

# Enhancing Brief Interventions in Primary Care Settings with Motivational Interviewing

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# Investigators

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- Dennis Donovan PhD, Co-Investigator
- David Atkins, Consultant
- Kristin Bumgardner BS, Coordinator
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# Design of main study

- 4 primary care clinics at Harborview Medical Center
- Few exclusion criteria
- Screening & assessment in waiting room
- Randomized to BI w/MI **vs.** Brief advice & refer
- 12 counselors trained as interventionists, mostly clinic social workers.
- All BIs audio recorded!

# “Enhanced BI” vs “Skeletal BBBIOBIC”

- “Skeletal BBBIOBIC”
  - Give screening results to patient
  - Give referral list

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- “Enhanced BI using MI (motivational interviewing)”
  - Counseling method to increase motivation
  - Requires advanced listening skills & training
  - Has strong evidence for behavior change effects

# What is CURRENTLY KNOWN about BI and MI?

- MI probably enhances BI (Dunn, 2001)
- BI without MI is easier to learn than BI with MI
- Some clinicians are not able or willing to learn to do MI well (Moyers, 2008)

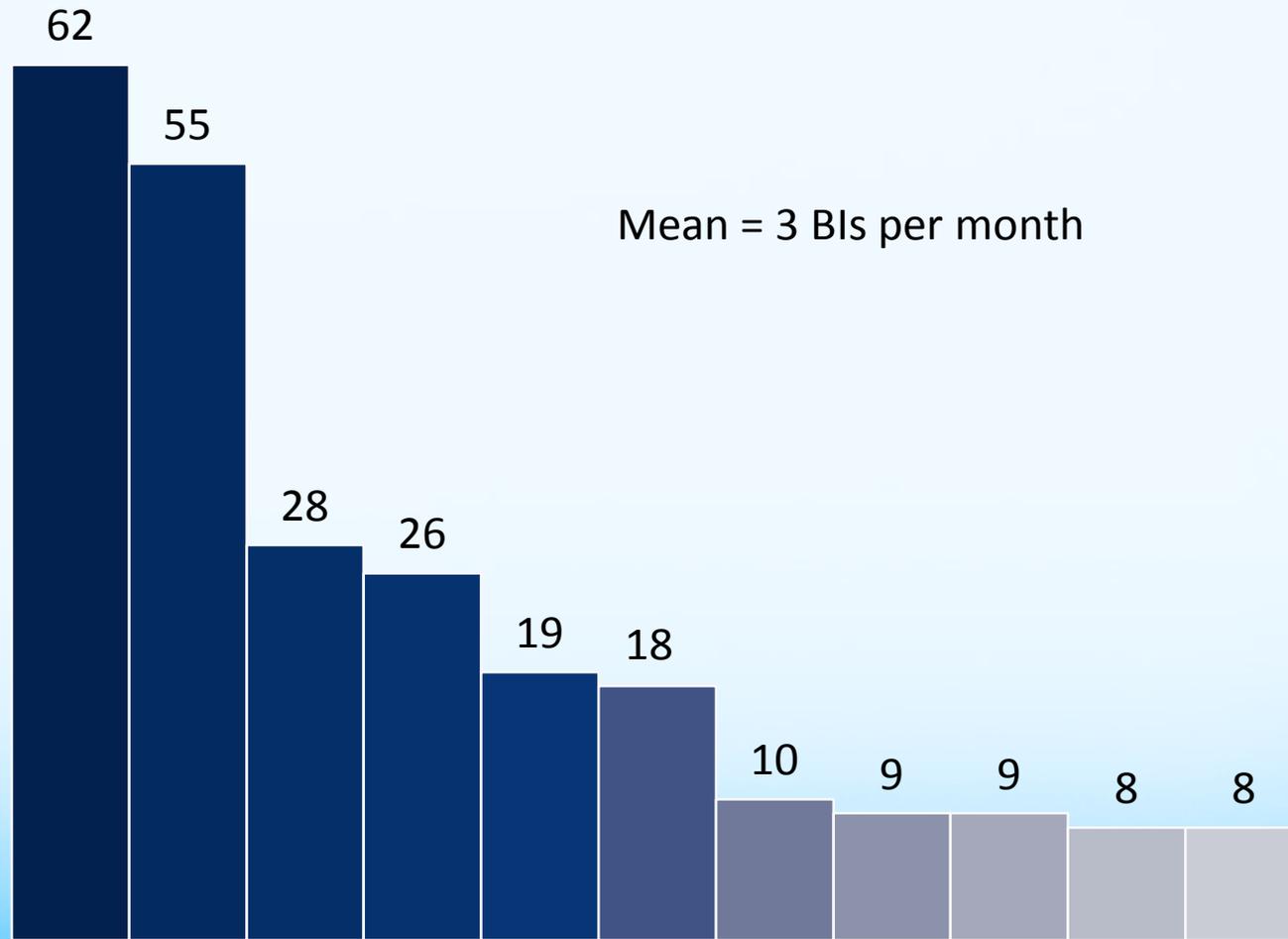
# What's currently NOT known about BI and MI?

*How good must MI skills be  
to reap a clinically significant advantage  
in patient outcomes?*

# Proximal outcomes reported today:

- How many BIs has each counselor actually done during study enrollment (so far)?
- How do our **group** MI scores compare to other studies of MI training?
- What were the **individual** mean MI scores of our 12 counselors during the course of the study for 3 key MI variables?
- Did counselors' MI skills improve, decay, or hold steady during the course of the study?

## How *many* BIs did each counselor do?



Mean = 3 BIs per month

Each bar is one counselor

# Examples of 2 MI variables:

## Open questions and Reflections

- *D: Before we dive into this discussion—I know it's pretty heavy, give me an idea of what your day's like, what your life is like, so I can see it through your eyes. (OPEN QUESTION)*
- *P: It all depends what's going on with the people I hook up with and sometimes, you know, it's just. . . I have to use every day, you know. You'll have this kind of, like, uncomfortableness and a little bit of cramping and once I score I feel much better enter.*
- *D: So you're just trying to feel good; not be dope sick, you mean. (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, you know, like what's going to help you with your daughter or craziness in your life? (DOESN'T ASSUME EXPERT ROLE)*
- *P: You know, I don't know. I really don't know where to start sometimes. Maybe I just . . . I just need to stay away from certain people.*
- *Trying to avoid things person selling drugs or using drugs. That makes a lot of sense. (SUPPORTIVE AFFIRMATION)*

# Example of **Low MI SPIRIT**

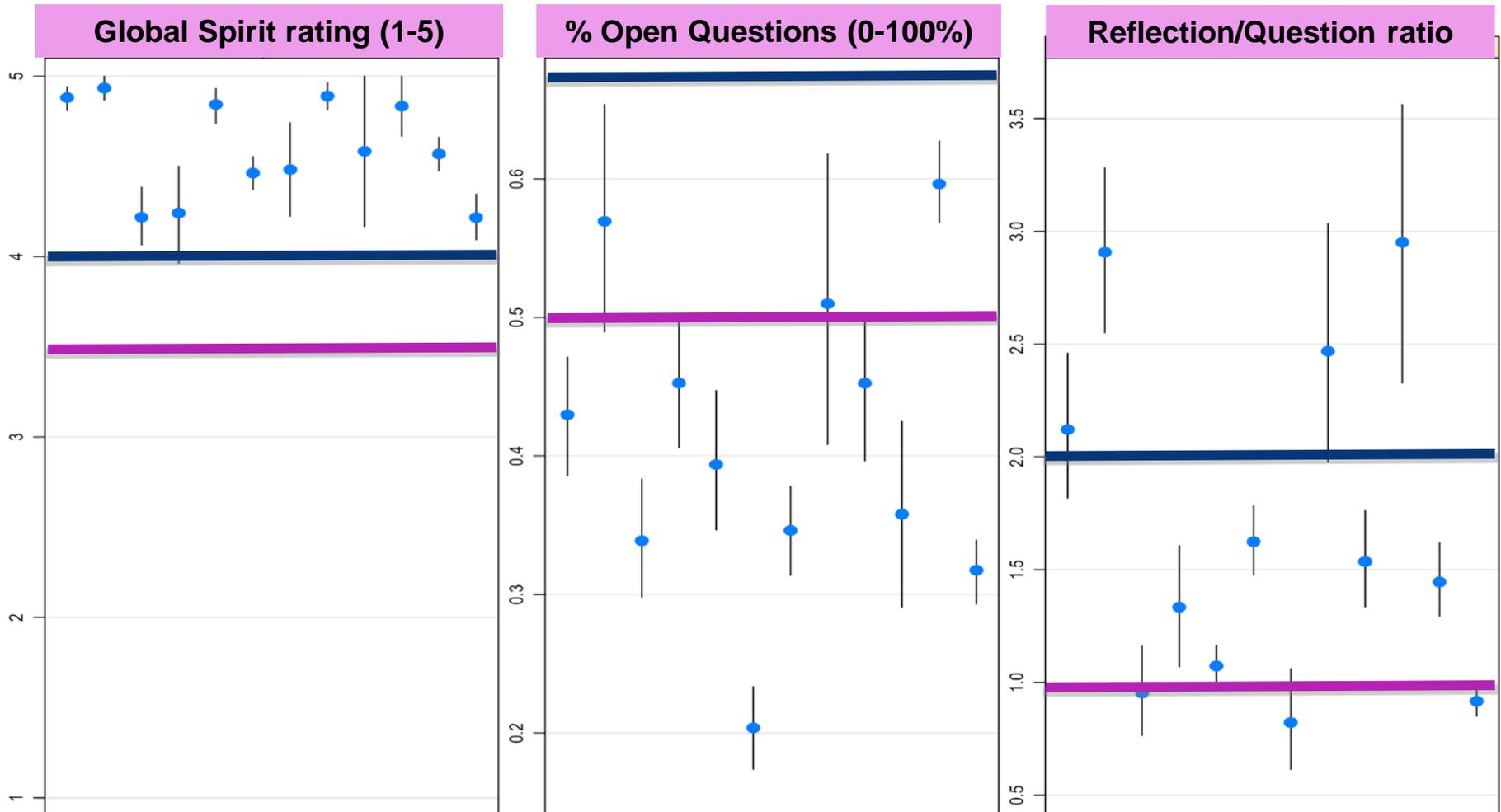
- D: What concrete steps could you take to make these changes? (**AUTONOMY TO SOLVE OWN PROBLEMS**)
- P: Steps I would like to take? I don't know.
- D: Maybe you should stay away from other people who use heroin... (**TAKES EXPERT ROLE**)
- P: You know, I don't know. I really don't know...
- D: Avoiding certain people would help avoid your triggers... (**GIVING UNSOLICITED INFORMATION**)

# Our 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)
<b>Roy-Byrne 2011</b>	WS + CF	<b>4.5 (0.6)</b>	<b>38% (20%)</b>	<b>1.5 (0.96)</b>

WS = Workshop, CF = Coaching and Feedback after workshop

# Mean MI scores for 12 counselors on 3 MI skills



Competency



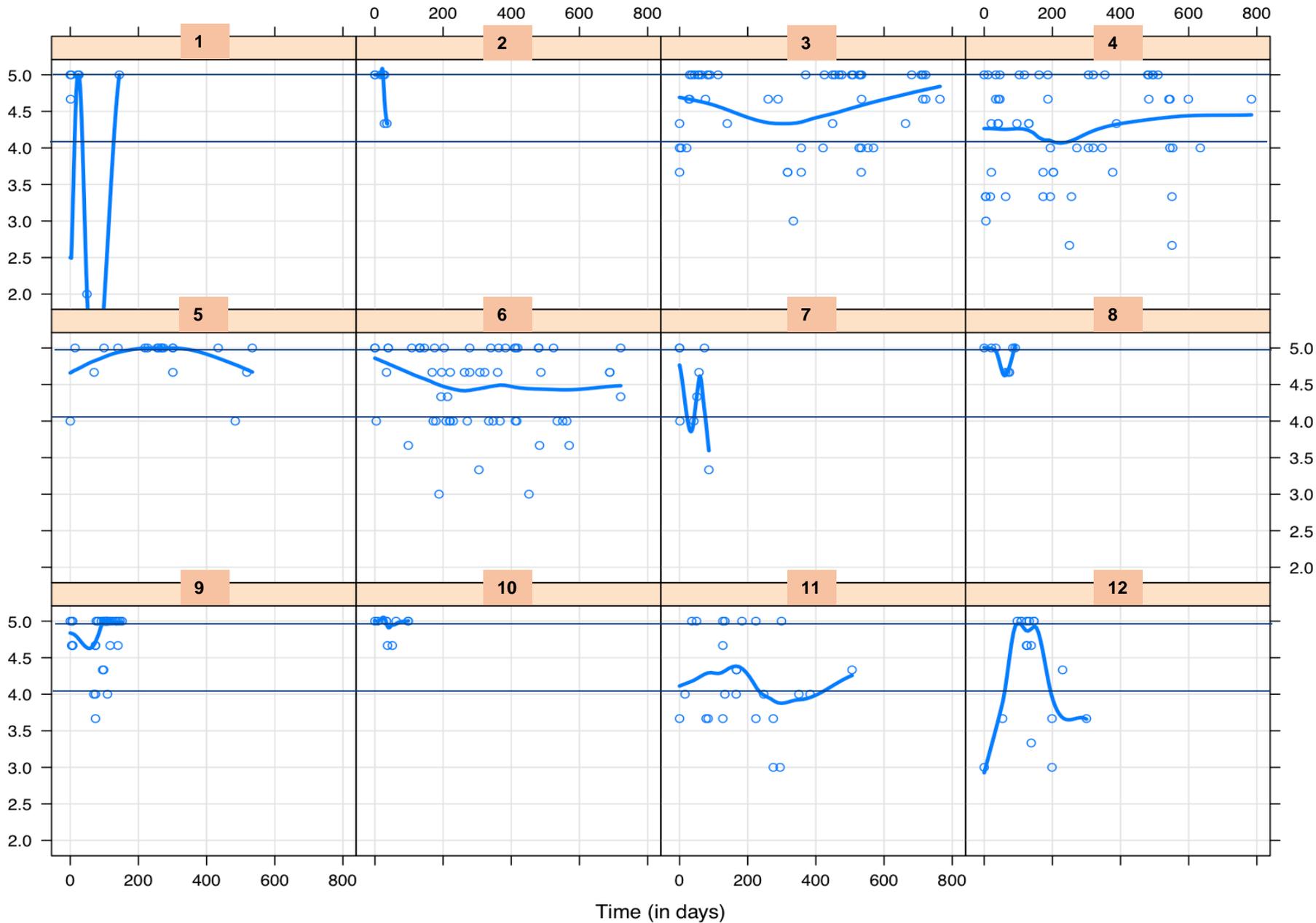
Beginning Proficiency



(Moyers 2007)

# Did MI skills change over time?

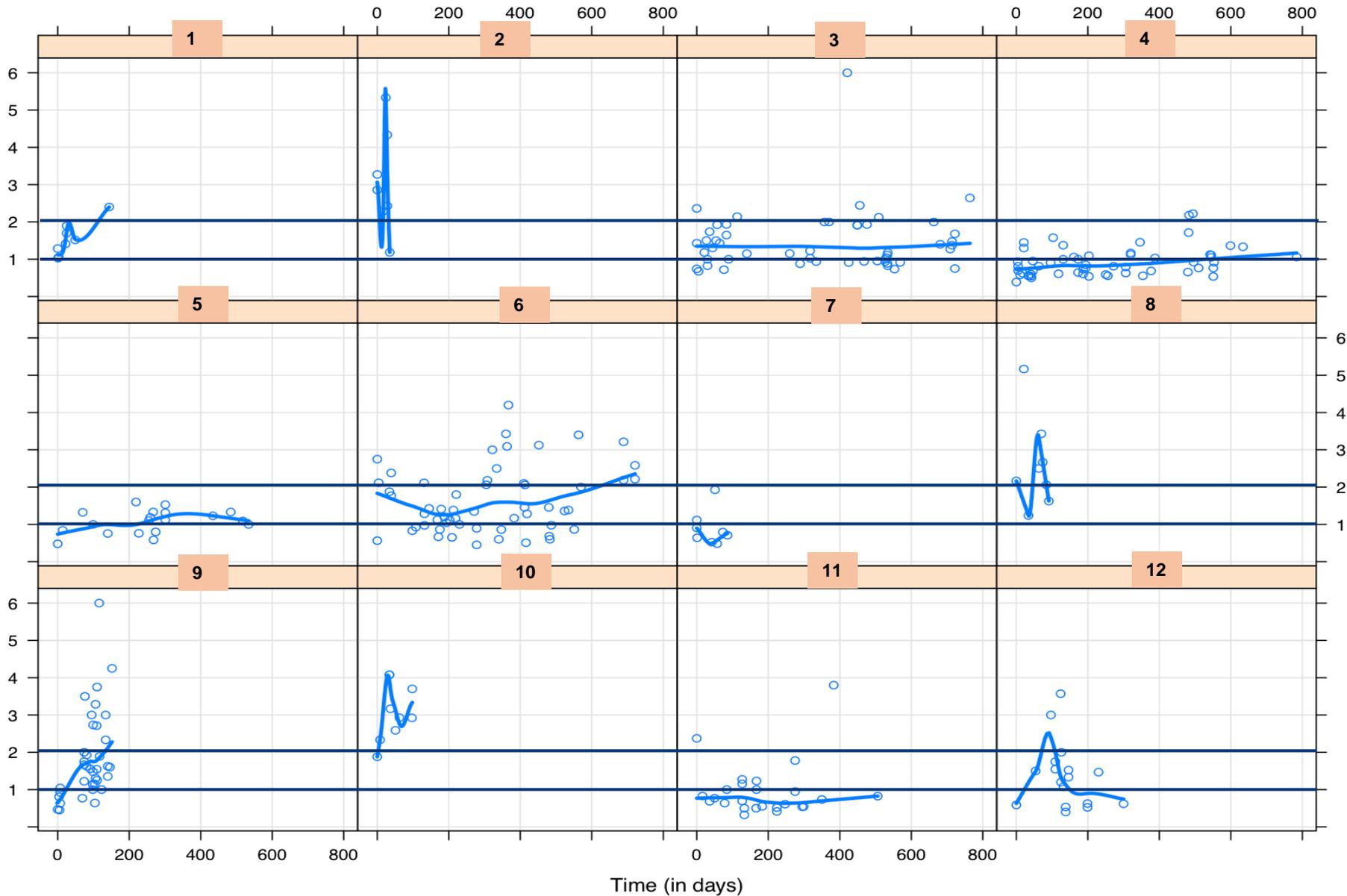
## Global MI Spirit (1-5)





# Did MI skills change over time?

## Reflection/Question Ratio



# Lessons Learned

- Providers in busy medical settings can learn and use MI.....with comparable training results to other studies.
- Most counselors did not do very many BIs, nor very often.
- Some MI skills drift over time, so ongoing fidelity monitoring may enhance usual MI care.
- Does high MI skill work better than low MI skill for drug abuse?

**Stay tuned!**