Information for Family Members of MAT Patients

**Ways of Understanding Opioid Addiction**

* **Moral/Spiritual Model of Addiction**

Many Americans understand addiction as a moral and spiritual failing. In this way of thinking, addiction treatment mainly involves improving one’s behavior through discipline and spirituality. When addicts, their families, or their peers view addiction as only a moral failure, addicted individuals may be discouraged from seeking medical help which can be life-saving. Avoiding medical help deprives individuals of a full diagnostic evaluation, which may reveal other problems related to the substance use. The resources of medication and counseling can prevent relapse and possible overdose during the most dangerous times of withdrawal and recovery. Some addicts who do seek help from medication-assisted treatment like methadone or buprenorphine may have difficulty finding support from 12-step programs, peers, or family members who may not realize the important role that medication can play in addiction recovery.An understanding of addiction that does not take into account its biological factors can make patients who seek help from medication feel “weak” and ashamed, despite the scientifically proven benefits of MAT.**[[1]](#footnote-1)** Patients who feel pressured by peers or family to stop medications prematurely may experience symptoms that lead to relapse.

* **Medical Model of Addiction**

Medication-assisted treatment programs for opioid addiction are based on a “medical model” of addiction. Physicians in these programs believe that biological factors determine addiction and its effects on the brain and body. There is a great deal of evidence to suggest that chronic drug use changes the brain, including its receptors and function, in ways that can be measured. The medical model views addiction as a chronic (long-lasting) disease, similar to life-long diseases like diabetes. In this model, addicts can benefit from medical treatment just as diabetics benefit from insulin.[[2]](#footnote-2)

**[Link to “Understandings of Addiction” Flyer]**

Motivational Interviewing:

Talking with Someone Struggling with Opioid Addiction

* Health professionals are often trained in “motivational interviewing” (MI), a way of encouraging patients struggling with substance abuse to make positive changes in their lives. Family and friends of people struggling from opioid abuse can also use these simple methods of talking to their loved ones about making changes, seeking treatment, and staying on track for recovery.
* Some of the techniques of motivational interviewing (MI) may seem surprising at first. MI can be especially difficult when discussing a topic like opioid abuse that may be emotionally charged or cause conflict. Families and friends of opioid-addicted individuals may always seek help from trained substance abuse counselors. However, these MI guidelines can be a helpful and simple start in encouraging loved ones to make a change.
* Motivational interviewing is a way of discussing an issue that draws out an individual’s own reasons for changing, instead of relying on another person’s opinions or ideas. MI recognizes that ambivalence (having mixed feelings, or not being sure) about making a change is a common part of the recovery process. Discussing this ambivalence can help to bring out an individual’s personal reasons for making a change. MI focuses on finding and strengthening a person’s own motivation to change, in accordance with their own values, beliefs, concerns, and goals.

**Principles of Motivational Interviewing**

* **Collaboration vs. Confrontation**

MI encourages the idea of collaboration (working together to find a solution), instead of confrontation (arguing). One person is not the “expert” and the other is not the “student.” MI’s goal is mutual understanding, -- not one person or the other being proven “right.”

* **Drawing out vs. Forcing ideas about change**. No matter how good another person’s ideas and reasons are, long-lasting change is more likely when a person discovers his or her *own* reasons for change. It is a common instinct to want to give a loved one advice and to try to “convince” them to change. However, this approach often results in more arguments than change. In MI, the interviewer’s goal is to “draw out” a person’s own motivations and skills for change, not to tell them what to do or why they should do it.
* **Autonomy vs. Authority**. The true power for change rests with the person dealing with opioid abuse, not in their friends, family, or doctor. Ultimately, it is up to the individual to make changes happen. In MI, the interviewer encourages the affected individual to take the lead in brainstorming ideas about how to achieve change.
* **Roll with Resistance**. This is one of the principles of MI that is hardest to follow. When discussing change, an opioid-dependent individual may often resist treatment suggestions and others’ ideas. In MI, the listener “rolls with” this resistance. The listener does not attempt to challenge or argue with the person who needs to change, since arguing often leads to the other person playing “devil’s advocate” -- an ineffective situation. It is often our instinct to correct or advise a person struggling with change, and to try to solve the problem for them. However, it is often more effective to let the person come up with his or her own ideas for change. New points of view can be suggested for consideration, but shouldn’t be forced.

**OARS**

The basic principles of Motivational Interviewing are represented by the acronym **OARS.** Using each of these components help make the discussion more successful in encouraging change.

**O Open-Ended Questions**: Ask questions that can’t be answered with yes or no.

**A Affirmations:** Recognize and encourage a person’s strengths!

**R Reflections**: Respond in a way that makes it obvious that you’ve been listening carefully. The other person can then make corrections if they did not express themselves fully. This also allows the listener to express “empathy,” the ability to see the world through another’s eyes and share in their feelings and experiences. This can make the other person feel heard and understood.

**Examples of reflections:** “That must be difficult.” “I hear that you’re upset.” “It sounds like…” “What I hear you saying is…” “So on the one hand it sounds like… And, yet on the other hand…”

**S Summaries**: Summaries allow the listener to “recap” what has been discussed. The summary can highlight the other person’s strengths and reasons for change.

**What Does a “Motivational Interview” Look Like?**

Below are some examples of questions often used in MI. Successful discussions all look different, but these examples can be a useful starting point to help your loved one begin to think about change.

* **Asking permission**: Asking permission shows respect for the other person, and avoids the feeling of “lecturing.”
* “I’ve noticed that you’ve gotten into trouble a lot lately/ been having trouble with friends/[other problems]. Is it all right if we talk about your heroin/ prescription pain pill use?”
* **Explore the persons’ reasons for change.** 
  + **Pros**: “People usually use \_\_\_\_\_ because it benefits them in some way. What are the good things about \_\_\_\_\_? What do you like about \_\_\_\_\_?”
  + **Cons**: “Can you tell me about the downsides? What are some aspects of using \_\_\_\_\_ that you’re not happy about? What are some things you wouldn’t miss?”
  + **Look back**: Ask about a time before the person’s opioid addiction. “How were things better/ different?”
  + **Look forward**: “What may happen if things continue as they are? What would be different if you went for treatment?”
  + **Ask for examples:** “In what ways?” “Tell me more.” “What does that look like?” ”When was the last time that happened?”
  + **Explore Extremes:** “What are the worst things that may happen if you keep using \_\_\_\_\_? What are the best things that might happen if you stop using \_\_\_\_\_?”
* **Help a person find his or her motivation for change**.
  + Motivation for change comes from a person recognizing a “mismatch” between their current situation and where they want to be. A good listener can help their friend or family member to examine how their current situation and behavior conflicts with their own values and future goals.
  + **Explore life goals/ values.** “What sorts of things are important to you? What sort of person would you like to be?” “If things worked out in the best possible way for you, what would you be doing a year from now?” (Support positive goals and values!) “How does opioid addiction fit in with these values?”
  + **Bring out discrepancies.** “I hear that you have [goals, plans, values]. On the other hand, you’re telling me that heroin is causing [negatives]. “What would happen if you don’t change? What will your life be like if you stop?” “It sounds like when you stated using prescription pain meds there were many positives, but that now using them is causing you to lose friends and skip school. How would seeking treatment affect your life?”
  + **Reasons for change: “**What makes you think you need to change? Why do you think I/others are concerned about \_\_\_\_\_?”
* **Explore a person’s readiness for change.** 
  + **Scales of 1-10 can be helpful.** “On a scale of 1 to 10, how important is it to you to quit, where 1 is not at all important and 10 is very important?” Ask why they did not give a higher or lower answer. “Why are you at a ‘6’ and not a ‘5’? Why not a ‘7’? What would it take to move from a ‘6’ to a ‘7’?
  + **Explore confidence/ fears**. “How confident are you that you could cut down/ quit/ stay in treatment, if you decided to? Why?”
* **Provide Summaries**
  + **Summarize their choices and ambivalence (mixed feelings).** “It sounds like you are concerned about heroin use because it is costing you a lot of money and causing family problems. You also said quitting will probably mean not hanging out with your best friends any more. That doesn’t sound like an easy choice.”
  + **Encourage a person to fall on the positive side of their ambivalence, by siding with the negative status quo.** “Perhaps using [opiate drug] is so important to you that you won’t give it up, no matter the cost.”
* **Ask about a decision.** 
  + “You were saying that you were trying to decide whether to continue/ cut down/ go to treatment. If you decide to change, what would you have to do to make it happen?”
  + “After talking about it, are you more clear about what you would like to do?”
* **State Goals**: If the person is ready, help them set goals.
  + **Good goals are SMART**: Specific, Meaningful, Assessable (Measurable), Realistic, and Timed.
  + “What will be your first step? What will you do in one or two days?”
  + “Have you ever done any of these things before? What’s worked/ not worked in the past? Why?”
  + “Who will be helping/ supporting you?”
  + “On a scale of 1 to 10, what are the chances that this goal is possible for you?”
* **Provide Affirmations**: MI is a **Strengths-Based Approach**. MI tries to emphasize the other person’s strengths instead of weaknesses. Many people have tried to change before and failed, creating many doubt and fears. Listeners can help support and highlight an individual’s strengths and skills, to encourage the belief that change is possible.
  + “It shows a lot of strength/courage/determination to…”
* **Show Empathy:** If the person isn’t ready to make a decision, empathize with their difficulty.
  + “**How can I help you get past some of these difficulties?** Is there something else that could help you make a decision?”
  + “What could you do to reduce some of these problems while you’re deciding what to do?”

**[Link to MI Tri-Fold]**

**Sources for Motivational Interviewing**

* “An Overview of Motivational Interviewing,” obtained from MotivationalInterview.org http://www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf
* “An Example of an MI ‘Session’” from the work of WR Miller and S Rollnick. http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CC0QFjAB&url=http%3A%2F%2Fwww.motivationalinterview.org%2FDocuments%2FHow%2520it%2520Works.docx&ei=8km4U7DXNu3JsQTPtYGYDQ&usg=AFQjCNE0Y7wlbnx1zJ0\_WDKmtAvCvbZOMA&sig2=kgVvQB3UWz4EHcHDaUAY\_A&bvm=bv.70138588,d.cWc
* Sobell & Sobell. (2008.) Motivational Interviewing Strategies and Techniques: Rationales and Examples. From http://www.nova.edu/gsc/forms/mi\_rationale\_techniques.pdf

1. Frank, D. (2011). "The trouble with morality: the effects of 12-step discourse on addicts' decision-making." *J Psychoactive Drugs 43(3)*: 245-256. [↑](#footnote-ref-1)
2. Frank, D. (2011). [↑](#footnote-ref-2)