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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

IDENTIFYING AND ADDRESSING AMBIVALENCE IN MAT PATIENTS

AMY BURNS, MD

GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

Mark Duncan MD
Barb McCann PhD
Anna Ratzliff MD PhD
Rick Ries MD
Kari Stephens PhD
Cameron Casey
Betsy Payn
Diana Roll
Cara Towle MSN RN
Niambi Kanye

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OBJECTIVES

1. Participants will know the risk of MAT discontinuation in order to describe to ambivalent patients IF the patient is interested.
2. Participants will demonstrate their ability to identify and address ambivalence using Motivational Interviewing principles.

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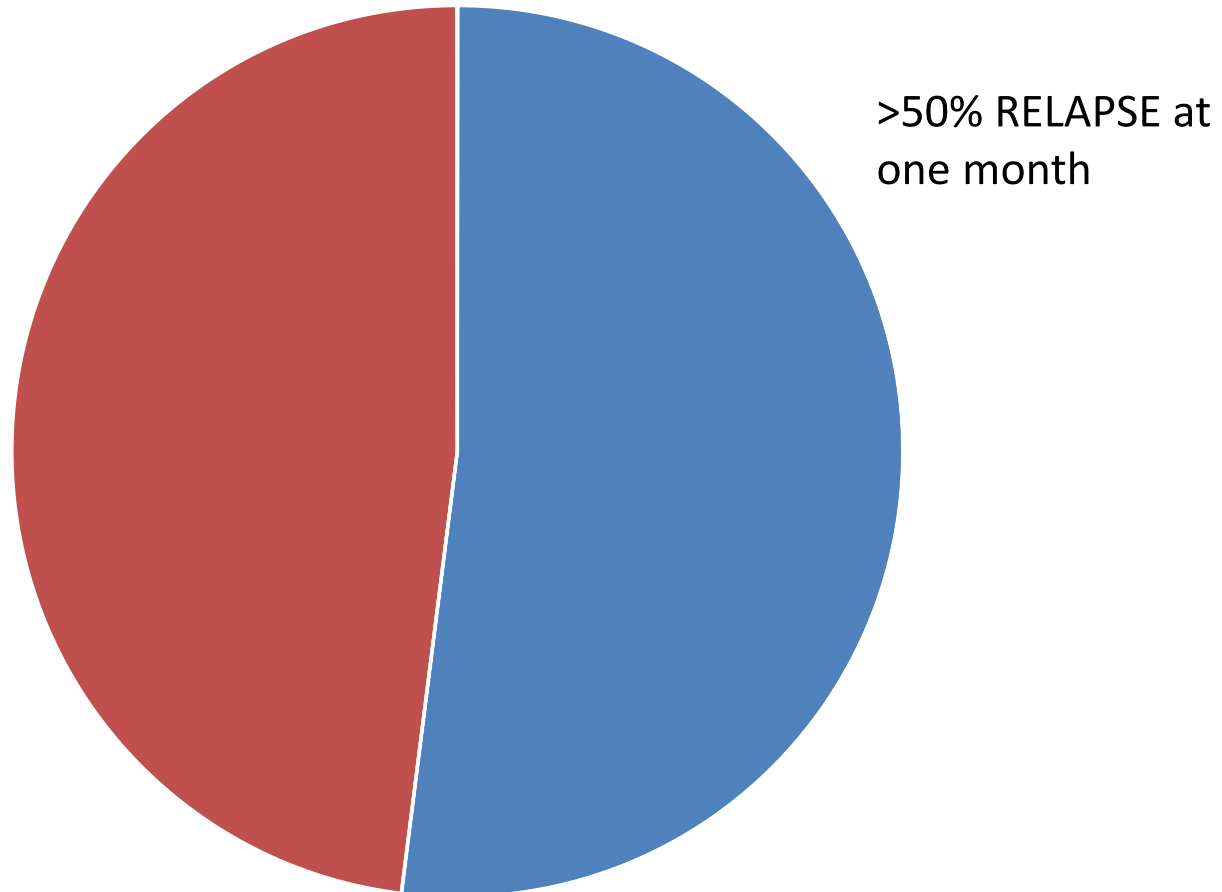
RATE OF RELAPSE TO ILLICIT OPIOID USE AFTER DISCONTINUATION



(Bentzley, 2015)

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WHO IS AT HIGHEST RISK FOR DISCONTINUATION OF BUPRENORPHINE?

- Low initial dose (<=4 mg) is a particularly strong risk factor for discontinuation
- Younger adults, minorities and those with a history of non-opioid substance use disorders are at a greater risk of discontinuation
- Psychiatric comorbidities are NOT a significant risk factor for discontinuation.
- (Samples, 2018)

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WHY DO PATIENTS QUIT MAT?

- 44.6% are discharged involuntarily
  - Missed too many appointments
  - Conflicts with staff
- 4% didn't like Buprenorphine
- 4% wanted to keep using illicit drugs
- 1% didn't think recovery was possible while taking buprenorphine
- 17% Appointment times conflict with work/school
- 7% incarceration
- 3% transportation

(Gryczynski, 2013)

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WHY DO PATIENTS WANT TO STAY ON MAT?

- 68% fear withdrawal discomfort
- 50% pain
- 48% fear relapse
- 34% fear events related to relapse, such as, “life becoming a mess”
- 30% don’t want to return to crime
- 17% don’t want to loose contact with clinic

Winstock, 2011

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MI IS EFFECTIVE

- Motivational interviewing is effective at enhancing medication adherence in adults treated for chronic diseases.

Zomohoun, 2017

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SPIRIT OF MI

- Motivation to change is elicited from the client, NOT imposed from without.
- It's the client's task, not the counselor's, to articulate and resolve his or her ambivalence.
- The counseling style is generally a quiet and eliciting one.
- The counselor is directive in helping the client to examine and resolve ambivalence.
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction
- The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

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EQUIPOISE: INTENTIONAL NEUTRALITY TOWARDS CHANGE GOAL

- *Direct persuasion is not an effective method for resolving ambivalence.* (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).

Practicing perfect EQUIPOISE on the summit of Mt Eagle Cap, Oregon

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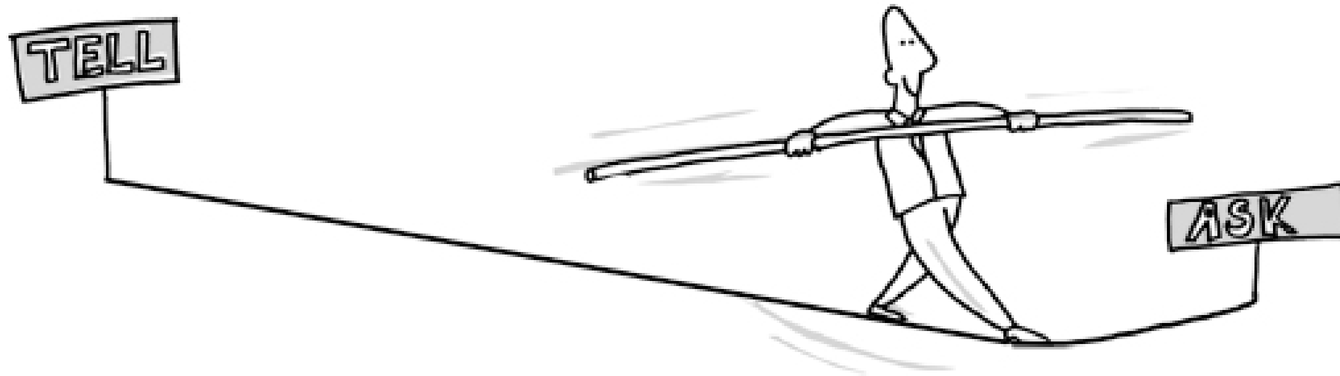
INFORMED CONSENT FOR STOPPING MAT

- ask, tell, ask



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A OR B?: WHICH OF THE FOLLOWING HAS MORE MI SPIRIT?

- A. I recommend that you stay on MAT. More than 50% of people that stop bup, go back to illicit drugs within a month. I'm worried that could happen to you.
- B. I know you are thinking about getting off MAT. I have some information that I think you might want to know. Are you interested in hearing it? More than 50% who stop buprenorphine go back to illicit drugs within a month. What do you make of that?

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WHAT IS AMBIVALENCE?

- The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change.
- https://www.youtube.com/watch?v=RmVnIRgfngc

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MI APPROACH TO AMBIVALENCE

- 1. recognize it
- 2. validate reasons to quit MAT; focus and draw out reasons to stay on MAT

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RECOGNIZE AMBIVALENCE

- A 49 year old female with Opioid use disorder in remission for 7 months is seeing you for her buprenorphine check up and mentions that her NA sponsor doesn’t believe that she can truly be in recovery until off buprenorphine. She has a new job and it’s hard for her to get to appointments without disappointing her boss.

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YES, AND… AKA THE DOUBLE SIDED COMPLEX REFLECTION

- Validate the reasons to get off MAT, then pivot to your educated guess about why they want to stay on buprenorphine. (hypothesis testing)

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MAKING AMBIVALENCE EXPLICIT

- Example #1: People you respect don’t agree with your decision to be on bup, AND you’re worried you won’t be able to avoid heroin without it.
- Example #2: You’re scared you’ll get fired if you ask your boss for time to come to appointments, AND you really don’t want to go thru withdrawal from bup.

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YOUR TURN: WHERE IS THE AMBIVALENCE? TYPE INTO GROUP CHAT

- 43 yo male with methamphetamine use disorder and opioid use disorder on 8 mg of buprenorphine for 2 weeks says at your appointment, “I don’t think that heroin is really my problem. Meth is my drug of choice. I have this opiate thing. I want to taper.” Urine drug screen has meth and buprenorphine

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WHICH IS A DOUBLE SIDED COMPLEX REFLECTION

- A. Your urine has meth in it today, so looks like we're in agreement: time to come off.
- B. The part of you that started bup isn't sure getting off is the right thing to do
- C. Meth is your real problem AND there is part of you that wonders if the heroin cravings will come back without the bup.

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Encouraging Motivation to Change

Am I Doing this Right?

1. ✔ **Do I listen more than I talk?**
   ✘ Or am I talking more than I listen?
2. ✔ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
   ✘ Or am I talking about what I think the problem is?
3. ✔ **Do I invite this person to talk about and explore his/her own ideas for change?**
   ✘ Or am I jumping to conclusions and possible solutions?
4. ✔ **Do I encourage this person to talk about his/her reasons for *not changing*?**
   ✘ Or am I forcing him/her to talk only about change?
5. ✔ **Do I ask permission to give my feedback?**
   ✘ Or am I presuming that my ideas are what he/she really needs to hear?
6. ✔ **Do I reassure this person that ambivalence to change is normal?**
   ✘ Or am I telling him/her to take action and push ahead for a solution?
7. ✔ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
   ✘ Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✔ **Do I seek to understand this person?**
   ✘ Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✔ **Do I summarize for this person what I am hearing?**
   ✘ Or am I just summarizing what I think?
10. ✔ **Do I value this person's opinion more than my own?**
    ✘ Or am I giving more value to my viewpoint?
11. ✔ **Do I remind myself that this person is capable of making his/her own choices?**
    ✘ Or am I assuming that he/she is not capable of making good choices?

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