative information (Ex: *Sounds like your spouse really cares about you.*)

S

# How would you summarize this client's Pro/Con list?

PROS of current heroin use	CONS of current heroin use
<ul style="list-style-type: none"><li>• Helps me get to sleep</li><li>• Helps my pain</li><li>• Makes my anxiety better when I have a stable supply</li><li>• All my friends are using</li><li>• If I stop, I'm going to go into withdrawal</li><li>• I'm careful about how much I use, and haven't had an overdose</li></ul>	<ul style="list-style-type: none"><li>• Having to use more to get the same effect</li><li>• Not helping as much with pain as it used to</li><li>• Anxiety worse when I can't get enough to keep me well</li><li>• My family isn't talking to me</li><li>• I have hepatitis C from using IV</li><li>• A few of my friends died from overdoses this past year</li></ul>



**WHAT MI SKILLS MIGHT BE  
POTENTIALLY INAPPROPRIATE  
IN HR SETTINGS?**

# OARS! – Skills for Motivational Interviewing

Try: What did you want to know about \_\_\_\_\_?

- **Open-ended questions**
  - Open-ended questions cannot be answered with a single word or phrase. Example: rather than asking, “Do you like to drink?” ask, “What are some of the things that you *like* about drinking?”
- **Affirmations**
  - Support and comment on the client’s strengths, motivation, intentions, and progress.
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Caution with reflections used to develop discrepancy





**PRACTICE**

# Exercise: Readiness Scale



*Try it on yourself—what's something that you've wanted to change in your life?  
Then come up with 1-2 follow-up questions you would have for yourself based if you scored*

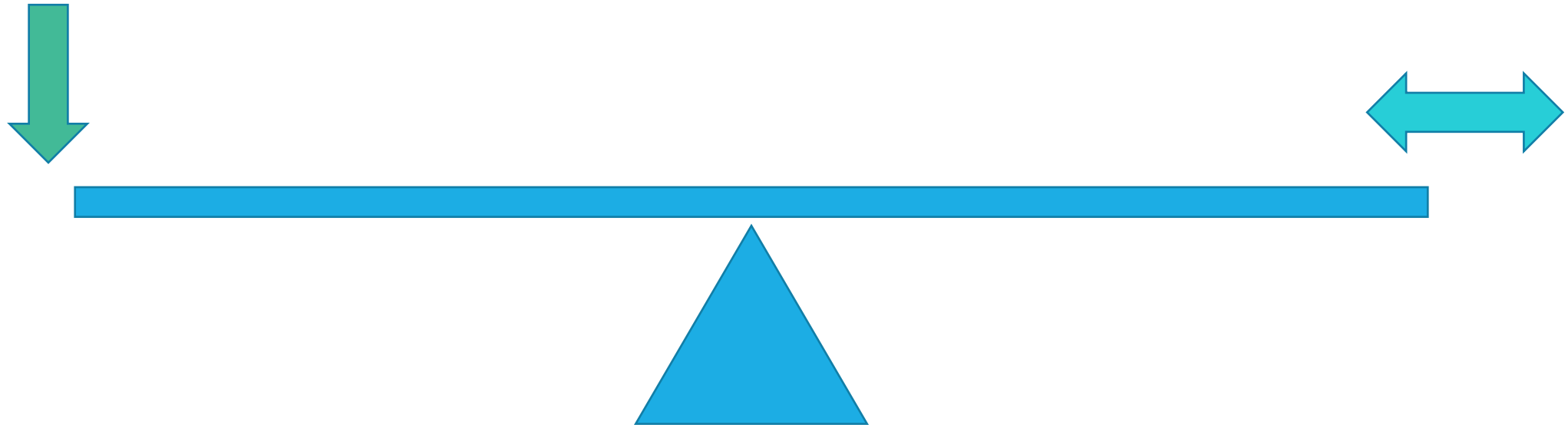
- a) a 3 on the scale,*
- b) and b) a 7 on the scale!*

# Case

- A 23 Y F with opioid use disorder, complicated by chronic untreated HCV and prior near-fatal overdoses, presents to your syringe services program requesting sterile syringes

*Draw out the decisional balance scale shown on the next slide, and write down what YOU think the client feels are the drivers of continued injection use vs reduction/cessation of injection use*

# Exercise: Decisional Balance



# Case

- A 35 Y M with stimulant use disorder is admitted to your hospital with recurrent cellulitis and abscess of the right arm related to injection use.

*How would you use Motivational Interviewing to educate this client on safer injection practices?*

A

Area

R

Reversal Agent

M

Materials

S

Syringes

MI as an  
Education tool

## One Model of Brief MI-based Discussions

**Table 3.** Components of a brief negotiation interview<sup>a</sup>

Goals	Intervention component	Suggested strategies/questions
Understand client's concerns and circumstances.	Establish rapport.	Use open-ended questions that demonstrate concern for client as a person. ⇒ "How are you feeling today? Are you comfortable?" ⇒ "If I could see the situation through your eyes, what would I see?"
Get client agreement to talk about topic.	Raise subject.	Request permission to discuss topic. ⇒ "Would you mind spending a few minutes talking about [topic] and how you see it affecting your health?"
Understand readiness to change behavior and to accept treatment/evaluation referral.	Assess readiness.	Use an assessment tool to assess readiness, and discuss results with client. ⇒ "How do you feel about [topic]?" ⇒ "How ready are you to change your use of [topic]?"
Raise client awareness of consequences of the behavior, and share provider's concerns.	Provide feedback.	Use objective data from individual's medical evaluation if possible, and then elicit reactions from client. ⇒ "What do you make of these results?"
Assure client that ongoing support is available.	Offer further support, targeted to client's level of readiness to change.	For clients who are "not ready" to change: ⇒ "Is there anything else you want to know about [topic]?" ⇒ "What would it take to get you to consider thinking about a change?" For clients who are "unsure" about change: ⇒ "What are the good things you like about [topic]? What does it do for you?" ⇒ "What are the things you don't like about [topic]? What concerns do you have about it?" For clients who are "ready" to change: ⇒ "Here are some options for change. What do you think would work best for you?" ⇒ Provide support and referral.

<sup>a</sup> Adapted from D'Onofrio, et al.<sup>23</sup>

# **GO BACK TO YOUR BELIEF PAPER—**

*EVEN IF YOU FEEL THIS BELIEF  
STRONGLY, ARE THERE THINGS  
ABOUT THE SUBJECT OF YOUR  
BELIEF THAT YOU WISHED YOU  
KNEW MORE ABOUT?*





# Lots to still study and understand:

- How do we train more folks to be comfortable navigating MI conversations?
- Most MI interventions are short-term—are there long term benefits/risks?
- Cultural Adaptations are clearly needed, but what are the best practices for MI in vulnerable populations? (Self et al 2023)
- How much of this needs to be in-person? (Torres et al 2020)

# References

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## Motivational Interviewing and Motivational Enhancement Therapy

**Motivational Interviewing Network of Trainers (MINT)** ([www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)). This website includes links to publications, motivational interviewing (MI) assessment and coding resources, and training resources and events.

**Motivational Enhancement Therapy Manual** (<https://casaa.unm.edu/download/met.pdf>). This manual describes the history of motivational enhancement therapy (MET) and its use in Project MATCH. It provides an overview of MET, its relationship to the stages of change, the structure of MET sessions, and a thorough review of the assessment and personalized feedback process used in MET.

**Institute for Research, Education & Training in Addictions Motivational Interviewing Toolkit** (<https://ireta.org/resources/motivational-interviewing-toolkit>). This website provides educational materials about MI and links to no-cost MI resources.

## Stages of Change

**Health and Addictive Behaviors: Investigating Transtheoretical Solutions Lab at the University of Maryland, Baltimore County** (<https://habitslab.umbc.edu>). This website provides an overview of the Transtheoretical Model of behavior change, printable assessments and scoring information, related publications, and learning tools.

## Training and Supervision

**Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency Manual** ([www.motivationalinterviewing.org/sites/default/files/mia-step.pdf](http://www.motivationalinterviewing.org/sites/default/files/mia-step.pdf)). This collection of tools is for mentoring counselors in MI skills used in the engagement and assessment stage of counseling people with substance use disorders (SUDs). It includes teaching tools, counselor self-assessment skill summaries, MI rating guides and forms, transcripts and ratings of sample MI interviews, and trainer instructions.

**Center on Alcoholism, Substance Abuse, and Addictions** (<https://casaa.unm.edu>). This multidisciplinary research center at the University of New Mexico provides links to alcohol and drug assessment tools, MI coding tools and therapist manuals, and audio files and uncoded transcripts of counselor role plays that can be used for training.

**Motivational Interviewing Resources** (<https://motivationalinterviewing.org/motivational-interviewing-resources>). This MINT webpage provides links to downloadable coding manuals for assessing counselor fidelity to the MI spirit and practice skills including the **Manual for the Motivational Interviewing Skill Code (MISC)** (<https://casaa.unm.edu/download/misc.pdf>), the **MISC 2.5** (<https://casaa.unm.edu/download/misc25.pdf>), the **Motivational Interviewing Treatment Integrity Coding Manual 4.2.1** ([https://motivationalinterviewing.org/sites/default/files/miti4\\_2.pdf](https://motivationalinterviewing.org/sites/default/files/miti4_2.pdf)), and the **Assessment of Motivational Interviewing Groups—Observer Scale (AMIGOS—v 1.2)** ([https://motivationalinterviewing.org/sites/default/files/amigos\\_rating\\_form\\_v1.2.pdf](https://motivationalinterviewing.org/sites/default/files/amigos_rating_form_v1.2.pdf))

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Questions?

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