

## Motivational Interviewing Role Play Script

### Role Play Scenario –A Conversation about Opioid Use (What not to do)

S = Staff | P= Patient

**STAFF:** Thank you for being here today.

**PATIENT:** Ok, but I didn't have a choice, my sister force me to come

**STAFF:** I wanted to talk to you because I am afraid for you since you are doing drugs daily. **[Lack of empathy, Righting Reflex]**

**PATIENT:** Well, I don't do them every day and I am trying to cut back on my usage

**STAFF:** Are you aware that doing drugs is killing your body slowly and continuing to use them is damaging your life. **[Confrontation]**

**P:** Yeah yeah, whatever, my family tells me this every day. I need them to survive, you just don't understand.

**S:** It is critical you stop ASAP. According to the South Dakota Statistics opioid related deaths are rising, we had 104 total in the state in 2022. If you continue down this path, you could be on this list in 2023. The Emergency visits in South Dakota related to drug overdose in SD have gone up significantly with a total of 184 patients seen in December 2022 alone. **[Expert Lecturer]**

**P:** You will never understand how difficult it is to stop using drugs, I have tried, and it just does not work.

**S:** I am concerned you are doing harm to yourself and others around you. Here are some brochures on resources and treatment centers in SD. I want you to read them ASAP. Do you have any questions for me? **[Authoritarian]**

**P:** No questions at all (put head down)

**S:** I think this conversation was productive and went well.

**P:** Well, I am glad you think it went well, can I leave now?

### Role Play Scenario –A Conversation about Opioid Use (What to do) | Part 1

S = Staff | P= Patient

- The nurse asks questions below about opioid addiction during pre-evaluation (this could be in an ER or clinic). You can use these questions any time you suspect opioid overuse.

Script: Mr. Smith, I noticed you have an opioid listed on your medication list. I wondered if you would mind if I asked you a few questions about your opioid medications? As a reminder, these questions are confidential and only used to best help us treat your concerns of abdominal pain today.

1. In the past 12 months, did you find you had to start taking more than you intended to?
  - a. If answers yes: Have you spent a lot of time trying to find additional pills until the doctor prescribes more?
2. Have you wanted to cut back and have not been able to?
3. Have you had a strong desire to take these pills even between times when you were not using?
4. Have you missed work?
5. Has the use of these pills caused other problems with family, friends, or co-workers? Do you get into arguments at times?
6. Have you had to give up some time that you like to spend on other hobbies and stuff because you had to find more pills or need more to control your pain?
7. Have you gotten high before doing things that require coordination or some type of concentration?
8. Have you continued to use them even then you know they are causing you problems like making you depressed or anxious.
9. Have you found you needed more to get the effect you initially did?
10. Have you gotten withdrawal symptoms such as body aches, nausea, restlessness, and abdominal pain?

*\*You do not need to ask all 10 and can tailor them to fit your organization.*

S: Mr. Smith, thank you for being here today, I know it is difficult. I wanted to spend some time listening to you to share any concerns you may have about your abdominal pain and see if it connects with your opioid use. Are you willing to share your story of what brought you here today? **[Open-Ended Question]**

P: I came in to see you today due to my stomach pain and restlessness. I do take opioids daily and have since my knee surgery from 1 year ago. I have had continued pain and need the medication to be able to do my job every day. I cannot seem to stop when I don't take them, I have pain, anxiety and nausea. **[Sustain Talk]**

S: I hear that this knee surgery has caused you significant pain and you have needed to use opioids. What concerns you the most about using opioids daily? **[Reflective Listening and Exploring]**

P: I am afraid I will continue to need more to get the pain relief I need, and it will destroy my life. I know where addiction can possibly lead to losing my job or even my family. I started drinking at age 14, then got into drugs by age 17. I went to treatment in my 20s and have 5 years of sobriety. But then I had surgery on my knee at age 30 and was given opioids for the pain. I thought I would be ok. **[Sustain Talk]**

S: Thank you for sharing your story. Good for you on your sobriety, that is not easy. You have very valid concerns. Is it ok if I tell you about what I have learned about opioids and new research that is available? **[Affirmation and Offering Information with Permission]**

P: Yeah, but I don't think it will help. My addiction runs deep. **[Sustain Talk]**

S: I want to give you hope today. There is a medication we can prescribe; it is called buprenorphine. It works to help control your pain but also takes away the side effects of trying to wean off opioids. We can taper off the opioids and start increasing the buprenorphine at the same time. Research has shown this to be very effective in the treatment of opioid addiction. **[Roll with Resistance; Providing Information with Permission]**

P: I have never heard of this before. That is very interesting. **[Change Talk—willing to look at the other side]**

S: I have other patients who are doing very well on the medication and are seeing significant changes in their life because of it. I can start you on this medication today. If you were to start this medication, what would your motivation be for doing so? **[Evocation; Open-Ended Question to Explore]**

P: Well, to be frank, I do not want to lose my job and family. I know my wife suspects something is up, but I keep reassuring her I am fine. My productivity at work is changing and my boss has noticed. I went down this road in my early 20s. I wish I was not an addict.

S: I understand you are concerned about your family and job; those are valid concerns. There is no shame in getting help, we all need it sometimes. If you fell and broke your leg today, you would get the help you need right away and not wait 4 months. An opioid addiction is a disease that affects your brain, and it requires help, you do not need to do this alone. I have a family member who also struggles with this, and he is doing well on the medication, I am glad you talked to me today about this. **[Empathy, Finding Connection]**

P: I appreciate you being here and taking a few minutes to help me understand my options. I am interested in learning more about this medication. **[Change Talk]**

S: Absolutely. This is an important conversation we are having. My job is to help you find a way out of your addiction and into a healthy lifestyle. Buprenorphine works very well for pain control, and it does not have addicting attributes. I appreciate you taking the time to listen and hear how we can help you. What questions do you have for me? **[Affirmation, Summarizing, Exploring Response to Information Provided]**

P: I have a few concerns. What are the side effects and how much time will I need to take off work for treatment? I do not have a lot of vacation time built up yet.

S: Those are great questions. Some side effects of buprenorphine include headache, stomach pain, and constipation. However, my current patients on this medication tell me they are not seeing side effects and if they do, they are mild and are less problematic than the side effects of tapering off opioids without buprenorphine. As far as time off, we can treat this in the clinic with visits on a regular basis. If you follow my regimen, you may not need inpatient treatment. **[Affirmation; Offer Information]**

P: That is good news, I don't want to jeopardize my job in any way.

S: Hopefully, we can keep you out of a 30-day treatment center and get you back to your old self again soon. I will be on your side and work diligently to help you get off your opioid medication. **[Collaboration]**

P: That does sound like a better plan than what I had for myself.

S: You have verbalized to me several reasons why you want to stop using opioids, I think a few more positives to add to the list would be a healthier lifestyle, less stress and anxiety about needing the opioids daily, and you will be a better employee/husband/father once you can stop using opioids daily. Do you have any cons to starting this process? **[Beginning to Summarize the Conversation; Ask Pros and Cons]**

P: The biggest con for me is fear of failure and what if people find out.

S: On a scale of 1-10 where do you rate your confidence in my treatment plans for you? **[Evocation; Exploring Thoughts of Change]**

P: Coming into this, I would have never guessed there would be hoped to make changes. I came to talk about my blood pressure and am grateful you pursued my usage of opioids. I am optimistic and would say I am at an 8. **[Change Talk]**

S: Thank you for being honest and taking the time to discuss it with me today. I appreciate your candor and vulnerability. I hope we can continue to build trust as we put your treatment plan into action.

**Role Play Scenario –A Conversation about Opioid Use (What to do) | Part 2**

Ask for a volunteer in the audience to respond to a difficult patient. Below are comments the patient can make during an ER or clinic visit. Ask the staff member to respond using motivational interviewing techniques we just learned. Keep an open-ended conversation asking others to help the staff member with how to respond and list what part of motivational interviewing they are using with each comment. (Put the components of motivational interviewing on a slide)

P: I am not sure why I am here; this is just plain stupid. I take the medication when needed. Are you telling me I have a problem?

P: How dare you tell me this, I am fine. You are making assumptions about me that are not true.

P: I just need some more hydrocodone to control my pain. Can you just write the script so I can get out of here?

P: What do you mean, it is too soon? I have been taking them as prescribed, do you not see how much pain I am in here?

P: What is wrong with you people? Can't you understand these questions are degrading and how dare you ask me these questions. How do you live with yourself?

P: Isn't this a medical facility that is supposed to help people? Well, I am in pain, and you are not helping me with that.