



The Art of Brief Interventions and Motivational Interviewing

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2026 COLORADO PERINATAL SUBSTANCE USE INTEGRATION CONFERENCE
AVON, COLORADO
MAY 7TH - 8TH, 2026



INTEGRATED CARE
FOR WOMEN AND BABIES



CAMPHIRE
Colorado Ambulatory Partnership for
Health Innovation and Research Excellence

*don't stop believing
in recovery*

Goals

1. Identify factors that affect patient engagement in conversations about substance use, mental health and related needs.
2. Explore how to foster trust and nonjudgmental patient-centered communication.
3. Describe how the spirit of motivational interviewing promotes motivation to change and accept help.
4. Practice motivational interviewing skills.
5. Explore how to navigate low motivation and discord when providing brief interventions.



A story



Patient Engagement to Foster Trust and Decrease Stigma

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Self-Awareness Questions

1. What assumptions and/or expectations do I have about this interaction?
2. What stereotypes about this patient might I have?
3. What identities and power dynamics (race/ethnicity, age, economic status, education, etc.) might be at play when I'm talking with this patient?
4. What does practicing cultural humility with this client look like?
5. How open am I to learning about this person's experiences and culture(s)?



The Seven Types of Stigma

TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7
<p>Public Stigma This happens when the public endorses negative stereotypes and prejudices, resulting in discrimination against people with mental health conditions.</p>	<p>Self Stigma Self-stigma happens when a person with mental illness or substance-use disorder internalizes public stigma.</p>	<p>Perceived Stigma Perceived stigma is the belief that others have negative beliefs about people with mental illness.</p>	<p>Label Avoidance This is when a person chooses not to seek mental health treatment to avoid being assigned a stigmatizing label. Label avoidance is one of the most harmful forms of stigma.</p>	<p>Stigma by Association Stigma by association occurs when the effects of stigma are extended to someone linked to a person with mental health difficulties. This type of stigma is also known as "courtesy stigma" and "associative stigma."</p>	<p>Structural Stigma Institutional policies or other societal structures that result in decreased opportunities for people with mental illness are considered structural stigma.</p>	<p>Health Practitioner Stigma This takes place any time a health professional allows stereotypes and prejudices about mental illness to negatively affect a patient's care.</p>



Words Matter

Use person-first language: The patient's identity is more than their health condition(s).

- To *decrease stigma*.
- To *increase openness to seeking help*.
- To *cultivate self-compassion and hope* in patients.
- To *role model supportive language* for colleagues and families.

Examples:

- Patient with an **alcohol or drug use disorder** *rather than an addict, alcoholic, drug abuser*
- **Substance(s) used** rather than drug(s) of choice
- **Positive or negative toxicology** *rather than* clean or dirty results
- **In recovery** *rather than* clean

Trauma-Informed Brief Interventions

- Strive for a calm, uncluttered environment
- Be aware of tone, volume, energy level.
- Explore the patients' insights into connections between trauma and substance use (*with their permission*).
- Focus on competence and internal capacity for change rather than knowledge or skills deficits.
- A **strengths-based** approach increases effectiveness.
- Anything the patient is willing to do to address substance use or make other healthy changes is progress.
- Small successes may lead to bigger changes.



Trauma-sensitive questions

1. *“Would it be ok to discuss the questions you answered about alcohol and drugs? I would like to understand your perspective.”*
2. *“What concerns, if any, do you have about your drug use?”*
3. *“What do you already know about how alcohol could affect the baby?”*
4. *“How might your life experiences be related to your alcohol use?”*
5. *“What would help you be successful in changing your drug use?”*



Motivational Interviewing

*Being Empathetic Is Easier When Everyone Is Doing It**

*Elizabeth Svoboda; Scientific American; September 17, 2024



Motivational Interviewing

*A way of discussing behavior change to resolve ambivalence and strengthen motivation and commitment to change.**

*Adapted from Miller and Rollnick



Good listening

- Good listening- also known as *accurate empathy* is fundamental.
 - Everything builds on this
 - Includes observing nonverbal cues
- **Accurate empathy:** a willingness to truly understand the patient's perspective on substance use (or any issue) even when you do not necessarily agree with it.
 - Decreases defensiveness about changing and helps a person feel safer
- *We cannot instill motivation to change...however, our nonjudgmental presence can help start a change process.*

Ambivalence is normal!



Ambivalence is normal!

The “Spirit” of Motivational Interviewing



How the “Spirit” Facilitates Change

Compassion

- Being non-judgmental, non-blaming, and non-shaming can increase the sense of safety
- When a patient experiences compassion from their care team it can help **cultivate self-compassion**

Acceptance

- Honor **autonomy**: the patient’s freedom to choose whether to change
 - Decreases defensiveness about changing
- Acknowledge **strengths, goals, values, intentions, efforts, past successes**

Partnership

- Figure out next steps together- **the patient is an expert on their life**. Emphasize this!
- **Ask permission** before providing information and advice

Empowerment

- Elicit the **patients’ ideas about the benefits of change** (intrinsic motivation)
- Enhance **self-efficacy**: your belief in the possibility of change is powerful



OARS: *Putting the Spirit into Practice*

1. **Open-ended questions**
2. **Affirmations**
3. **Reflections**
4. **Summaries**



Practice: Open-Ended Questions

1. Are you aware that marijuana gets passed to the baby in breastmilk?
2. Are you ready to start treatment for your drug use?
3. Would you like help to quit smoking now that you are pregnant?
4. Did you get regular prenatal care throughout your pregnancy?
5. Have you been taking the medication?
6. Were you able to follow through on making an appointment with a counselor?



Affirmations

Acknowledge:

- Goals:
 - Example: The desire to have a healthy pregnancy and baby
- Values
 - Example: The importance of being a mom and creating a stable home environment
- Intentions
 - Example: Their plan to breastfeed
- Efforts
 - Example: The patient tried to attend all prenatal visits and only missed two due to a lack of transportation
- Self-worth
 - Willingness to ask for and accept help; willingness to change even when it is difficult

Reflections

Why?

1. To show accurate understanding of the patient's perspective
2. To allow the patient to hear their own voice talking about change
 - *A person becomes gradually more committed to what they hear themselves say*

Types:

1. Simple: word-for-word or slightly rephrased
2. Complex: paraphrase, double-sided, reframe, continue the paragraph
3. Affective: reflect the emotional dimension

Examples of reflections

1. *“You need something to deal with morning sickness; marijuana helps and you have heard that it is not likely to be harmful to the baby.”*
 - Simple reflection; shows understanding of the patient’s perspective
2. *“Quitting sounds really hard **and**, at the same time, it might be worth trying for your health and your baby’s health.”*
 - Double-sided reflection that reflects the ambivalence
3. *“You have felt so sad and anxious that it hasn’t felt possible to stop drinking.”*
 - Reflects the emotional dimension
4. *“You have tried hard to cut back which tells me that you don’t give up when something is important to you.”*
 - Reframes the patient’s discouragement as persistence – offers an affirmation

Practice: Reflections

1. Patient says: *“I tried many times and it feels impossible for me to stop drinking.”*
2. Patient says: *“I worry about how drugs could affect the baby, but my life is so stressful since my partner left me.”*
3. Patient says: *“I heard that if I pump right after I have a glass of wine it’s ok to go ahead and breastfeed the baby right away.”*



Summaries

- Move from the **why** of change to **how** to make the change
- Link together themes, motivation and confidence, restates benefits of change

*“You are concerned about your drug use and understand that it could get in the way of taking care of your baby. You were able to cut back during your pregnancy so you know you can do it and feel that getting help now is very important. We are going to provide information about options for treatment and ongoing supports before you leave the clinic today.
Did I miss anything?”*

Activity: Both Sides of the Fence

1. Find a partner (probably the person sitting next to you)
2. Round 1: Choose roles- speaker or listener
3. Speaker: Talk for **one minute** about **something you feel two ways about**. It can be any issue: in your life, in your family, in the world, etc.
4. Listener:
 - Just listen until the minute is up!
 - Then, **affirm something positive** you learned about the speaker from listening.
 - Next, **offer a reflection** based on something the speaker said.
 - Finally, **summarize the speaker's overall position** about the issue.
5. Round 2: Switch roles and go through the same process

Change Talk: DARN CAT



Preparatory

Desire

Ability

Reasons

Need

Mobilizing

Commitment

Activation

Taking steps

How to Elicit Change Talk

Ask curious open-ended questions:

- a) *“Why might you want to change/get help for ___?”*
- b) *“If you decide to change __, how would you do it in order to be successful?”*
- c) *“What is one good reason you can think of to change ___?”*
- d) *“How will your life be better if you change ___?”*
- e) *“How would you know if ___ was becoming a problem for you?”*

These questions help a person voice the benefits of change in their own words.

How to Elicit Change Talk (cont.)

Ask about importance and confidence (on a 0-10 scale):

- “On scale from 0-10, how important is it to you to change..., where 0 is not at all important and 10 is very important?” **THEN ASK:**
 - “What made you choose 5 and not a lower number?”
- “How confident are you that you will be able to make this change, where 0 is not at all and 10 is very confident?” **THEN ASK:**
 - “What made you choose 3 and not a lower number?”
 - “What could help you feel more confident?”

Readiness to change = Importance + Confidence

Responding to Sustain Talk (Low Motivation)

Affirm autonomy: *“I recognize that it is your decision to change or not change...”*

Affirm their expertise on their life: *“You will know best if it is a good idea to change ... at some point.”*

ALSO:

- Show understanding of their needs and priorities
- Show understanding of potential losses that might result from changing
- Assure them of ongoing care even if they do not change



Discord

- A rupture in the relationship
- Uncomfortable and tense for the helper and the patient
- May result from pushing for change or not truly understanding their perspective

How to navigate it:

- Acknowledge it: *“I recognize that this conversation has been upsetting for you.”*
- Apologize- especially if you have been pushing for change or trying to persuade them to accept help
- Express a genuine desire to understand how *they* view the issue
- Focus on something you can agree to discuss. For example, ***other*** ways to handle stress, depression, anxiety, poor quality sleep, etc.

Elicit – Provide -Elicit

Elicit

1. Find out what they already know or would like to know.

“What do you know about how marijuana could affect the developing baby?”
[LISTEN]

Provide

2. Provide information in a neutral manner.

“Marijuana does get passed to the baby across the placenta. Studies show that it could disrupt brain development and lead to a lower birth weight.”

Elicit

3. Ask what they think about the information or how it might apply to them.

“What do you think about this information?” “How might it help you decide what next steps make sense for you?”

Thank you very much!

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