
How to Use Motivational Interviewing in Opioid Use Disorder

Introduction

Motivational interviewing (MI) is a therapeutic approach that focuses on a patient's own motivation and commitment to change. This method is especially useful for patients who are ambivalent about quitting. With MI, therapists aim to explore these mixed feelings and highlight the patient's reasons for wanting to get better, known as "change talk." Helping patients resolve these mixed feelings can build a strong partnership and make it easier to create a recovery plan.

MI is carried out in four steps, called Processes, each one building on the last. Here, we explain each process and offer some helpful strategies to use.

Engaging

In this first process, the goal is to establish a solid therapeutic rapport. Use nonjudgmental language and express open curiosity.

- **Active listening:** Show that you understand by using nonverbal cues (like nodding your head) and reflecting back what the patient says.
 - *Patient: "It feels impossible to get sober because every time I try to quit, I just feel so sick and start using again."*
 - *Provider: "It sounds like you want to stop using, but the withdrawals you experience are a big barrier to getting there."*
- **Open-ended questions:** Ask the patient questions like: "How has drug use affected your life?" "What do you think about medicine to treat drug use?"
- **Empathy and affirmation:** Offer positive reinforcement. For example: "You've been through a lot, and I can understand why it's difficult for you to seek treatment. It's very brave of you to be here today, and I really appreciate that you made the effort."

Focusing

The goal here is to figure out what the patient wants to achieve with treatment. Agreeing on a goal for change early on can help with planning later.

- **Agenda mapping:** Identify various possible goals and help the patient decide which is the most important for them. For example, one goal might be to start and stay on medication for opioid use disorder. A different type of goal might be one consistent with harm reduction, such as always using sterile syringes, not using alone, or not mixing opioids and stimulants.

Evoking

During this process, the provider elicits change talk, or the reasons the patient has for wanting to change their life. The goal here is to enhance change talk as much as possible and shift the conversation away from sustain talk, which are all the reasons to not make a change and instead maintain the status quo.

- **Targeted reflections:** Reflections are statements that echo back or build upon material introduced by the patient. Target your reflections so that they elicit change talk:
 - *Patient: "I know using opioids is dangerous, but stopping is so hard. It all feels so daunting."*
 - *Provider: "You mentioned that opioid use is dangerous. What are some of the dangers that you are worried about?"*In this case, reflecting on the dangers of opioids can provoke change talk, nudging the patient to describe why recovery is important. Avoid reflecting on how stopping is hard, because this will only cause the patient to offer more sustain talk, which is the opposite of what you want.
- **Summary statements:** Sessions are typically a mix of change talk and sustain talk. Make note of change talk statements and offer them up to the patient to remind them of all the reasons they've given to make a change:
 - *"We've touched on a lot of topics today, but what stands out to me is that you provided a lot of reasons for stopping opioids. Your friend recently passed away from an overdose, and ongoing drug use has nearly cost you your job twice. Moreover, your family is very worried about you. Does that sound right?"*

Planning

Work together with your patient to create a step-by-step action plan based on what you've talked about so far. It is important that the plan is concrete and realistic, so that the patient will be consistently moving toward their goal. Multiple small steps that are achievable will always be preferable to big insurmountable changes.

- **SMART goals:** Patients tend to be either vague ("I'll just use less") or overly ambitious ("I'll stop cold turkey and never use again") when making plans for change. Instead, guide them to goals that are **S**pecific, **M**easurable, **A**ction-oriented, **R**ealistic, and **T**imely.
- **Problem solving:** Work through practical barriers that might arise while instituting a change plan: "I'm glad you are interested in starting methadone. Do you have daily transportation to and from the clinic?" "Injectable naltrexone can be a good treatment for opioid use disorder, but it can be expensive. Have you made sure that your insurance will cover the cost?"