

# A MOTIVATIONAL ENHANCEMENT APPROACH TO THE HUB AND SPOKE MODEL OF CARE

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# Agenda

- ❖ Background to the Presentation
- ❖ Program Goal
- ❖ Program Objectives:
  - Medications used to treat OUD
  - “Support” Legislation
  - Motivational interventions
  - ME Techniques
  - ME Principles
  - Hub and Spoke Model of Care

# Background to the Presentation

- ▣ A considerable body of research has shown strong support for the usefulness of motivational interventions in initiating treatment and in reducing use of drugs.
- ▣ Integrating Motivational Enhancement (ME) techniques into the initial contact (outreach and engagement), and evaluation session for substance users entering outpatient treatment has shown effectiveness in retention of individuals seeking services (Carroll, K., et al. 2006).

# Program Goal

- ▣ At the end of the workshop participants will have an understanding of the Motivational Enhancements principles and techniques to assist clients in engaging and remaining motivated in a Medication Assisted Program (MAT) based on client's individual stages of change.

# Program Objectives

- ▣ Review of the medications used in the treatment of Opioid Use Disorders (OUD)
- ▣ Review ME principles and techniques as it relates to MAT services
- ▣ Provide examples of objectives/ strategies for interventions based on the stages of change
- ▣ Review the integrated Hub and Spoke model of care

# Medications used in the treatment of OUD

- ▣ According to Samhsa, Medication-Assisted Treatment (MAT) is defined as, “The use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.”

# Medications to treat Opioid Use Disorders (OUD).





# Medications to Treat Opioid Use Disorders (OUD).

- ▣ There are three medications commonly used to treat opioid addiction:
- ▣ Methadone – clinic-based opioid *agonist* that does not block other narcotics, preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics.
- ▣ Naltrexone – office-based non-addictive opioid *antagonist* that blocks the effects of opioids; daily pill or monthly injection ( Vivitrol).
- ▣ Buprenorphine – office-based opioid *agonist/antagonist* that blocks other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film, or 6-month implant under the skin.



# Changes in the Legislation

- ▣ The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act is the law.
- ▣ It was passed in November 19<sup>th</sup> 2018 and affords practitioners greater flexibility in the provision of (MAT).
- ▣ The SUPPORT Act expands the ability of certain physicians and qualifying other practitioners to treat up to 100 patients in the first year of waiver receipt (SAMHSA, 2019).

# Motivational Enhancement Therapy (MET)

- ▣ Motivational enhancement therapy (MET) has emerged during the past 25 years as a viable intervention for addictions counselors.
- ▣ Originally derived from MI (Miller & Rollnick, 2002), MET follows the Transtheoretical Model of Change (Prochaska & DiClemente, 1983) to conceptualize the client's movement from maladaptive substance use to recovery.
- ▣ MET as an adjuvant to other approaches, such as medication (Lenz, Rosenbaum, & Sheperis, 2016).

# MET/MI

- ▣ MET and MI share the fundamental concept of natural recovery, including assumptions that humans naturally move toward positive change and follow a person-centered directive approach.
- ▣ MET originally consisted of four manualized sessions that allowed for some flexibility of content, with the overall process remaining consistent from one client to the next (Lenz, Rosenbaum, & Sheperis, 2016).

# Review of ME Techniques

## OARS

O: Open ended question- invite others to “tell their story” in their own words without leading a specific direction.

A: Affirmation- Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small.

# Review of ME Techniques

## OARS

R: Reflection- Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationships, building trust, and fostering motivation to change.

S: Summarizing - Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points.

# Review of MI Principles

## DEARS

D: Develop Discrepancies- focus on the gap between where the person has been or currently is and where they want to be.

E: Empathy- the ability to view the world through the eyes of our client, to step into their shoes, figuratively speaking, and to experience the world as they do.

A: Amplifying Ambivalence- amplifying ambivalence is about recognizing and verbalizing where the client is “of two minds” which is a normal part of change.

# Review of MI Principles

## DEARS

R: Roll with Resistance- Avoiding confrontation reduces but does not eliminate its resistance, which is a normal reaction when people are considering change. Avoiding confrontation reduces resistance but does not eliminate it.

S: Support Self-Efficacy- The individual can be hugely frustrated by a lack of confidence about their ability to achieve the change, support any effort to move the client towards the right direction.



# Stages of Change Objectives and Strategies

- ✓ Pre-Contemplation Stage of Change
  - Identify Goals
  - Provide Information
  - Bolster Self-efficacy
- ✓ Contemplation Stage of Change
  - Elicit Discrepancies
  - Elicit Self-Motivating Statements
- ✓ Preparation Stage of Change
  - Strengthen Commitment
  - Plan Strategies
  - Provider Resources
  - Problem Solving

# Stages of Change Objectives and Strategies

- ✓ Action Stage of Change
  - Identify and Plan for Barriers
  - Recognized Relapse or Impending Relapse
  - Foster Copying Skills
- ✓ Maintenance Stage of Change
  - Assure Stability of Change
  - Foster Personal Development
  - Relapse Prevention
- ✓ Relapse Stage of Change
  - Debrief Relapse
  - Identify Cause and Solutions
  - Re-establish Commitment

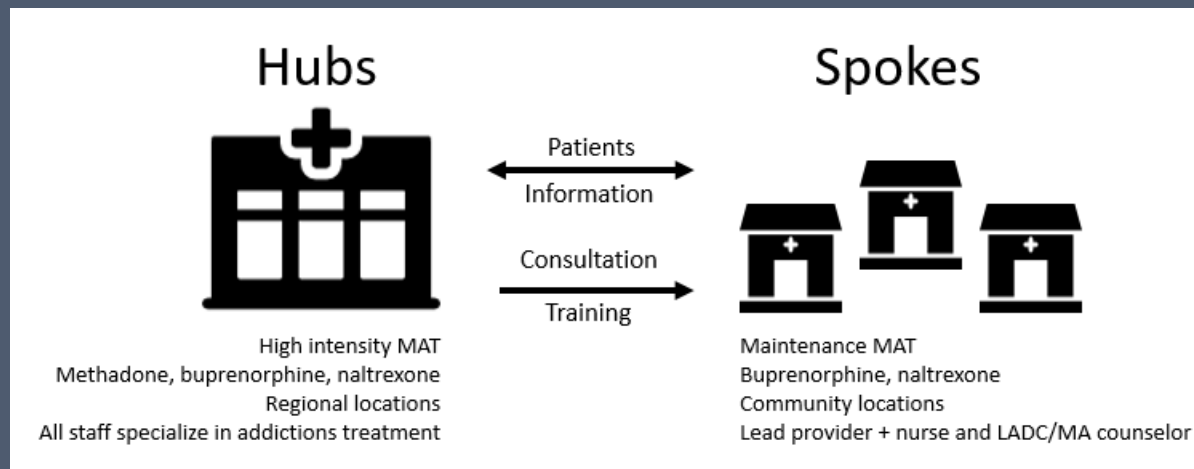
# Section Summary

- ▣ Ethically responsible counselors use empirically supported interventions.
- ▣ MET/MI are considered EBP for the treatment of SUD.
- ▣ Trial and studies needed in identifying the efficacy of MET/MI interventions for Opioid Use Disorder.
- ▣ MET either as a primary intervention in settings where client contact is minimal or as an adjuvant to existing service protocols.

# Hub and Spoke

- ▣ Vermont addiction medicine physicians and public health leaders have responded to these challenges by developing an integrated hub-and-spoke opioid treatment network-Dr. John Brooklyn.
- ▣ Vermont's hub-and-spoke system has been implemented state-wide and well-received by providers and patients alike. Adoption of this model has been associated with substantial increases in the state's OUD treatment capacity (Brooklyn & Sigmon 2017).

# Hub and Spoke is a Bi-Directional Model of Integrated Treatment



# Hub and Spoke Network In Central Washington

- ▣ Comprehensive Healthcare is the regional Hub for Central Washington. The Hub offers an opioid treatment program (Methadone) with expanded services to address OUD. This Hub is supported by eight community wrap-around or referral agencies (Spokes).
  - Yakima Neighborhood Health Services
  - Community Health of Central Washington (Yakima and Kittitas Counties).
  - Triumph Treatment Services.
  - Yakima County Public Health Department, Syringe Service Program (SSP).
  - Kittitas County Public Health Department, Syringe Service Program (SSP).
  - Yakima County Department of Corrections.
  - Kittitas County Jail.
  - Sunnyside Jail.

# Hub and Spoke Network of Central Washington

- ▣ The Central Washington Hub and Spoke network offers many levels of medical and psychosocial care to support long-term recovery.
- ▣ Spoke Care Navigators provide outreach and engagement, support, and intensive case management services; promoting recovery at different stages of change.



# Hub and Spoke Services

- ▣ All elements of MAT are provided at the Hub Including Spoke Care Navigator outreach and engagement, assessment, medication management, individual and group counseling, and intensive case management.
- ▣ Prescribers in Clinic Spoke settings are physicians, nurse practitioners, and physician's assistants, federally waived to prescribe buprenorphine. They may also provide oral naltrexone or injectable Vivitrol.

# Hub and Spoke Services

- ▣ The Hub contains expanded services in consideration of a “Whole Person” approach to treatment.
- ▣ The patient collaborates with their Spoke Care Navigator on expanded services that will promote wellness at all points of recovery.

# Conclusion and Questions



# Reference

- Brooklyn, J. R., & Sigmon, S. C. (2017). Vermont hub-and-spoke model of care for opioid use disorder: development, implementation, and impact. *Journal of addiction medicine, 11*(4), 286.
- Carroll, K. M., Ball, S. A., Nich, C., Martino, S., Frankforter, T. L., Farentinos, C., ... & Polcin, D. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and alcohol dependence, 81*(3), 301-312.
- Lenz, A. S., Rosenbaum, L., & Sheperis, D. (2016). Meta-analysis of randomized controlled trials of motivational enhancement therapy for reducing substance use. *Journal of Addictions & Offender Counseling, 37*(2), 66-86.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2<sup>nd</sup> ed.). New York, NY: Guilford Press.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51*, 390-395. doi:10.1037/0022-006X.51.3.390.