



**Translating Research into Practice on Alcohol and Polysubstance Use Disorders
by Educating the Interprofessional Primary Care Team**

Motivational Interviewing

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Learning objectives

By the end of this session, participants will be able to...

1. Define motivational interviewing (MI)
2. Identify both barriers to and benefits of MI
3. Describe the motivational interviewing style
4. Describe the role of ambivalence in the MI process

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Motivational interviewing is a client-centered, yet directive method for enhancing intrinsic motivation for positive behavior change by exploring and resolving ambivalence.



Miller, W.R. & Rollnick, S. (2002)

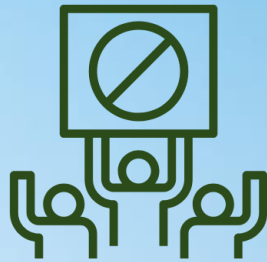
Challenges of effective MI

Qualitative studies found providers identified the following challenges:



Lack of time

"I would love to spend 30 minutes with each patient but it's not feasible."



Staff resistance

"We ask patients to change all the time but, it is us who find it difficult to change."



Cost

"Time is money in general practice."



Training

"If I was offered training in dermatology or communication, I would choose dermatology. We like medicine so we tend to focus on that not communication."



Share in the chat: What is your and/or your center's biggest barrier to effective motivational interviewing?

The righting reflex

One challenge is our natural response to self-destructive behavior.

- Our natural response to seeing and discussing these unhealthy behaviors is to try and change them.
- We often believe that our role is to convince or persuade.
- Our efforts to advise and change clients creates the natural response to defend their behavior and do the opposite of what we're rightly recommending.



Benefits of MI

**Increases readiness
to change**

**Increases retention
to treatment**

**Decreases substance use at
short, medium, and long term
follow up**

*Long term follow up was a significantly
lower effect size than short term follow up
but still significant*

Defining Motivation

Motivation

Motivation is often seen as an either/or



Clients are considered motivated if they...

- Agree with a recommended course of treatment
- Comply with treatment activities
- Accept the label of “addict” or “alcoholic”



Clients are considered unmotivated if they...

- Resist a diagnosis
- Refuse to adhere to a treatment recommendation or protocol

Motivation, cont.

Motivation is better understood as on a continuum and having multiple manifestations and properties. Motivation is...

- Key to change
- Multidimensional
- Dynamic and fluctuating
- A state not a trait
- Influenced by social interaction
- Modifiable
- ***Influenced by clinician style***

Clinician style

Motivation is heavily influenced by clinician style

- Better predictor of client outcome than any characteristic of the client
- Most important predictor of response to interventions
- Specifically, the helping alliance and good interpersonal skills are better predictors of success than a clinician's education, license, or experience



Motivational Interviewing Style

Principles of MI

ACE

- Autonomy versus Authority
- Collaboration versus Confrontation
- Evocation versus Explanation

MI style

- Express empathy and acceptance of current behaviors
- Develop discrepancies between current behaviors and personal goals
- Avoid direct confrontation so as not to increase resistance
- Roll with resistance when identified by using reflective statements and by reframing an individual's statement towards increasing the discrepancy



MI basics

You achieve this by...

- Attending to specific language of change (DARN-CAT)
- Using OARS to drive the conversation towards the client self-describing their motivation
 - Weighting reflective statements and summaries with the change talk at the end
- Identifying the stage of change a client is in
- Using specific skills that match specific stages of change

Identifying change talk: DARN-CAT

- **Desire:** I want/wish/prefer
- **Ability:** I can/could/able/possible
- **Reason:** What's good about a choice? Why do it?
- **Need:** I must/have to/got to/important/matters
- **Commitment:** I will/am going to
- **Actuation:** I'm ready to, I will start tomorrow
- **Taking Steps:** I tried, I started

Proficiency in Person Centered Counseling: The OARS

- **Open ended questions:** cannot be answered with a “yes” or “no”
 - Open ended questions can elicit significant change talk
- **Affirmations:** direct statements of support
 - Affirmations help enhance positive attitudes about the change
- **Reflective Listening:** listen carefully, then paraphrase what you have heard
 - Reflecting what you hear can help resolve ambivalence
- **Summarize:** describe the key points that the patient has made
 - Summaries can redirect the conversation when the patient gets off track

Example MI questions

Miller and Rollnick developed questions meant to exemplify MI:

- “Why would you want to make this change?”
- “How might you go about it in order to succeed?”
- “What are the three best reasons for you to do it?”
- “How important is it for you to make this change, and why?”
- “So, what do you think you’ll do?”



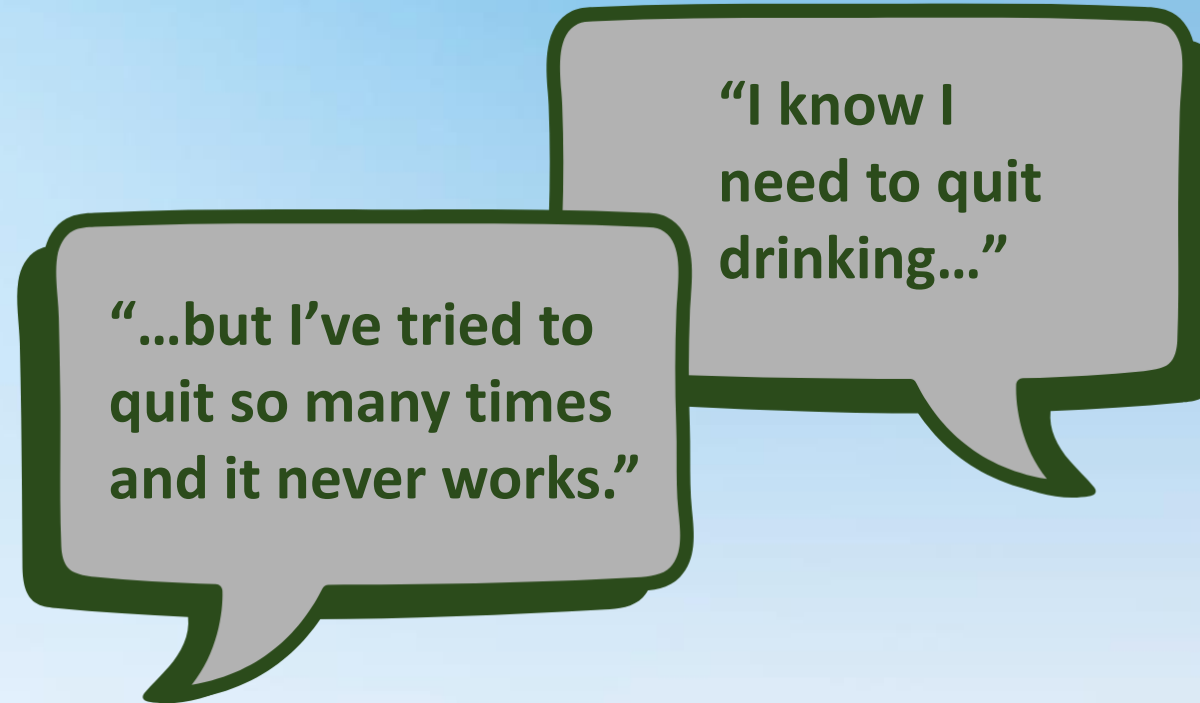
Ambivalence

Ambivalence

- People have reasons to change and reasons not to
- Ambivalence is a normal experience and part of the change process
- Public education enhances ambivalence
 - “Just say no”
 - #Truth
 - D.A.R.E.
- Alcohol has less public education than other drugs and tobacco and misinformation is still prevalent
- The fact that people still have motivations to do unhealthy things is normal

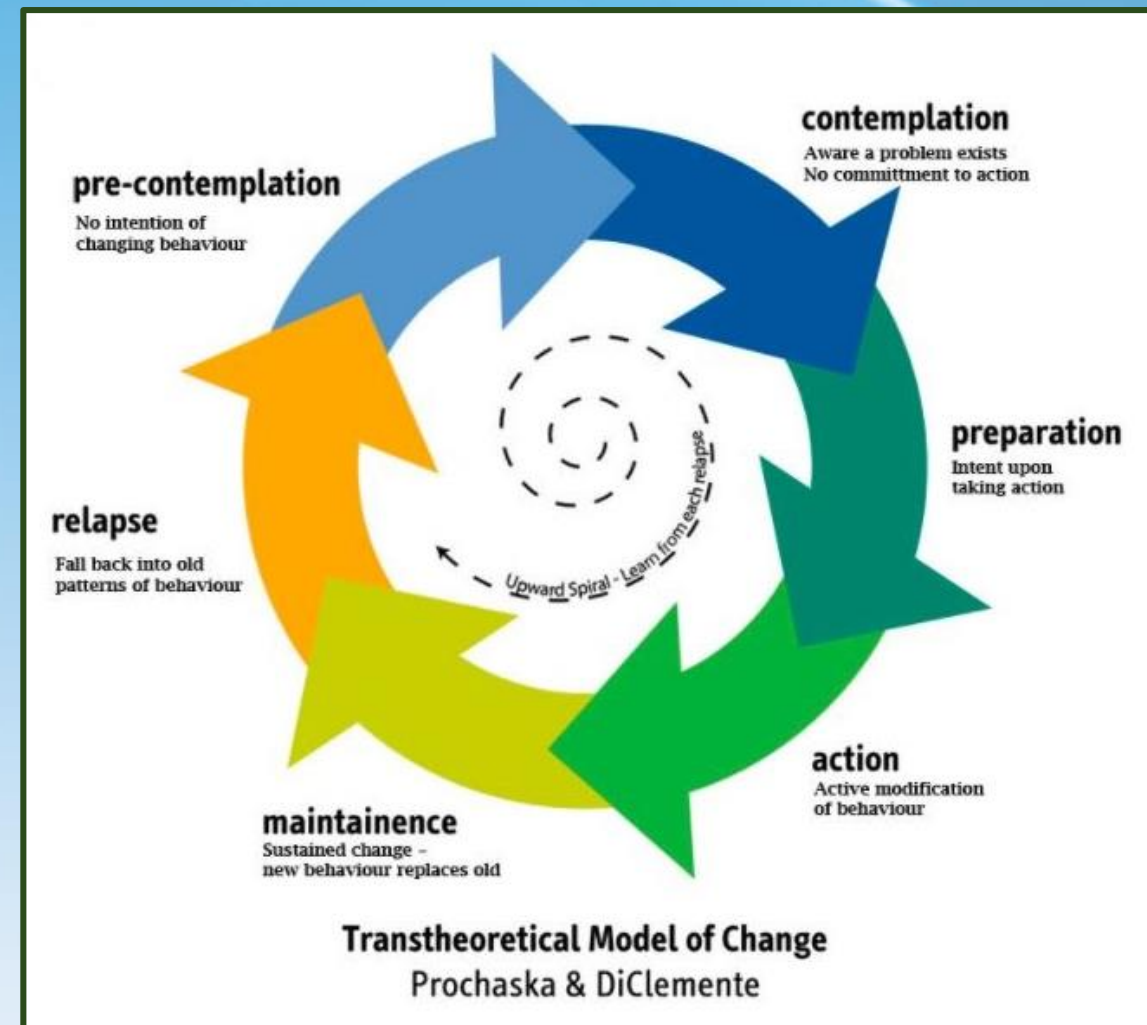
Ambivalence

Ambivalence is simultaneously two things at once: change talk and sustain talk.



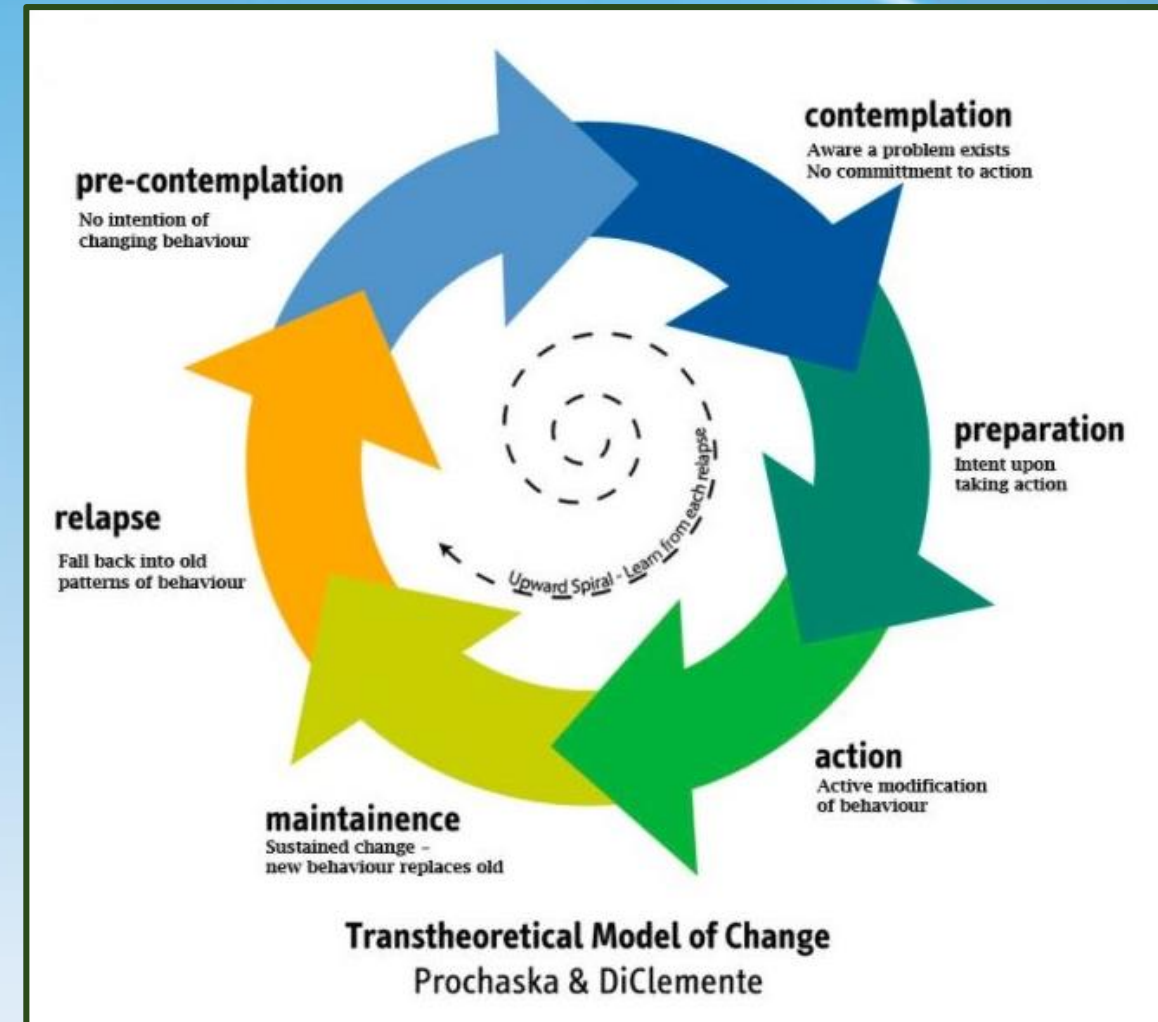
Stages of Change

Stages of Change



Stages of Change

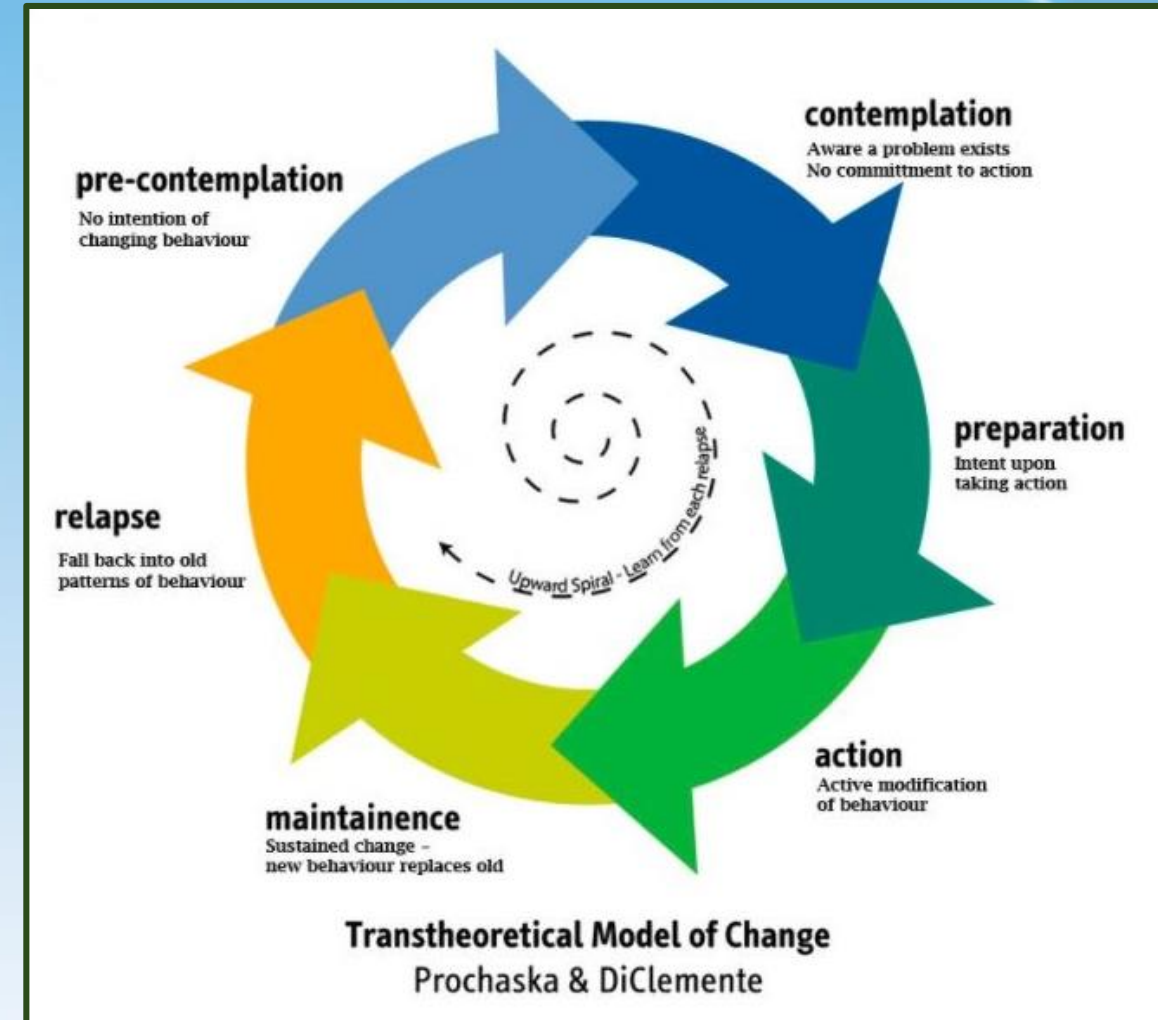
- **Precontemplation:** General belief that a problem does not exist
- **Contemplation:** Acknowledgement of a problem but general unwillingness to do anything about it within the next month
- **Preparation:** Plan and intent to address the problem within the next 30 days
- **Action:** Change has been made for less than 6 months
- **Maintenance:** Change has been sustained for greater than 6 months



Stages of Change: Zoom Poll


Which stage of change do you find most challenging to support patients through?

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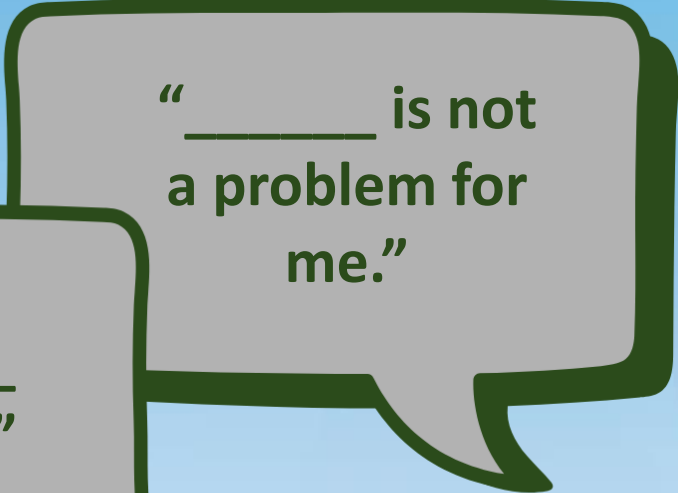


Stages of Change: Precontemplation

- Marked by an the client not considering making a change or not seeing that a problem exists
- Denial



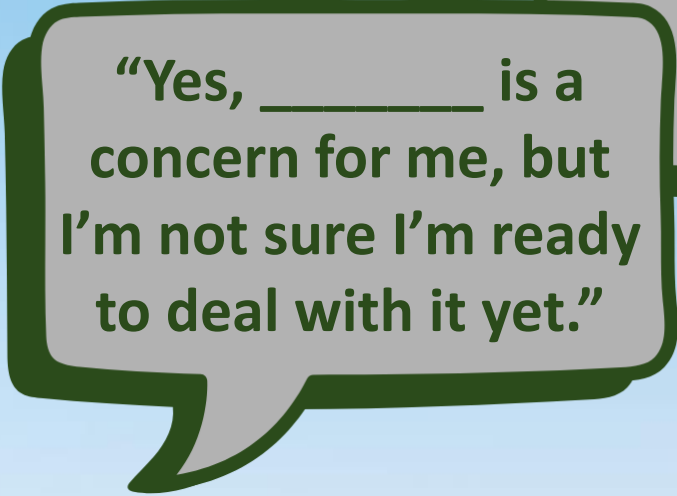
"I've got _____
under control."



"_____ is not
a problem for
me."

Stages of Change: Contemplation

- Client recognizes there is a problem but is unsure what to do or whether or not they want to do it.
- General timeline of unwillingness to make a change within the next month or so.



“Yes, _____ is a concern for me, but I’m not sure I’m ready to deal with it yet.”



“It’s just not the right time.”

Stages of Change: Preparation

- Moving to preparation is the hard work
- Now you've got the task of identifying next steps and building a plan the patient agrees to
- Offer options with possible choices
- Ask open ended questions that elicit statements about the future, such as the following:
 - "Where do we go from here?"
 - "What do you think you will do?"
 - "What are some good things about making this change?"
 - "How are you going to do it?"

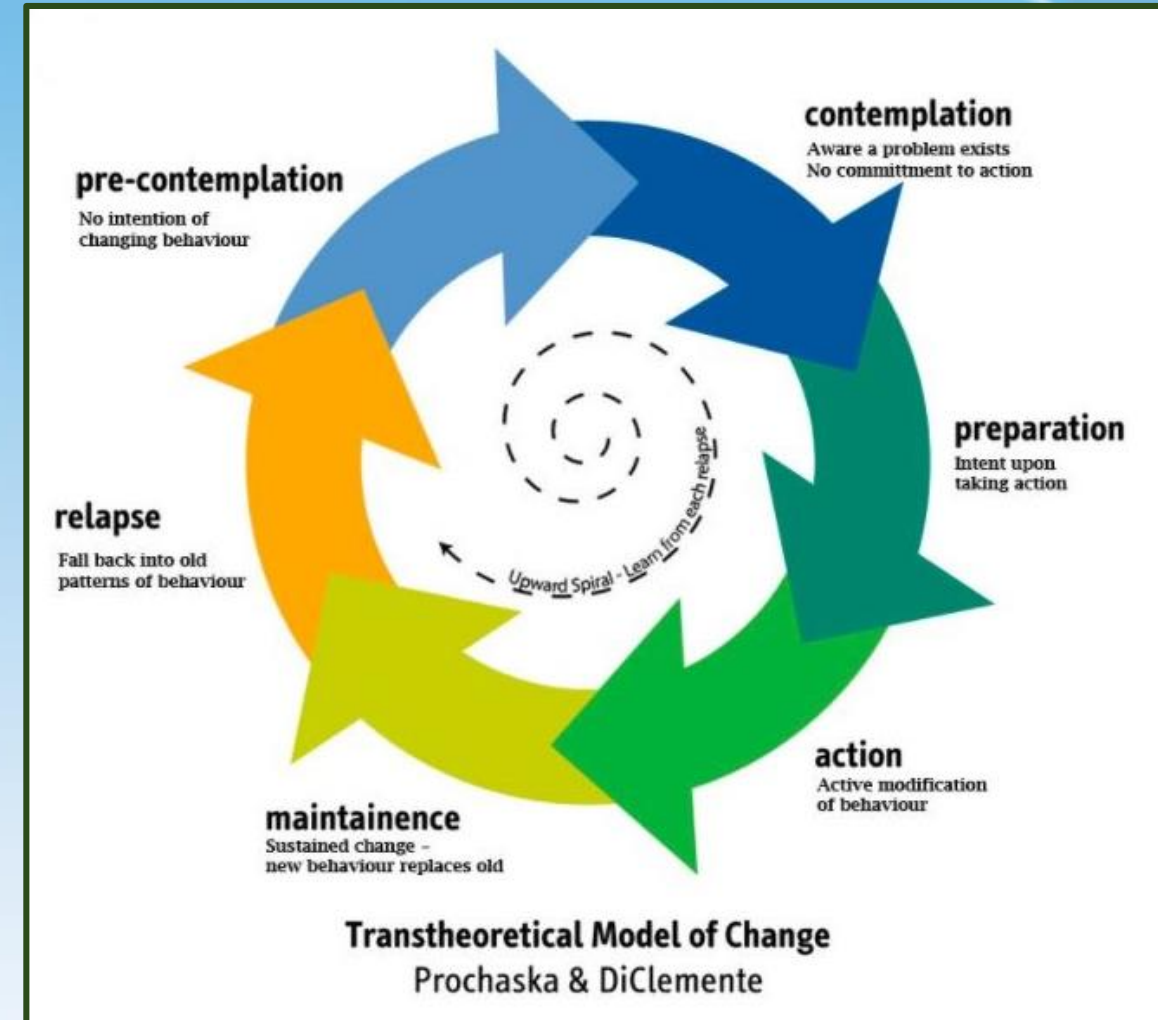
Listening for change talk

- Reflective listening is a fundamental MI skill
- When we hear change talk, we want to reflect it back to the person
- Change talk sounds like the **DARN-CAT**
 - **D**esire
 - **A**bility
 - **R**eason
 - **N**eed
 - **C**ommitment
 - **A**ctuation
 - **T**aking steps

Stages of Change and You

As a provider, you have a different job with each stage of change.

- **Precontemplation:** Increase and develop ambivalence
- **Contemplation:** Highlight and explore the ambivalence and increase motivation for action
- **Preparation:** Develop plans that are likely to succeed
- **Action:** Encourage and support progress, plan for challenges ahead
- **Maintenance:** Relapse prevention



Stages of Change quiz

- “I really don’t need a program to help me manage my alcohol use. I only drink when people try to control me or tell me what to do.”
- “I’ve been using the stuff that I learned in group so that I don’t drink as much or as often. I haven’t gotten drunk in over a month. I think I’ll keep this up.”
- “People are always on my case to do something with my life. But I know what I have to do to get my kids back. I can take care of myself – I just have to stay clear of my old friends.”
- “My doctor has been telling me how important it is for me to quit drinking. I want to quit and I know I’ve got to start somewhere.”
- “I’ve been really prioritizing my sobriety, going to meetings usually 5 times a week. It’s been almost a year now and I feel great. I can’t imagine falling out of this routine.”

Phases of MI

Four Phases of MI

Engaging

- Accurate empathy
- Autonomy
- Acceptance
- OARS

Focusing

- Negotiating and agreeing on goals
- Guiding client to goals they may not yet have

Evoking

- Using the OARS to elicit and evoke direct change language from the client

Planning

- The preparation stage of change
- Developing realistic, achievable, and specific plans to move client towards behavior change

Making it work in your setting

- Each phase can take place over time
- Attention to language and moving quickly to reflections of change talk when you hear it (shorten their discussion)
- Ask permission to discuss this again next time and then actually do it



Questions?

**Feel free to unmute or put your
questions in the chat!**



References

Aujoulat, P., Manac'h, A., Le Reste, C. *et al.* Investigating assumptions in motivational interviewing among general practitioners: a qualitative study. *BMC Prim. Care* 26, 15 (2025). <https://doi.org/10.1186/s12875-025-02706-3>

Hatch, M. R., Carandang, K., Moullin, J. C., Ehrhart, M. G., & Aarons, G. A. (2021). Barriers to implementing motivational interviewing in addiction treatment: A nominal group technique process evaluation. *Implementation Research and Practice*, 2. <https://doi.org/10.1177/26334895211018400> (Original work published 2021)

Smedslund G, Berg RC, Hammerstrøm KT, Steiro A, Leiknes KA, Dahl HM, Karlsen K. Motivational interviewing for substance abuse. *Cochrane Database Syst Rev*. 2011 May 11;2011(5):CD008063. doi: 10.1002/14651858.CD008063.pub2. Update in: *Cochrane Database Syst Rev*. 2023 Dec 12;12:CD008063. doi: 10.1002/14651858.CD008063. pub3. PMID: 21563163; PMCID: PMC8939890.