

Youth Wellness Hubs Ontario

Substance Use Practice Brief on Motivational Interviewing with Youth



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Acknowledgements

This Substance Use Practice Brief on Motivational Interviewing with Youth provides practical considerations to help clinicians implement Motivational Interviewing into practice. This brief is intended to support community-based therapists, counsellors, social workers, social service workers, nurse practitioners, registered nurses, physicians, and other healthcare professionals providing community-based treatment and counselling to youth aged 12-25 with substance use and addiction concerns.

This document is intended for educational and informational purposes only. It is not a substitute for professional training, institutional policies, or clinical judgment.

Youth Wellness Hubs Ontario (YWHO) in collaboration with provincial partners are supporting substance use capacity building for child and youth mental health and addictions professionals across Ontario. A special thanks to the Provincial Steering Committee for Substance Use Capacity Building for guiding and supporting this work and ensuring system collaboration and alignment across sectors.

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What is Motivational Interviewing?

Motivational interviewing (MI) is an evidence-based counselling approach characterized by a collaborative conversation style to help strengthen an individual's motivation and commitment to change a specific behaviour.^{1,2,3} MI is guided by four key elements, known as the “spirit” of MI: partnership, acceptance, compassion, and evocation.¹ Partnership involves active collaboration between the counsellor and the youth. Acceptance involves showing positive regard and understanding the youth's perspective.¹ Compassion prioritizes youths' needs and promotes their well-being. Lastly, evocation focuses on drawing out the youth's reasons and motivation for change.¹ In addition to these guiding principles, MI utilizes four central overlapping processes: engaging, focusing, evoking, and planning.¹ To support these processes, practitioners also utilize core interviewing skills that include open questions, affirming, reflecting, and summarizing, otherwise known as the acronym OARS.¹

MI can be used in diverse settings, including primary care settings, schools, and in community-based treatment, as well as more acute settings such as hospital-based treatment settings. MI was originally created to support the treatment of alcohol addiction; however, since then, it has been applied to other substances and risky behaviours as a stand-alone intervention or as a part of an intervention or treatment with several components.⁴ For example, MI can be added to interventions such as cognitive behavioural therapy to increase compliance, improve outcomes, and increase motivation and engagement.^{5,6} MI also has a growing empirical base for its effectiveness in treating youth (see page 9).

What are some Motivational Interviewing practice-based considerations when working with youth?

Assessment & Feasibility

- 1.1** Conduct a collaborative and comprehensive assessment of a youth's mental health, substance use, and functioning to assess the feasibility of using MI.^{7,8}

Example: A social worker can work closely with the youth to better understand a youth's mental health, substance use, and readiness to change. Whether a youth is expressing a desire to change a behaviour or not, the clinician can always use MI skills to identify the motivation behind a young person's healthier choices - even if it is not directly associated with their substance use. For example: "What made you decide to not skip class, even though your friends were?"

- 1.2** If a youth is using more than one substance and comfortable sharing, be sure to ask about each substance explicitly, so as to raise self-awareness about each substance's impact, purpose and potential interaction with other substances.⁷

Example: A nurse asks a youth details about each of the substances they have been using. The assessment can include asking about: frequency and amount, as well as intended purpose (e.g. to relax or get to sleep) and unintended consequences. The nurse can ask: "How is it for you when the drugs do not have the effect you're hoping for?" or they can reflect change talk by saying: "You feel pretty sick when you have that much to drink."

Tools to Support MI Practice

- 2.1** Consider utilizing an agenda mapping tool to help facilitate youth engagement to select and prioritize goals or target behaviours.¹

Example: During a MI session with a youth, the clinician uses an [agenda mapping tool](#) to present a range of focus areas to allow a young person to choose and prioritize topics for further discussion or goals based on their needs.

- 2.2** Consider utilizing a readiness ruler to help youth discover their own interests, desire for change, and to elicit and strengthen change-talk.⁹

Example: A clinician uses a [readiness ruler](#) to help a youth better understand their desire and reason for considering change as well as to measure their confidence and support their change talk.

- 2.3** One way to provide information or share a new perspective with a youth is to use the elicit-provide-elicitation approach. This involves asking permission to raise an issue; asking for the youth's perspective; sharing new information or perspectives in small, manageable pieces that are easy to understand and; asking for their thoughts on what you have shared.^{10,11}

Example: A counselor asks the youth if they could spend a few moments talking about how marijuana and sleep affect each other in the youth's life. The counselor then asks for the youth's experiences and perspective on this. Then the counselor shares evidence how cannabis interrupts REM sleep. Finally, the counselor asks what the youth thinks or how they feel about what was just shared by the counselor.

Communication & Relationship-Building

- 3.1** Maintain a non-judgmental attitude and respect youth privacy and confidentiality when assessing substance use.^{8,12,13}

Example: During a MI session, the counsellor maintains a non-judgmental attitude, expresses interest and curiosity about the youth and provides the youth with information relevant to them. The counselor reaffirms their commitment to confidentiality and privacy in accordance with organizational policies and applicable laws. Youth may be concerned about caregivers or others learning about their substance use or other activities. It is important to cover confidentiality and its limits very close to the start of an initial meeting. This can reassure the youth that what they talk about will not be shared with anyone.

- 3.2** When using MI, ensure that youth feel engaged, focused and clearly understood to ensure effective action planning.¹¹

Example: During a MI session with a youth, a therapist utilizes active listening and summarizing to help the youth focus on and express their personal goals for change, leading to a more collaborative development of an action plan to address their substance use. A therapist might say: "It seems like your mom is really focused on the impact that vaping weed is having on school. You must be so tired of all the arguing!"

- 3.3** Ensure that you are not giving too much advice or asking too many questions without reflection to ensure you are adhering to MI principles.¹⁴

Example: The counselor should share more reflections with the youth than questions and more questions than advice or guidance. If the counselor wishes to provide advice or a new perspective, it can be shared using the elicit-provide-elicited approach.

- 3.4** Using MI techniques, develop a collaborative relationship to create a care plan.⁸

Example: By embodying the spirit of MI (Partnership, Acceptance, Compassion and Evocation) and utilizing OARS (Open questions, Affirmation, Reflection and Summarizing), a clinician is able to work together with a youth during MI sessions to collaboratively develop a care plan that aligns with the youth's goals and values.

- 3.5** Foster a youth's confidence in pursuing goals and maintaining changes that are realistic for that person.¹⁵

Example: Work with youth to brainstorm and develop attainable goals that are in line with their values to build their confidence.¹⁵ The counselor can ask, "What's one small step you can take in the direction of change?" and "What would that look like?"

- 3.6** Provide personalized feedback to youth about their substance use, as this has been shown to be more effective in reducing substance misuse and other risky behaviours.¹⁶

Example: A Child and Youth Counselor asks permission to provide feedback to a youth from their assessment that they completed during the previous visit. The counselor lets the youth know that they might find it interesting to see how their use of substances compares with other youth the same age. This can help young people develop discrepancy.

Harm Reduction & Youth Autonomy

4.1

When using MI, consider a harm reduction approach that is mindful that youth may not want to completely stop using substances, and be sure to not judge their behaviour.¹⁵

Example: A clinician utilizes a non-judgmental approach and validates a youth's goal of reducing or preventing harms related to their substance use rather than asking the youth to stop their substance use completely. The clinician also provides additional information on some of the harms associated with substances and brainstorms with the youth ways to stay safe and minimize harms.

4.2

When presenting results of assessments or screeners, utilize a motivational style to present information to youth. Do not pressure them to accept a diagnosis or offer unsolicited opinions about the meaning of results.¹⁶

Example: A clinician invites youth to explore their understanding of assessments or screeners and how the results align with their own experiences. This can help foster self-reflection for the youth. The clinician can ask: "What do you think about what I just shared with you?" or "What's your understanding of what we've just read?" and "How is that for you?"

The clinician can respond with compassion and curiosity, encouraging the youth to share their thoughts and feelings.

Managing Resistance & Ambivalence

5.1

If a youth is expressing discord or demonstrating resistance, by arguing, interrupting or ignoring, try something different without arguing or being confrontational.¹⁵

Example: During a MI session with a youth, the youth begins to argue and interrupts the clinician when talking about their substance use. The clinician refrains from pushing back or trying to convince the youth about anything. Instead, the clinician "rolls with resistance."

The clinician maintains a non-judgmental attitude and gently pivots to reflect back how the youth appears to be feeling or what is happening for them. The clinician can then compassionately reflect whatever the youth shares in response to this. The clinician may then ask how this relates to their reason for attending counselling.

5.2

Distinguish between sustain talk (which is about staying the same and not changing behaviour) and change talk (which refers to things the youth says that relate to the possibility of change happening). By reflecting examples of change talk back to the youth, you help them to better explore and address their ambivalence, in the direction of change.¹⁴

Example: A counselor can listen for change talk using the following mnemonic:

D: Desire to change

A: Ability to change

R: Reason to change

N: Need to change

C: Commitment to change

A: Actions identified to change

T: Taken steps to change

In response to a young person's frustration related to being grounded for using drugs, the counsellor might highlight their Desire for change by saying: "You're tired of getting into trouble for smoking weed..."

5.3

Consider working with youth to identify and utilize their past experiences with negative outcomes of their substance use to help encourage discussion of change during MI sessions.¹⁷

Example: A clinician can ask “What are the good things” about the youth’s substance use, and after hearing the response, ask “What are the less good things” about their substance use. The clinician can then reflect back to the youth whatever examples of change talk they have heard.

Practical Considerations for Implementation

6.1

Consider and address practical barriers for youth engaging in MI sessions, such as scheduling, language barriers and transportation needs.^{18,19}

Example: A social worker ensures that there is a bilingual staff member present when working with a French-speaking youth. They schedule a MI session that fits with the youth’s availability after school. The social worker ensures that the youth is able to attend the session by considering their transportation needs. For example, do they need support to access public transit, or is it easier for the youth to be seen virtually?

6.2

The use of small group formats for MI interventions may allow youth to benefit from prosocial processes such as reinforcement of behaviour change and vicarious learning experiences.²⁰

Example: In a group MI session, a youth shares their success and challenges in reducing substance use. This can encourage youth to feel that change is possible and acknowledge that challenges are common, although manageable. The therapist can state: “Thank you for sharing that painful experience Jake. That was a lot for you to handle. Who here can relate to what Jake just shared?”

6.3

Engage in MI training, workshops, and readings to help practice and build your skills to better connect with the youth you work with.¹¹

Example: A nurse engages in continued professional development by attending a specialized MI workshop and reads relevant evidence-informed articles on the topic.

Evidence review of Motivational Interviewing and substance use approaches in youth

Motivational interviewing has been shown to be an effective and developmentally appropriate approach to addressing substance use with youth.²¹ Young adulthood is a period of development marked by burgeoning autonomy and individualization, as well as increases in risk taking and impulsive decision making that may adversely affect the health and safety of youth, such as alcohol use, substance use, and other risky behaviours.²² The application of MI for youth is particularly well suited as it is an approach that is respectful, acknowledges choices and ambivalence, reduces resistance and seeks to support personal autonomy, decision making, and goal setting.²² Notably, MI has been used to address substance use among youth for several substances, including alcohol, tobacco, cannabis, stimulants and other drugs.

MI interventions for adolescent substance use behaviour change are effective across a diverse range of substance use behaviours, session lengths and settings with a small yet significant post-treatment effect size.²³ One literature review noted that of the 39 studies included looking at MI as an approach to reduce substance use amongst youth, 67% had statistically significant improved substance use outcomes.²⁴ MI can support youth with concurrent disorders to reduce their substance use and delay onset of use following discharge from hospital.²⁵ In addition, a meta-analysis looking at interventions using MI for smoking cessation suggests effectiveness for adolescents and adults.²⁶ Several studies have also documented positive outcomes using MI related to the reduction of alcohol use in ethnic and marginalized groups.^{17,20,27} Some studies also showcase how MI can be used alongside other interventions to improve outcomes for youth with substance use and/or other mental health challenges.^{28,29,30}

Not all studies found clear positive effects of MI on substance use in youth. A meta-analysis conducted in 2016 showed there was no statistically significant effect of MI on drug use behaviours but rather indicated a significant difference in attitude change.³¹ Moreover, a systematic review showed that although there were some significant positive effects of MI in terms of quantity and frequency of alcohol consumed in youth, the strengths of those effects were minimal.³² Meta-analyses on MI have shown that there is no significant difference between MI and other active treatments, suggesting that MI has the potential to be as effective as other interventions such as cognitive behavior therapy (CBT) and 12-step facilitation programs for substance use.^{33,34} These meta-analyses were not specific to youth.

A 2023 Cochrane review of MI for substance use reduction in adults and youth found that MI may reduce substance use compared to no intervention for a short follow-up period. Additionally, it was suggested that MI counselling may reduce substance use slightly when compared to youth who receive assessment and feedback with no counselling over 6 to 12 months to after 12 months.⁴ The review also indicates little to no difference in MI compared to treatment as usual (sharing screening results, advising to stop use, and providing educational resources) and interventions such as providing an educational program on drugs or alcohol.⁴ MI and its effect on readiness to change and retention in treatment was also explored, but no significant differences were found.⁴

In Summary:

- This evidence review presents a range of findings around the effectiveness of using MI for substance use concerns in youth. It highlights the need for further research and high-quality, youth specific studies to inform more concrete considerations, recommendations and clinical practice guidelines.
- While the evidence is still growing in this area, it is important to reiterate that MI is particularly well-suited for youth given that it is developmentally appropriate, emphasizes autonomy and decision making, and allows young people to set their own goals.
- Studies suggest that MI may perform similarly to other active interventions, such as CBT, and leads to reduced substance use compared to no treatment.^{33,34}
- Although reduction in substance use is often the key indicator of effectiveness, it is also important to recognize that MI can also be used to support youth on how to make safer decisions when using substances and address other areas of life that could be making substance use more dangerous.
- Considering multiple approaches to substance use beyond individual interventions such as improving community involvement, supporting families, addressing stigma, changing policies and regulations is essential to meet the needs of youth and increase their protective factors against substance use.³⁵

Links and Resources

Documents:

- [Motivational Interviewing Resources from the Motivational Interviewing Network of Trainers](#)
- [Canadian Centre on Substance Use and Addiction, The Essentials of ... Series: Motivational interviewing](#)
- [Headspace, The effectiveness of Motivational Interviewing for young people engaging in problematic substance use](#)

Videos:

- [The Underlying Spirit of Motivational Interviewing](#)
- [The Four Processes of Motivational Interviewing](#)
- [The Registered Nurses' Association of Ontario \(RNAO\): Using Motivational Interviewing Approaches](#)
- [Psychwire Motivational Interviewing Resources](#)

Courses:

- [UBC Motivational Interview Course](#)

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