Session 20

Dr Luther: Can you recommend a good course on MI?

- Dr. Marienfeld: We do an ASAM 6 or 8 hour course on MI that I think is pretty good :) The next one is in October, but there is always one offered as a pre-conference course for the annual meeting.
- Dr Luther: Thx

Jeffrey Rosen: engagement=therapeutic alliance which in pers disorders can take much time – so how much time can you allow ?

- Dr. Marienfeld: Engagement can definitely include building a therapeutic alliance. This depends a lot on the situation, the patient, and many factors. Assessing the dynamic is the best way to determine how much time to devote to engagement. You may need to go back to engagement if you loose it later in the session as well. None of these are hard and fast in terms of time, and the advantage is that you can think about doing these processes in 5 min interactions or 35 minute interactions. Part of the skill is scaling them up or down based on what you've got.

Adam Lake: After a course in MI, are there resources to keep up the skills longitudinally?

- Dr. Marienfeld: The MINT - Motivational Interviewing Network of Trainers is a good resource. MotivationalInterviewing.org I also highly recommend recording sessions and using a coding scale to assess your use of MI skills and then targeting 1-2 things to work on in subsequent sessions. The classic scale to use is the MITI, but there are others. https://casaa.unm.edu/download/miti3_1.pdf Also, in our more recent workshops, we've been doing subsequent learning collaboratives that provide reinforcement and practice in the following weeks. We all know that a one time training isn't the best for changing our own behaviors! Great questions!

Avani Shethe: What is a good reference for evidence-based models/outline for groups?

- Dr. Marienfeld: Gosh, there are so many. Depends a bit on the population and the target substance. The VA has a good list of tools, and NIDA does a well. Let me find some:
- Dr. Marienfeld: https://www.rand.org/pubs/tools/TL147.html https://www.ptsd.va.gov/professional/treat/cooccurring/index.asp
- Dr. Marienfeld: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies
- Dr. Marienfeld: https://archives.drugabuse.gov/sites/default/files/cbt.pdf
- Dr. Marienfeld: https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004

Cameron Duffy: As a physician with a background in family medicine, how does one bill for motivational interviewing? Or is this something only a counselor or psychiatrist could bill through counseling codes (90836, 90837, etc)?

- Martha Arden: Can't you use time-based codes (new CPT 2021)

- Cameron Duffy: Good thought. I'll check into it and the specifics payors require for the documentation of MI and/or CBT. Thank you!
- Martha Arden: Here's a link: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf
- Dr. Marienfeld: Yes, you can bill with psychotherapy add-ons to E&M as a physician. Just need to add a few sentences about therapeutic modality (MI) and what what said/done.

Helene Alphonso: Our Suboxone program expects that as part of the treatment plan patient is willing to go to 12 step meetings, rational recovery, or therapy. Is this considered antiquated because patients reduce use with medication alone?

- Sharon Stancliff: I think it is antiquated. And it discounts the therapeutic relationship you have with the patient.
- Dr. Marienfeld: There is a big movement for medication first for lots of reasons. Hard to show benefit of therapy on top of meds, but doesn't mean therapy isn't helpful for many.

Leslie Hayes: When I have dealt with family or friends with SUD, I have found it to be very challenging to be supportive but not enabling. I have also seen family members be so non-enabling that they person with SUD feels completely unloved. Any good resources on how to balance these?

- Dr. Marienfeld: I definitely recommend the CRAFT approach. https://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement
- Dr. Marienfeld: I recommed the book I said earlier - it's old, but good. https://www.amazon.com/dp/B01MU7E18L/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1

Helene Alphonso: Is it possible decriminalization will also remove natural consequences with SUD

- Dr. Marienfeld: While legal consequences may be motivating for some, for the most part they are more destructive than motivating for treatment or change (yes, that is a broad generalization). Natural consequences occur with problematic substance use over time (damage to relationships, health, worsening mental health, etc...) whether legal consequences are present. Legal consequences are often not applied consistently (racial/ethnic disparities come to mind) and they are also often not timely to pair closely enough with the behavior to impact the behavior.

Juliette: CM reminds of taking kiddos to the dentist and they get a prize if they do not have any cavities during their semi-annual dental evaluation:)

- Dr. Marienfeld: Indeed. It's all about conditioning using rewards. The key is to pair the behavior with the reward in a timely way. At the dentist, sometimes the act of brushing your teeth for months on end is somewhat far removed from a treat at the dentist months later. Ideally, they are more closely linked to have a greater chance of influencing the behavior.

Jeffrey Rosen: are there any youtubes showing reenactments of each?

- Dr. Marienfeld: Yes! If you search for these in Youtube, there are some. Definitely for MI! The effective and ineffective physician are classics for MI, though they are a bit out of date in terms of MI techniques.

Bella: Diffusion or defusion?

- Dr. Marienfeld: Sorry - I missed this comment when I was answering others questions. If I misspoke, my apologies.

Martha Arden: Is ACT core process cognitive diffusion or defusion (diffuse vs defuse?) What does it mean?