

MOTIVATIONAL INTERVIEWING:  
ENGAGING TEENS AND SUPPORTING  
CHANGE

Anna Mayo, PsyD

Northern Light Pediatric Specialty Care

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***NO RELEVANT FINANCIAL  
RELATIONSHIPS TO DISCLOSE.***

# OBJECTIVES

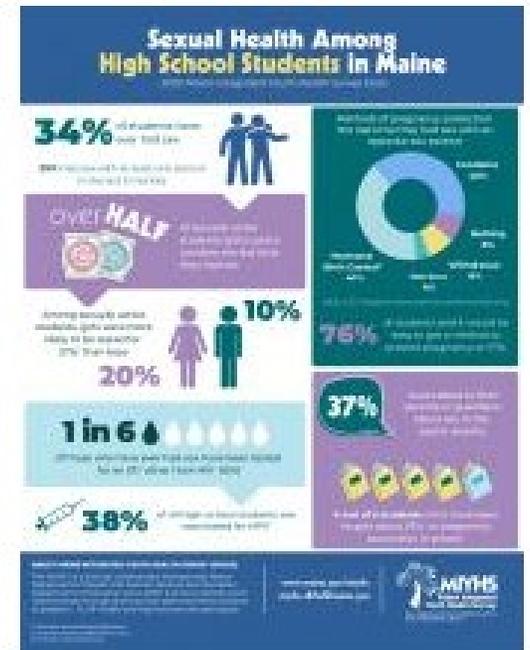
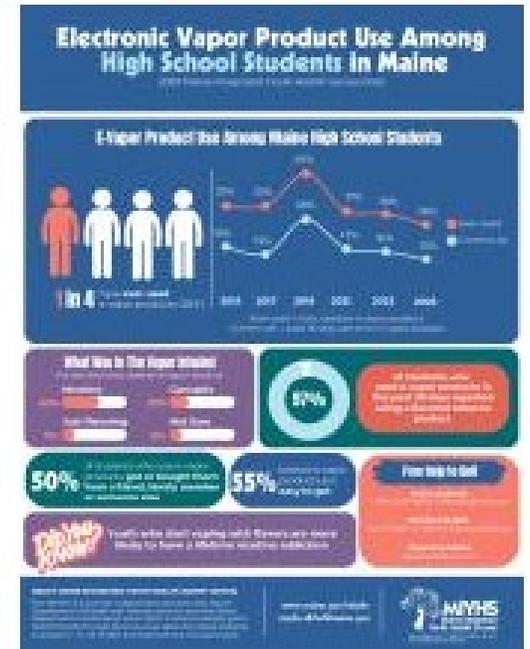
1. Describe the stages of change and the basic techniques used in motivational interviewing.
2. Recognize an adolescent's current stage of change and opportunities to use MI strategies when working with adolescents experiencing ambivalence around health, emotional, or behavioral challenges.
3. Apply practical MI techniques to support autonomy, reduce resistance, and motivate positive change in clinical interactions.

# MAINE INTEGRATED YOUTH HEALTH SURVEY (2025)

Maine high school students:

- 17% drank alcohol, 15% used cannabis, and 15% used tobacco products in the past month
- 26% reported poor mental health in the past month
- 25% have had sex in the past three months and 8% reported not using any form of protection

<https://www.maine.gov/miyhs/2025-fact-sheets>



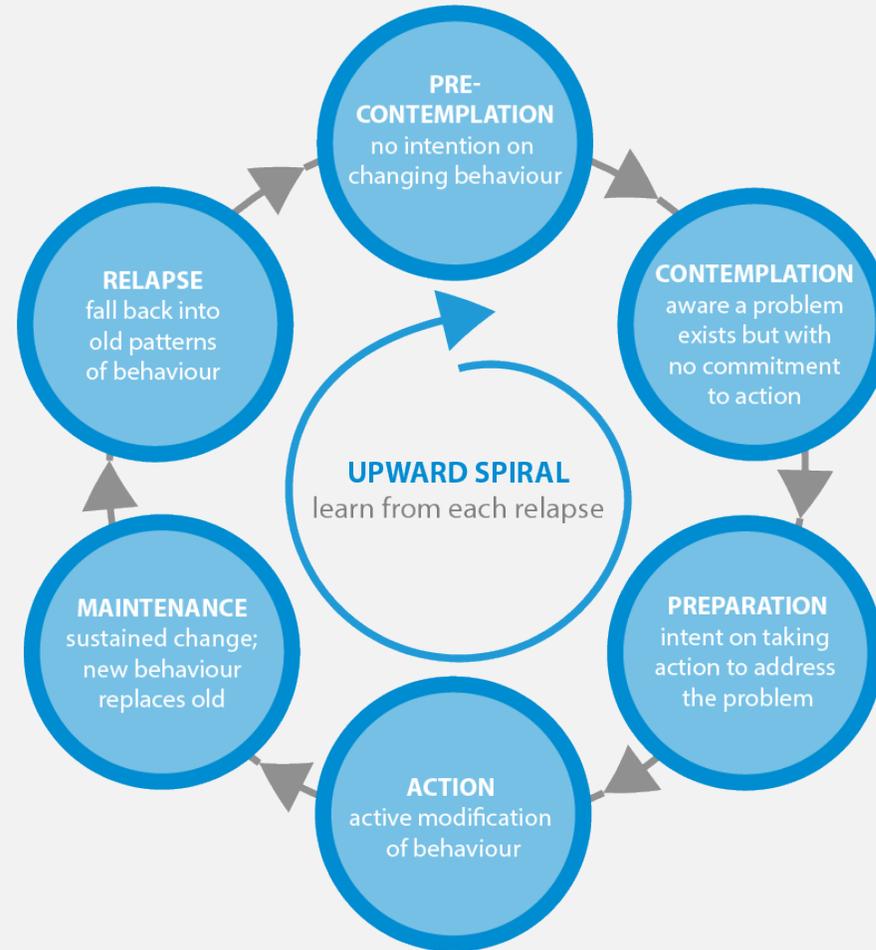
To reduce risk, the teen's behavior needs to change.

This is not simple.

## YOUR THOUGHTS

- What are the challenges you have had working with teens who are engaging in risky behaviors?
- Is there a part of the conversation that is most difficult for you?

## STAGES OF CHANGE

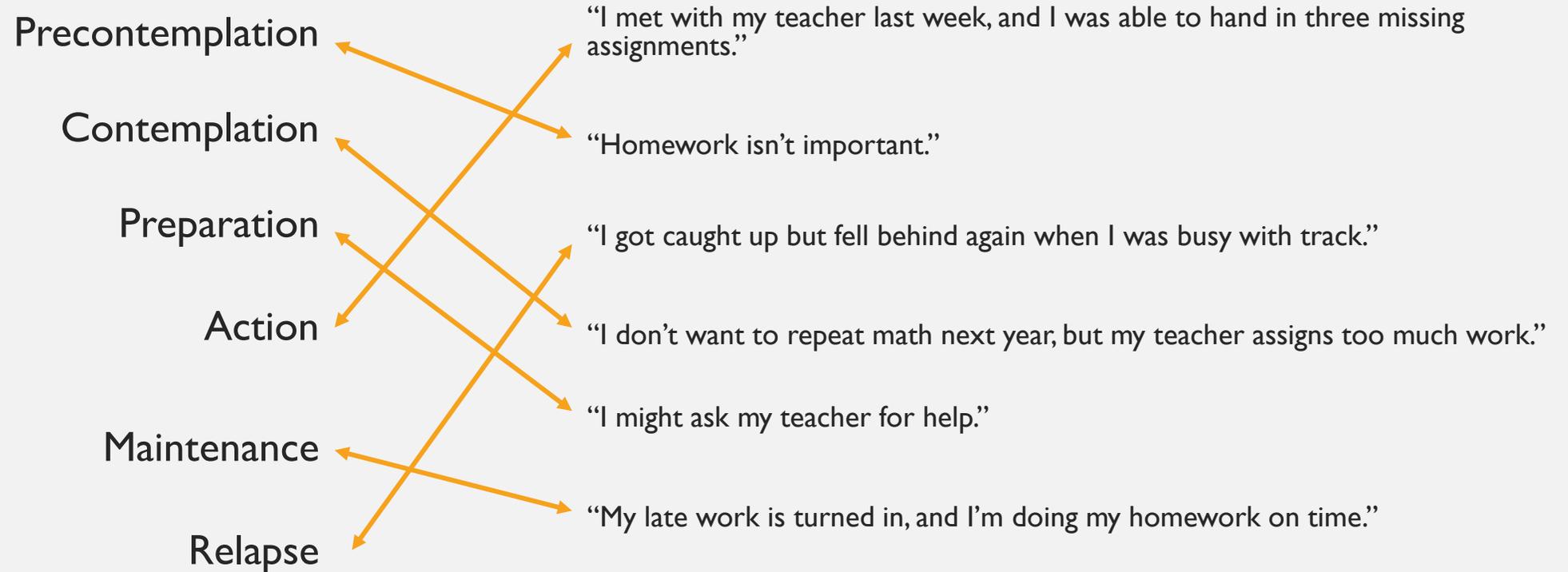


Prochaska & DiClemente

# KNOWING A PERSON'S STAGE OF CHANGE

Stages of Change	Signs
<b>Precontemplation</b>	Not thinking about change May be resigned Feeling of no control Denial: does not believe this applies to self Believes consequences are not serious
<b>Contemplation</b>	Weighing the benefits and costs of behavior Proposing change
Preparation	Experimenting with small changes
Action	Taking a definitive action to change
Maintenance	Maintaining new behavior over time
Relapse	<b>Experiencing a normal part of the change process</b> May feel demoralized

# CHECK YOUR UNDERSTANDING



Your goal is to recognize their stage of change and help them move into to the next stage(s) of change.



FACILITATING  
CHANGE

The righting reflex: the human desire to set things right

What does the righting reflex look like?

Advocating for change

Being the expert

“I know what’s best for you”

**How will teens respond?**



FACILITATING  
CHANGE

*Motivational interviewing* is the evidence-based approach to helping people overcome ambivalence about change

- ✓ It outperforms “advice giving” in 80% of studies (Miller & Rollnick, 2013)
- ✓ It is “highly effective in increasing self-efficacy to change in adolescents” (Erickson, Gerstle, & Feldstein, 2005) ...and is effective short-term intervention (Lundahl et al., 2013)
- ✓ It is versatile!
  - It can work as a stand-alone intervention (e.g., a first therapy session) or in conjunction with other interventions (Forman & Moyers, 2019)
  - It can be used in a variety of settings.



FACILITATING  
CHANGE



### Things to keep in mind:

- Work within the relationship
- Consider their goals/priorities
- When in doubt, **slow down**
- Positive messages matter! (Avoid guilt & shame)
- Recognize how parental concern can affect ambivalence



FACILITATING  
CHANGE

# INFORMING

Your role is to inform

- Explaining what is going on and what may happen
- Sharing evidence
- Giving advice

This can be tricky to do when they are in pre-contemplation or contemplation...

How do we inform in a way that is going to support change?

# OARS

The acronym for the basic techniques in MI:

**O**pen-ended questions

**A**ffirmations

**R**eflective Listening

**S**ummaries

# GATHERING INFORMATION

Start with an open-ended comment to gather information.

*You've tried vaping with friends. Tell me more about that.*

**Yeah, my best friend is always vaping so I'll sometimes hit her vape. But I'm not addicted or anything. I don't even own a vape pen.**

# GATHERING INFORMATION: REFLECTIONS

Paraphrase what they've told you with a brief statement (**reflection**) to show you've been listening and to check your understanding

Reflections are critical in motivational interviewing. Your goal is to offer two reflections for every question you ask!

The ideal reflection has three parts:

- It guesses at deeper meaning
- It is a statement, not a question (no inflection on the end!)
- You are not giving your opinion, advice, or any information.

## GATHERING INFORMATION: REFLECTIONS

**Yeah, my best friend is always vaping so I'll sometimes hit her vape. But I'm not addicted or anything. I don't even own a vape pen.**

*You don't think your vaping is a problem.*

**PAUSE** (Give them time to agree, clarify, or respond to your reflection)

## CHECK YOUR UNDERSTANDING

**I want to do my homework after school, but I need a break. So I get on my phone and start watching TikTok videos...and then it's time for dinner.**

**Spending time with my friends is the best, and they love to party. I'd lose them if I stopped drinking.**

## GATHERING INFORMATION: REFLECTING RESISTANCE

- Listen for comments indicating that they don't view the issue as a problem (precontemplation) or aren't ready to change (contemplation)
- Roll with resistance: Intentionally reflect their resistance.

*Vaping is no big deal*

Why? Highlighting resistance helps shift ambivalence

- Summarize ambivalence

***On one hand** you don't think this is a big deal, **and on the other hand**, you worry about your parents finding out.*

# GATHERING INFORMATION: REFLECTING CHANGE TALK

Change talk: Statements signaling someone's personal argument for change

- Recognizing the disadvantages of the status quo
  - ❖ **I guess I never really thought about how it could affect my asthma.**
- Recognizing the advantages of change:
  - ❖ **If I stopped, I wouldn't have to worry about my parents finding out.**
- Expressing optimism about change:
  - ❖ **I could probably stop if I wanted to.**
- Expressing intention to change:
  - ❖ **I think it's time to stop using my friend's vape pen.**

# ELICITING CHANGE TALK

- After a reflection, you can ask a question to prompt more change talk.
- The ideal question has three parts:
  - It is open-ended.
  - It is focused on eliciting reasons to change!
  - You are not giving your opinion, advice, or any information.

# ELICITING CHANGE TALK

What worries you about your current situation?

What are the benefits of trying something different?

How would you like for things to be different?

If you could change anything, what would you do?

What would you be willing to try?

How important is this to you? How much do you want to do this?

**What else** have you noticed or wondered about?

## CHECK YOUR UNDERSTANDING

**My friend's constant problems are stressing me out. I know I should set some boundaries.**

**I hate feeling this way all the time, but nothing seems to change even when I try do something different. I don't know what to do.**

## INFORMING: SETTING THE STAGE

- Ask permission

*Would it be all right if I share my concerns with you?*

- Give them option of discussing the topic now or later

*Can we talk about this now or is there something else you want to discuss first?*

- Preface the information while acknowledging autonomy

*Let me know what you think of this idea...*

- Talk about what others do

*Some people in your situation do XYZ. I wonder what would work for you?*

## INFORMING: CHUNK-CHECK-CHUNK

Chunk

Check

Chunk

- Common approach for sharing information
- Spend more time checking for patient understanding. It should be a conversation, not a lecture!

*Does that make sense to you?*

*What do you want me to explain further?*

## INFORMING: ELICIT-PROVIDE-ELICIT

**Elicit**  
**Provide**  
**Elicit**

- More consistent with the MI spirit
- Start with open-ended question to guide informing
  - What would you most like to know about XYZ?*
  - What do you already know about XYZ?*
- Provide relevant information

## INFORMING: ELICIT-PROVIDE-ELICIT

**Elicit**  
**Provide**  
**Elicit**

- Elicit their reaction to the information  
*What do you make of that?*  
*What more would you like to know?*  
***What does this mean for you?***  
Teens may be well-informed but less sure of the implications for themselves

## HOW TO APPROACH PRECONTEMPLATION

You are a healthcare provider, and your patient has screened at high risk for depressive symptoms but does not think they need any mental health treatment.

You gather information by asking about the elevated symptoms:

*I see here that you've had little interest in doing things and have been feeling down nearly every day these past two weeks. Tell me more about what you're noticing.*

You realize that they are in the precontemplation stage.



# TYPES OF PRECONTEMPLATORS

(MILLER & ROLLNICK, 2013)

- Reluctant: Lack knowledge or inertia, do not want to change

Your approach: Careful listening and providing empathetic feedback

*I hear you saying that everyone has bad days. And I agree! It's tough when we have several of them in a row. When the bad days start happening frequently, it can be a sign of depression. What do you know about depression?*

- Rebellious: Have a good deal of knowledge, heavily invested in the behavior and making their OWN decisions.

Your approach: Acknowledge their autonomy (no one can force you to change!), provide a menu of options and focus on small, incremental changes

*You're right. It's up to you if you start treatment for depression, and I hear you saying that it's not a problem. How will you know if it does become an issue? [...]  
Ok, in that situation, you would consider treatment. Some patients like to start with therapy while others want to try medication first. What would your preference be?*

# TYPES OF PRECONTEMPLATORS

(MILLER & ROLLNICK, 2013)

- Resigned: Have given up on change and are overwhelmed by the problem

Your approach: Instilling hope, exploring barriers to change, emphasizing that relapse is common and not a sign of failure

*You've tried finding a therapist, but it's been impossible to find someone with openings. It can take time to find someone but it is possible! Let's see what resources I have for you.*

- Rationalizing: Not considering change, developed rationale that minimizes harm of the behavior

Your approach: Avoid discussing their rationale! Ask them about the “good things” of the behavior, then the “not so good things”

*You tried therapy before and it didn't help. What parts of therapy didn't work for you? ... What aspects did you like?*

## WHAT NEXT?

- You've had a conversation with your patient that has allowed you to:
  - Gather information from them to better understand the risky behavior and figure out their current stage of change
  - Inform them of your concerns while listening to and acknowledging ambivalence about changing
  - Use MI techniques to shift that ambivalence

This conversation sets you up to co-create a plan with your patient (preparation stage of change!) that will help them take action and start making changes

# CREATE AN ACTION PLAN

1

Offer a menu of choices for a goal

2

Expand on the goal by making it SMART

3

Explore possible barriers and problem-solve around them

4

Elicit commitment to the plan

# SMART GOALS

**Specific:** What am I going to do? Why is this important to me?

**Measurable:** How will I track my progress? How will I know when I have achieved my goal?

**Attainable:** What will I do to achieve this goal? Do I have the necessary skills/resources? How will I accomplish this goal?

**Relevant:** Is this goal worthwhile? How will achieving it help me? Does this goal fit my values?

**Time-Bound:** When will I accomplish my goal? How long will I give myself?

# CREATE AN ACTION PLAN EXAMPLE

Risky behavior: Adolescent patient with T1DM is not covering carbs appropriately in the middle of the day.

Step 1: Offer choices for a goal.

*I hear that there are some parts of this you wish were different but it's hard when your parents aren't around to remind you. Let's think about what you could change.*

*Do you want to first focus on carb coverage at lunch? Or after school?*

# CREATE AN ACTION PLAN EXAMPLE

Step 2: Create a SMART goal.

- You may need to gather more information. *Walk me through what happens at lunch.* You learn:
  - They prefer to buy school lunch, but they never know what is on the menu.
  - They choose their meal when they arrive in the cafeteria, eat with friends during the 20-minute lunch period, then administer insulin when they get to their next class.

Vague Goal: Choose meal ahead of time.

SMART Goal: Look at school menu at the beginning of morning study hall. Choose meal and count carbs ahead of time. Administer insulin before walking to lunch. Starting tomorrow; will re-assess after 2 weeks.

# CREATE AN ACTION PLAN EXAMPLE

## Step 3: Explore possible barriers

*What might get in the way?*

Forgetfulness

→ set a reminder for 10 minutes after start of study hall

Dislikes administering insulin in front of peers

→ Explore different options. Patient decides they can do it while everyone is packing up their things and leaving the class.

# CREATE AN ACTION PLAN EXAMPLE

## Step 4: Elicit commitment

*Does this sound doable?*

*Let's schedule another appointment in 6 weeks to see how it's going.*

## DESPITE YOUR BEST EFFORTS...

...they are not ready to move to the next stage of change.

Resistance is a sign that you are not matching their stage of change. Focus on empathy and thought-provoking questions.

Open the door for further discussion

“I hear you. It sounds like you’re not in a place to make any changes right now. Please reach out or schedule a sooner visit if it does become something you want to work on.”



HELPING  
TEENS  
MOVE  
TOWARDS  
CHANGE

“The good life is a process, not a state of being. It is a direction not a destination.”

“The more I can keep a relationship free of judgment and evaluation, the more this will permit the other person to reach the point where he recognizes that the locus of evaluation, the center of responsibility, lies within himself.”

- Carl Rogers, PhD



HELPING  
TEENS  
MOVE  
TOWARDS  
CHANGE

### **Your mindset**

Always remember that people have free will, and every person has the potential to achieve their goals, wishes, and desires.

Approach conversations with compassion, accepting teens as they are, knowing that they are the experts on themselves, and helping them realize their strengths.

A conversation with you can plant the seeds of change!

# ADOLESCENT SBIRT

## Toolkit for Providers



Adolescent Screening, Brief Intervention,  
and Referral for Treatment for Alcohol and  
Other Drug Use

MAY 2015

Irena is a 17-year-old girl who presents for a school physical. She has been followed in the practice since birth and was last seen one year ago. She has mild asthma that is well controlled with prn albuterol and is otherwise healthy. She has always been a solid B student whose hobbies include tennis, snowboarding, and lacrosse. She is currently in 11th grade and plans to apply to college next year.

Prior to coming into the exam room, Irena completed the office screening protocol, including the S2BI, and reported alcohol use “once or twice” and monthly marijuana use. The Medical Assistant hands Dr. Wilson the screen results for review. Note that Dr. Wilson utilizes the CRAFFT questions to explore potential problems associated with use.

After a few minutes of general interval medical history, Dr. Wilson addresses marijuana use with Irena.



**DR. WILSON:**

Let's review your results from this screen. I see that you reported using marijuana about once a month. Is that right?

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**IRENA:**

Yeah, sometimes a little more, sometimes a little less, but that's about right, on average.

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**DR. WILSON:**

Can you tell me a little more about your use? When did you start smoking?

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**IRENA:**

I first smoked during April break last year. The first time I didn't get high and I didn't do it again for a while. Over the summer I tried it a couple more times. Actually I probably used a bit more over the summer – maybe once a week; I cut down when school started and now I use about once a month.



**DR. WILSON:**

What made you decide to cut down for the school year?

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**IRENA:**

Well, I don't have as much free time to hang out with friends so it doesn't come up as much. I also don't want marijuana to interfere with school.

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**DR. WILSON:**

Ok, so you have noticed that marijuana can get in the way of school work.

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**IRENA:**

Well it never happened to me, but I heard it could happen.



**DR. WILSON:**

I agree with you. Marijuana can definitely make it harder to achieve the things that mean a lot to you.

Have you ever driven or ridden in a CAR with someone who had been drinking or using marijuana or other drugs?

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**IRENA:**

No. I am not stupid and I would never do that.

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**DR. WILSON:**

I am really glad to hear that you made a decision never to drive or accept a ride from an impaired driver. It is so important to protect yourself — cars can be deadly when they are in the wrong hands. Do you ever use marijuana to RELAX?



**IRENA:**

Yeah, I guess so. It makes us laugh at stupid stuff when I am with my friends.

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**DR. WILSON:**

Have you ever smoked when you were ALONE, by yourself?

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**IRENA:**

Just once. I had left over marijuana and I just couldn't resist, so I smoked up in my room.

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**DR. WILSON:**

So it sounds as if sometimes it can be hard for you to resist marijuana. Do you get cravings?

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**IRENA:**

No, not really. I mean, sometimes I see kids smoking and I think I would really like to join them, but I wouldn't call that a craving.

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**DR. WILSON:**

Are your FAMILY or FRIENDS concerned about your marijuana use?

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**IRENA:**

My parents caught me high once or twice. I denied it, but I think they knew I had used.

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**DR. WILSON:**

What did they say to you?



**IRENA:**

They told me not to use and that they would drug test me if they saw me looking high again.

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**DR. WILSON:**

Why are your parents against you using marijuana?

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**IRENA:**

Obviously, parents never want their kids to use drugs. My parents are constantly telling me that marijuana could be addictive and I think they are worried that I might try other things.

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**DR. WILSON:**

What do you think? Are your parents right that marijuana could be addictive?



**IRENA:**

Probably, but I only smoke once in a while so I think they are overreacting.

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**DR. WILSON:**

Did you ever FORGET anything that happened when you were smoking?

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**IRENA:**

No.

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**DR. WILSON:**

Did you ever get into TROUBLE because of marijuana?



**IRENA:**

Not really. One time, the police came to the woods and they knew all of us were smoking.

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**DR. WILSON:**

Ok, so let me see if I got the picture right here. You smoke marijuana about once a month. You enjoy smoking with your friends and once you smoked by yourself in your room because you couldn't resist. Your parents have made it really clear that they don't want you to smoke at all. You've never gotten in trouble, but you've come close a couple of times — once when the police caught you and your friends in the woods and a couple of times when your parents caught you. You know that marijuana can be addictive, and that some kids who use marijuana do worse in school. Did I get all of that right?

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**IRENA:**

Yeah, I guess.

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**DR. WILSON:**

Well, it probably won't surprise you that, as your physician, I recommend that you quit completely. As you pointed out, marijuana can be addictive. Smoking can give you symptoms of chronic bronchitis and you know you already have asthma. And it really sounds like your parents are giving you a strong message that they don't want you to use marijuana and you've had to lie to them about it. I also worry that you may be finding it harder to resist marijuana when you're around it, which actually can be a sign that you are losing control. What do you think you can do to protect yourself?



**IRENA:**

I know all of this stuff but I think everyone is overreacting. I only use once in a while, I can definitely control it.

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**DR. WILSON:**

Here's my recommendation — how about a “test.” You are smoking about once a month. Why don't we see if you can go three months without smoking at all? Would you be willing to try that? That would be a good way for us both to see how well you can control your marijuana use.

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**IRENA:**

I can go three months — it's definitely no big deal.

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**DR. WILSON:**

Ok, let's try it then. I am going to write down your plan on this worksheet and give you a copy and keep another copy to remind us both at your next visit. Your mother is in the waiting room. Could we tell her that you have made a commitment to quit at least for three months?

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**IRENA:**

I definitely don't want to discuss this with my mother.

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**DR. WILSON:**

Alright, we'll keep this conversation just between you and me. I would like to see you back in three months to see how the “test” went. Can you come back for a follow-up appointment?



**IRENA:**

I don't think so. I have school, and my mom would need to drive me here.

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**DR. WILSON:**

I usually see you in the spring to refill your asthma medications. That's about four months from now, but let's see if we can have you come in early so that we can check in then.

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**IRENA:**

OK, I guess. But you won't tell my mom, right?

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**DR. WILSON:**

Right. I told both you and her that I would keep our conversation private, just between us, and that is what I will do. I do think, though, that you might want to tell her at some point. It sounds as if she already knows that you have tried marijuana, and now you just agreed to quit for a few months. I bet she would be pleased. But I will leave when, whether, and how to have that discussion up to you.

- The motivational interviewing process requires complex skills that are not mastered in one workshop. Practice is key!
- There are a plethora of books and courses if you want more training:
  - **Motivational Interviewing: Helping People Change and Grow (Miller & Rollnick)**
  - Possibilities for Change's MITEY Change Online Course
  - Motivational Interviewing Networks of Trainers (MINT)
  - PsychWire's Motivational Interviewing – Foundational Course

**MITEY Change**  
MITEY Change Online Course

**MITEY Change**  
Motivational Interviewing Training for Empowering Youth towards Change provides education and resources to enhance a professional's knowledge, skills, and confidence in using Motivational Interviewing (MI) strategies to provide effective and efficient youth risk coaching.

**Skill Building with the MITEY Change Online Course**

- Interactive, self-guided skill building modules on youth development, risk and effective use of MI strategies.
- Accessible 24/7, these modules support adult learning by providing a dynamic and engaging experience for participants including:
  - Real life examples, video demonstrations, activities, knowledge and skill checks.

\*Includes 8 continuing education credits: nursing, physician, social work, health educator, teacher

**Minnesota Medical Association**  
**CME Statement:**  
The Minnesota Medical Association designates this continuing activity for a maximum of 8.00 CME credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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QUESTIONS?