THE EFFECTS OF MOTIVATIONAL INTERVIEWING FOR THOSE AFFLICTED WITH OPIOID ADDICTION
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Significance

- Substance use disorder is a worldwide problem.
- In 2017 there were 70,237 drug overdose deaths that occurred in the United States in 2017, opioids were involved in 47,600 of those deaths (CDC, 2017).
- In the state of Illinois alone there was a 14.3% increase of deaths from 2016-2017.
- In Cook County where this project was implemented, there were 741 opioid related deaths in Chicago and 340 deaths in suburban Cook County (CDC).
- Opioid addiction is a day-to-day struggle affecting people's finances, family structures, communities and overall health.
- Substance use disorders can prohibit a patient's cognitive ability to make sound healthy choices causing them to commit crimes and remain a non-productive member to society.

PICOT

"Does the use of Motivational Interviewing by providers in the General Medicine Clinic effect the number of referrals to a treatment program, and compliance to appointments among adult opioid dependent patients in comparison to non-motivational interviewing within 12 weeks?"

Review of Literature

Databases: CINAHL, Cochrane, Johanna Briggs, ProQuest, Psych
Key Terms: "motivational interviewing" And "opioid abuse" OR "substance abuse" OR "opioid addiction" OR addict* AND "nurse practitioner" OR provider* OR physician*.
Limiters: English language, scholarly written, peered reviewed, dates ranges from 2014-2019
Inclusion Criteria: Adult ages 18-65 years old and setting of a primary care, outpatient or family practice area
Exclusion Criteria: hospital or in-patient settings, under 18yrs of age, non-addiction treatments and mental health disorders.

Database Search Results

Database	Evidence Yielded	Duplicates	Reviewed	Accepted
Cinahl	166	2	27	4
Cochrane	24	0	6	1
Johanna Briggs	24	0	11	0
Medline	400	4	27	3
PsychINFO	187	0	29	2

Synthesis of Evidence

Level	Included	Quality	Design
I	6	A (2)	SR, Meta-analysis
		B (3)	SR, RCT, SR
		C (1)	SR
II	2	B (2)	Cross-Sectional, SR
II	2	A (1)	Case Study
		B (1)	Clinical Trial

Common findings within the literature were;
Modes of MI
Readiness for Change
Adoption of MI
Clinicians Ability to Deliver MI

Decision to Change Practice

The national opioid crisis is evidenced by the increasing numbers of overdose deaths related to its use.
The ARCC Model
1-Assessment of organizational culture and readiness for implementation of EBP in the healthcare system.
2-Identification of strengths and barrier of the EBP process in the organization
3-Identification of EBP mentors
4-Implementation of the evidence into organizational practice
5-Evaluation of the outcomes resulting from practice change

Implementation

Setting: General Medicine Clinic in Chicago, IL
Participants: Adults with Opioid Use Disorders
Intervention: Motivational Interviewing
Time Frame: 12 Weeks
Evidenced-Based Practice Model: Advancing Clinical Research Through Close Collaboration (ARCC)
Program intervention included:
- Identifying patients with opioid use disorders
- Using Motivational Interviewing during visit:
  (1) express empathy, through reflective listening
  (2) support self-efficacy and optimism
  (3) roll with resistance, avoiding argument and confrontation.
  (4) develop discrepancy between client goals and current behavior
- Upon agreement, referring patient to a Medication Assistant Treatment program (MAT)
- Observation of appointment compliance

Evaluation

Demographics

MI	N	Minimum	Maximum	Mean	SD
Age	24	29	72	52.4167	11.73592

No- MI	N	Minimum	Maximum	Mean	SD
Age	24	27	73	48.8750	14.86844

Demographics for both groups were evaluated, in those who received MI there were (n=10) 41.7% of men and (n=14) 58.3% of women. For patient's whom did **not** receive MI there were (n=16) 66.7% of men and (n=8) 33.3% of women.
Other considerations during project were; Type of opioid, years of use, amount of use and education.
Primary Outcome: A chi square test of independence was calculated to compare the number of accepted referrals for patients whom received MI to those whom did not.
Analysis results revealed a statistically significant difference of referral acceptance with the use of MI during their visit. $\chi^2 (1) = 7.056.$, $p = .008$
Secondary Outcome: A chi square test of independence was calculated to compare the number of compliant appointments from those whom received MI and those whom did not.
Analysis results revealed a statistically significant difference of appointment compliance among patients who received MI during there visit.
$\chi^2 (1) = 12.343.$, $p = .001*$

Conclusion and Recommendations

Analysis of primary and secondary outcomes demonstrated statistically significant improvements for both referral acceptance and compliance of appointments among those adult opioid patients whom received MI during there visit.
Implementation of MI will increase patient's acceptance to get treatment and stay in treatment.
The use of the ARCC model was used as a guide for the PL to provide evidence supporting the use of MI and encourage the facility to adopt the process into practice. This can be done by educating our providers on how successful the use of MI can be to promote behavioral change among our patients.

Acknowledgements

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