

Implementing Motivational Interviewing for drug abuse with safety net primary care patients

Peter Roy-Byrne, MD
Principal Investigator

Chris Dunn, PhD
Motivational Interviewing Trainer

TAU vs. MI

- Trained MSWs in primary care clinics
- 4 primary care clinics at Harborview, Seattle
- Few exclusion criteria, safety net population
- Screened, assessed & randomized in waiting room

All BIs audio recorded!

NIDA trial of Brief Intervention for drugs in primary care

Peter Roy-Byrne MD

- Richard Ries MD, Co-Investigator
- Antoinette Krupski PhD, Co-Investigator
- Jutta Joesch, PhD, Co-Investigator
- Dennis Donovan PhD, Co-Investigator
- David Atkins, Consultant
- Kristin Bumgardner BS, Coordinator
- Grin Geiss Trusz BA, Co-trainer
- Chris Dunn PhD, Co-Investigator

Doses of Training and Supervision

Initial Training

- Three 2-hour MI workshops
- 4 telephone practice sessions with actor + corrective feedback

Supervision

- Monthly group supervision (1.5 hours)
- Bi-monthly written feedback from trainer/supervisor

National dissemination by ACS & JCAHO: Implement SBIRT in all hospitals in U.S.

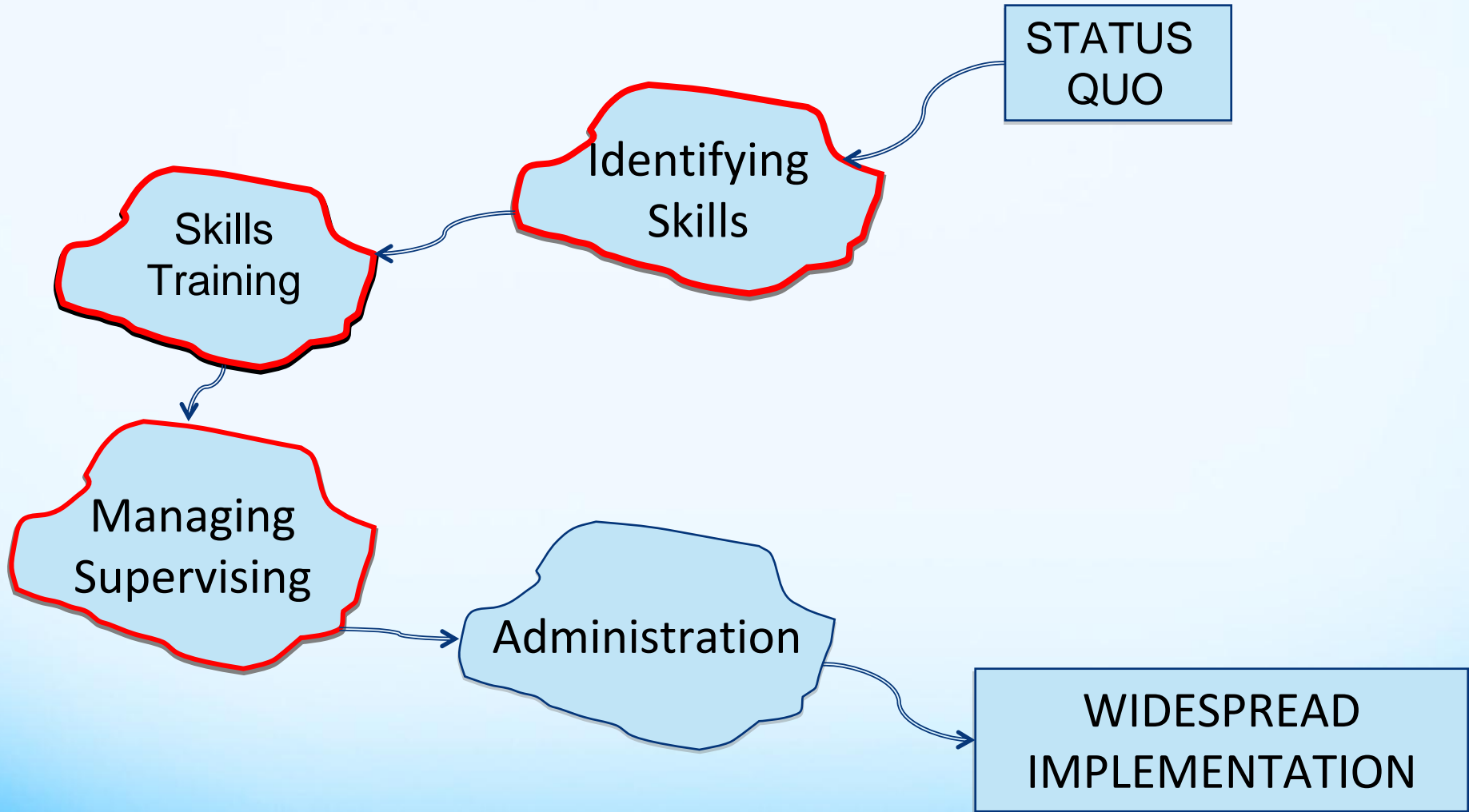
SBIRT

Screening for drug abuse among primary care patients

Brief **I**ntervention (on the spot counseling for positive screens)

Referral for **T**reatment when appropriate

Potholes on the road to widespread dissemination



3 Motivational Interviewing Skills by MSWs in PC clinics

- Global MI SPIRIT (1-5 scale)
- % Open Questions (beh count)
- Ratio of Reflections to Questions (beh count)

Examples of an open question and a reflection

- D: *Before we dive into this discussion, give me an idea of how heroin fits into your life, so I can see it through your eyes. (OPEN QUESTION)*
- P: *I have to use every day, you know. You'll have this kind of, like, uncomfortableness and cramping and once I score I feel much better.*
- D: *So you're just trying to feel good; not be dope sick. (REFLECTION)*

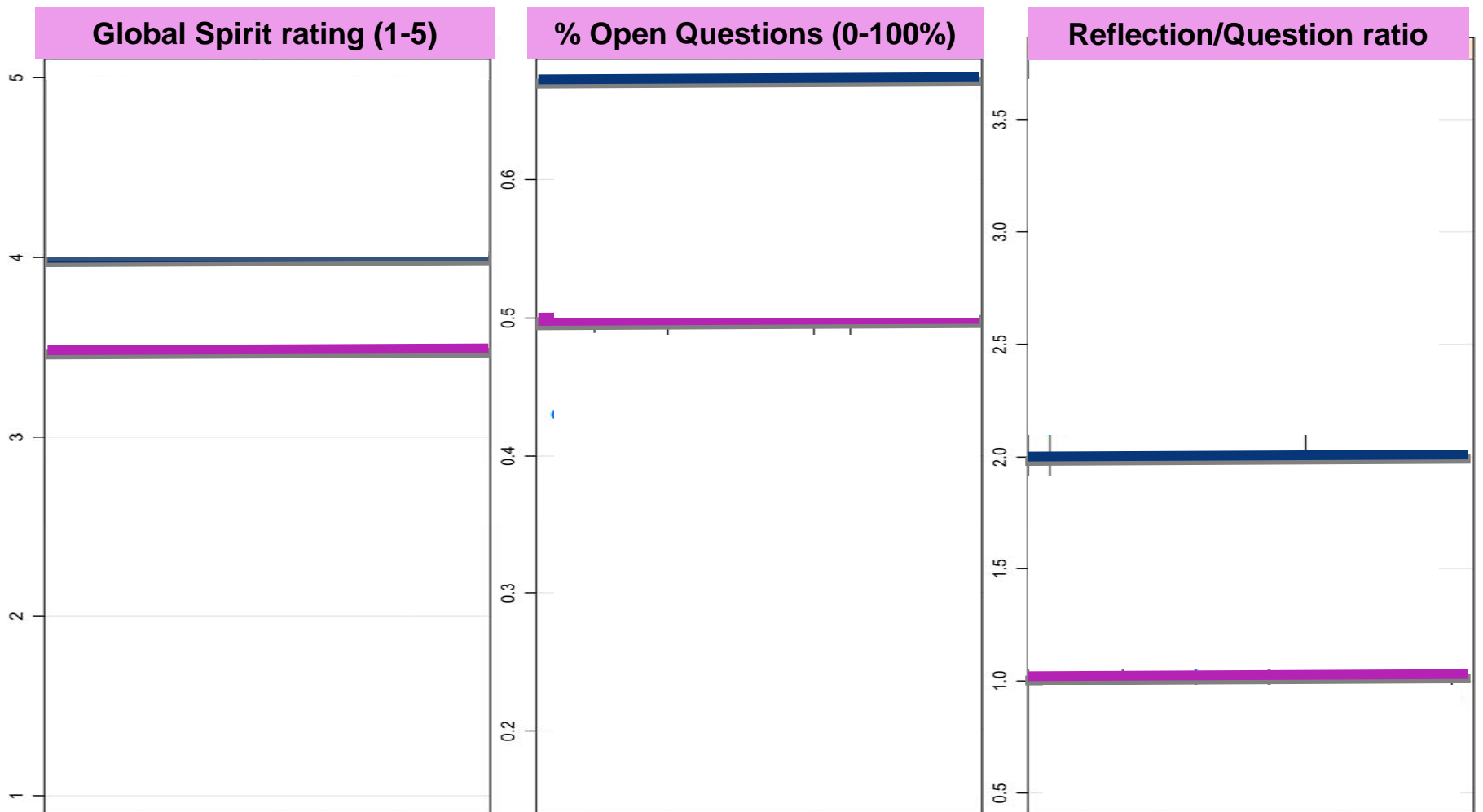
Example of HIGH MI SPIRIT

- D: What concrete steps could you take to make these changes? (**AUTONOMY TO SOLVE OWN PROBLEMS**)
- P: Steps I would like to take? I don't know.
- D: Something positive, like what's going to help you with your daughter or that craziness in your life? (**DOESN'T TAKE EXPERT ROLE**)
- P: You know, I don't know. Maybe I just . . . I just need to stay away from certain people. (**CHANGE TALK EVOKED**).
- So avoid certain people selling drugs or using drugs. That makes a lot of sense. (**REFLECTION & SUPPORTIVE AFFIRMATION**)

Examples of Low MI SPIRIT

- D: You need to quit drugs completely or you will never find housing or work **(TRIES TO INJECT CORRECT IDEAS)**
- P: But there's no way I can get off heroin until I have a safe place to live. Everybody around me uses...
- D: Unfortunately, housing authorities only accept people already clean from drugs. You cant have dirty UAs. **(TAKES EXPERT ROLE OF AUTHORITY)**
- P: See? That's there's the catch 22 again! I have to be clean to get housing but I cant get clean until I get housing. That's discrimination! **(NO CHANGE TALK EVOKED)**

MI scores for 12 counselors on 3 MI skills



Competency



Beginning Proficiency



(Moyers 2007)

What we currently know about BI and MI

- MI probably enhances BI outcomes (Dunn, 2001)
- Some clinicians are not able or willing to learn to do MI well (Moyers, 2008)

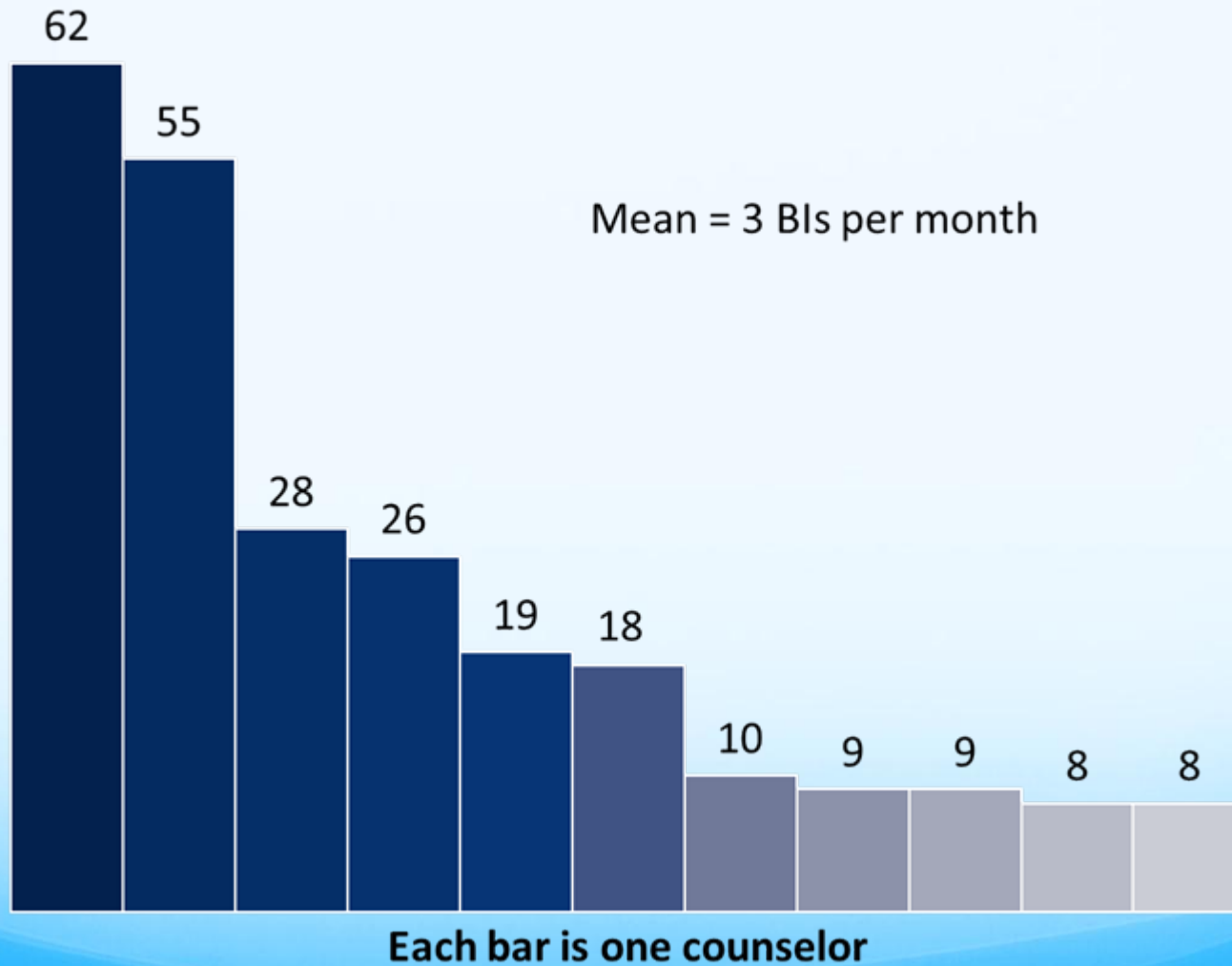
What we do NOT know about BI and MI

- How good must MI skills be to reap significant change?
- How much MI training & supervision is enough?
- How much MI will social workers do for free?

Process outcomes reported today

- How many BIs can counselors actually do during routine care?
- How do our counselors' MI skills compare to those in other studies of MI training?
- Did counselors' MI skills improve, decline, or hold steady during the course of the study?

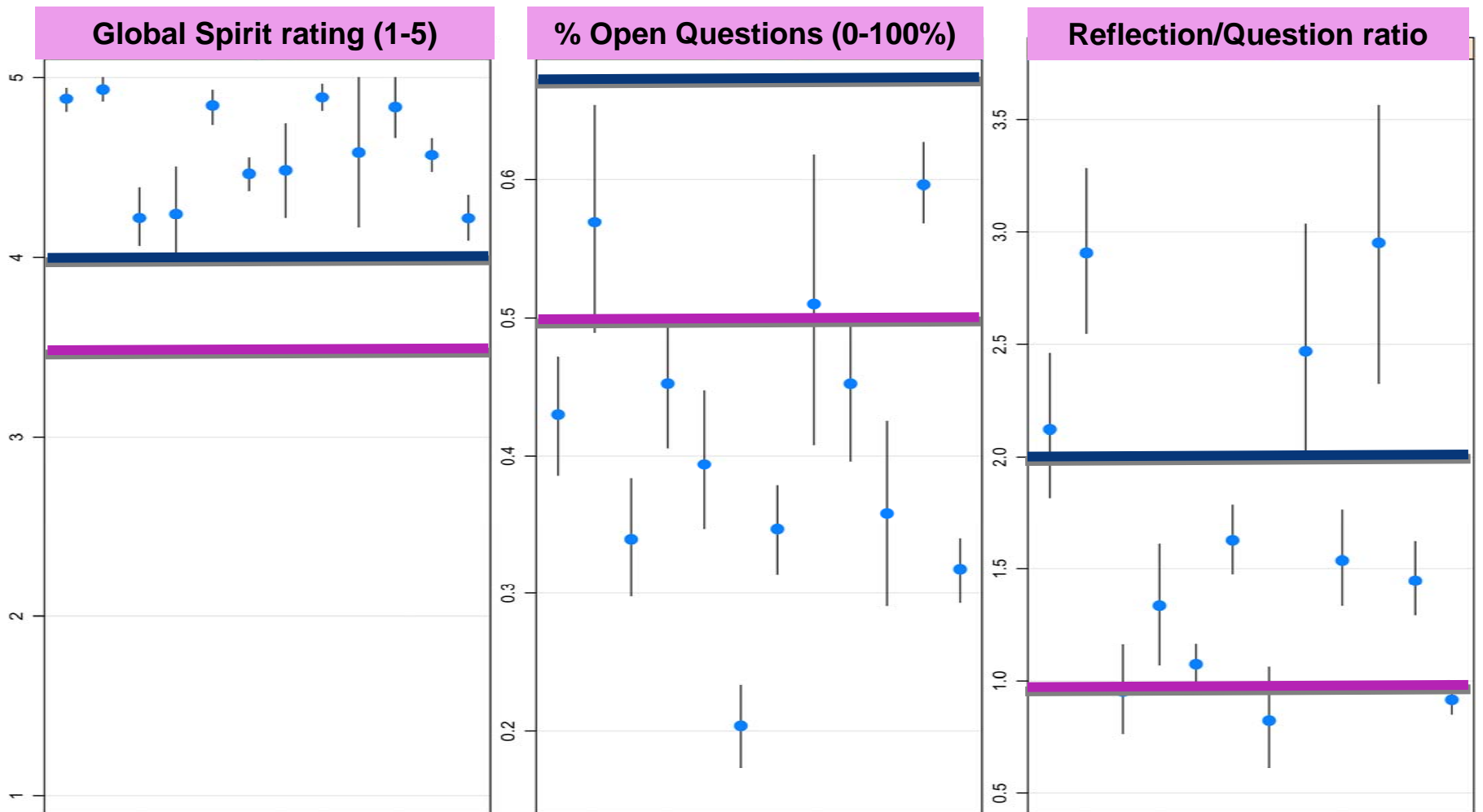
How many BIs did each counselor do?



Group MI scores compared to other studies

Study	Training Format	Global MI Spirit (1-5)	% of all questions that were OPEN (1-100%)	Reflection/Question Ratio (SD)
Baer 2003	WS only	NA	41% (17%)	1.1 (0.5)
Miller 2004	WS + CF	3.5 (1.3)	57% (16%)	1.4 (0.8)
Moyers 2008	WS + CF	3.4 (0.84)	42% (18%)	1.2 (0.7)
Roy-Byrne 2011	WS + CF	4.5 (0.6)	38% (20%)	1.5 (0.96)

MI scores for 12 counselors on 3 MI skills



Competency

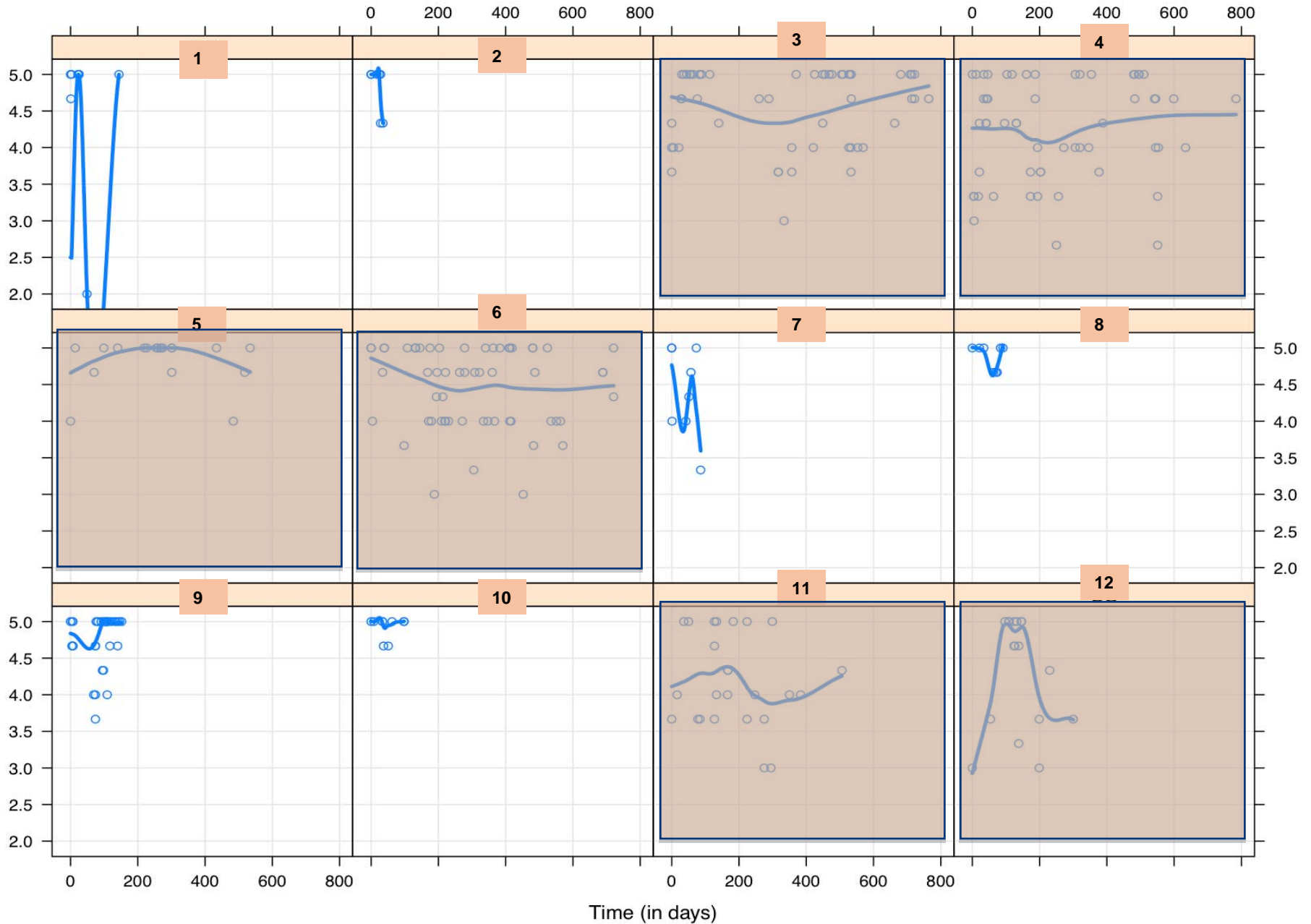


Beginning Proficiency

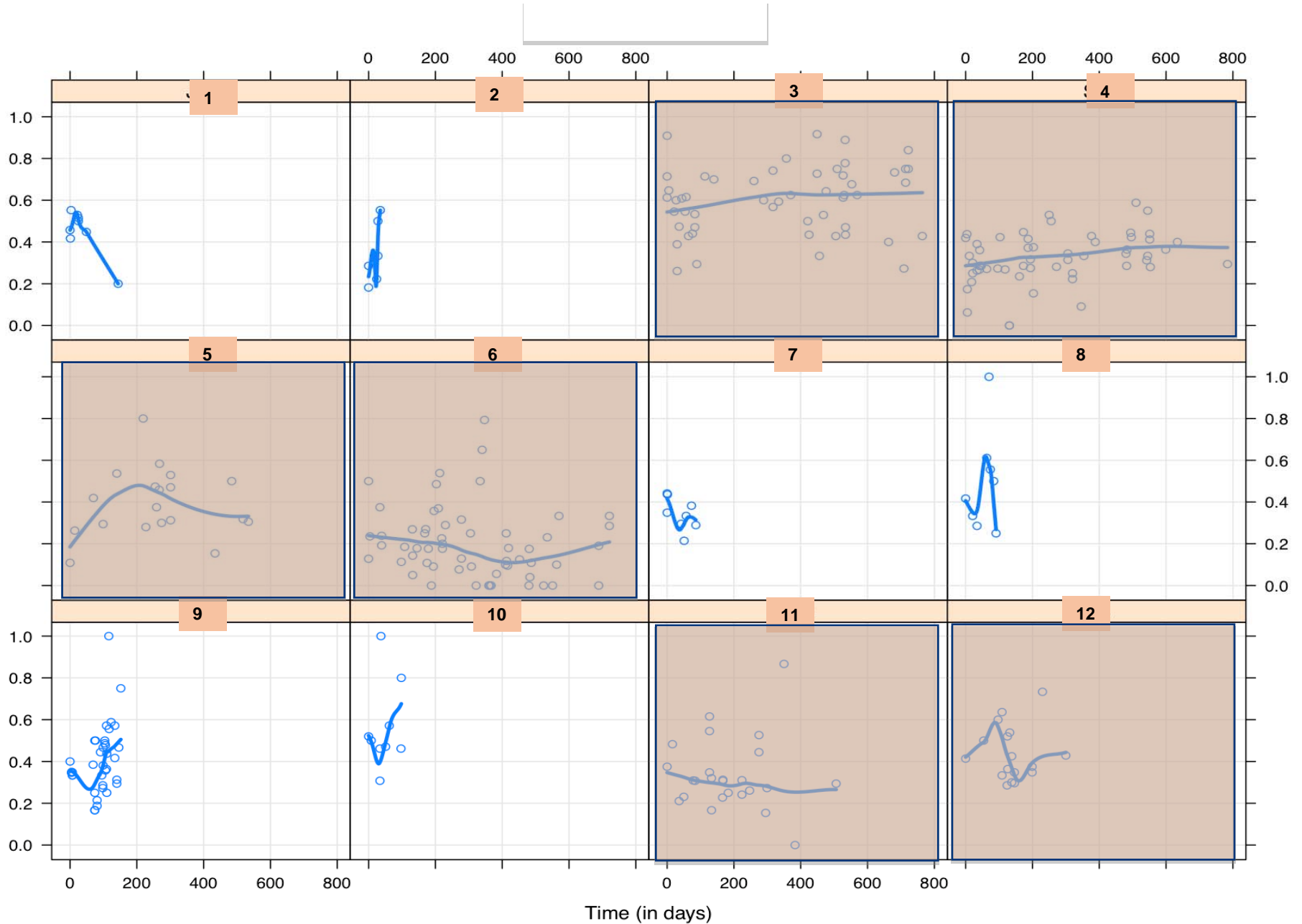


(Moyers 2007)

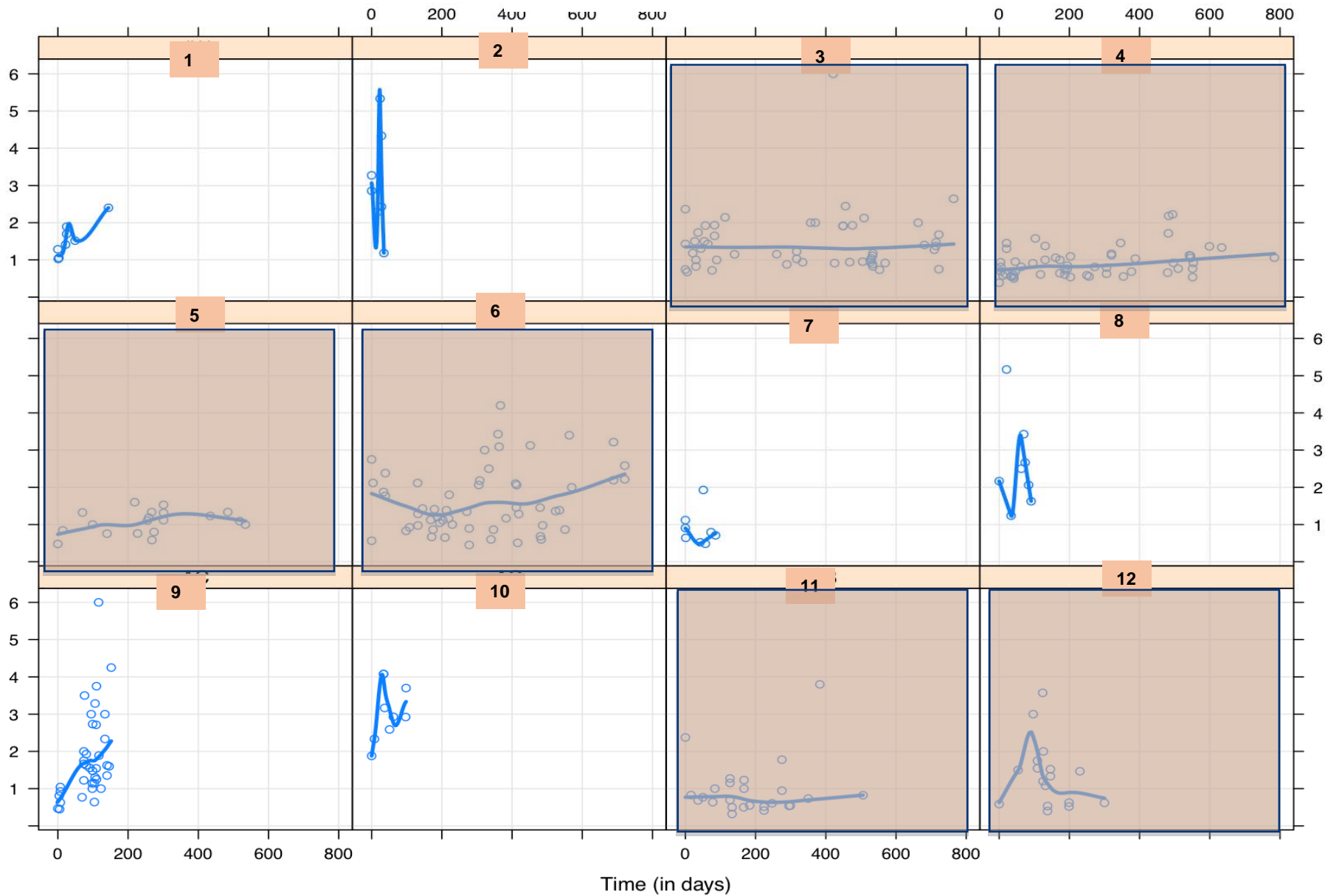
Global MI Spirit over time



% Open Questions over time



Reflection/Question Ratio over time



Lessons Learned

- Providers in busy medical settings can learn to do MI
- Most counselors did not do very many BIs, nor very often
- MI skills mostly stable over time with monthly group supervision and bimonthly written feedback.

Does high MI skill work better than low MI skill for drug abuse?

Stay tuned!