



Increasing the Odds for Behavior Change

Motivational Interviewing: A Quick Review

Peter Young Fifield | MLADC, LCMHC, EDD

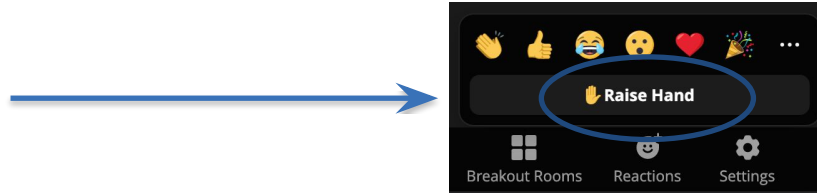
Director of Behavioral Health Services

Wentworth Health Partners in Dover, NH

November 18, 2025

Housekeeping

- Lines will be muted. Use the raise hand feature if you would like to come off mute.



- Use the chat to submit questions for speakers, panelists, and our TTA team



- We are recording today's session

Session Reminders



Turn your camera on (if you can!)



Make sure your Zoom name is correct



Mute yourself when you are not speaking



Complete our feedback form!



Email us at: otptta-ma@jsi.com



It's not too late to join our contact list! (link in chat)

Check out our Website! A resource hub for all things OTP TTA

<https://massotptraining.org/>

Today we are joined by representatives from MA DPH Bureaus of Substance Addiction Services (BSAS)

Agenda

1. Updates from the MA OTP TTA Center
2. Learning Objectives and Introductions
3. Presentation
4. Wrap up






NEW

Now Offering CEUs!

**NAADAC Continuing Education Units
(CEUs)**

Simply complete the Feedback Form at the end of today's session to receive CEU credits for attendance 

Events to register for!

NOVEMBER



Drop-in Discussion Thursday!

11/20, 1-2pm

Continue today's conversation with
Peter Fifield

Invite peers and bring perspectives and questions
related to Motivational Interview!

No formal Presentation

A stylized yellow hand with a blue outline, pointing its index finger towards a light blue button with a dark blue border.

links in chat

DECEMBER

12/17/25, 1-2pm



Alcohol Harm Reduction Strategies for OTPs

Webinar participants will learn how alcohol
harm reduction strategies can meaningfully
support patient recovery within OTPs.

CEUs pending!

12/18/25, 1-2pm



Drop-in Discussion Thursday!

Continue the conversation! *No formal Presentation*

Invite peers, your bring perspectives and
questions related to that week's webinar



Save these Dates for 2026!

Tuesday, March 31

+

Wednesday, April 1

Noon to Five


2nd Annual Virtual Convening

Enhancing Access, Deepening Impact:
Evolving OTP Service Delivery Together.



Learning Objectives

By the end of this webinar, participants will be able to:

- 1 Identify at least three tools or strategies for dialogue with OTP patients
 - 2 Implement MI techniques that will elicit “change talk”
 - 3 Describe the ways MI helps address ambivalence
- 



Peter Young Fifield | MLADC, LCMHC, EDD

Director of Behavioral Health Services

Wentworth Health Partners in Dover, NH

Great Bay Mental Health

The Doorway at Wentworth-Douglass Hospital

Dr. Fifield has a doctoral degree from the University of New England. Dually licensed in NH as a clinical mental health counselor and a master licensed alcohol and drug counselor.

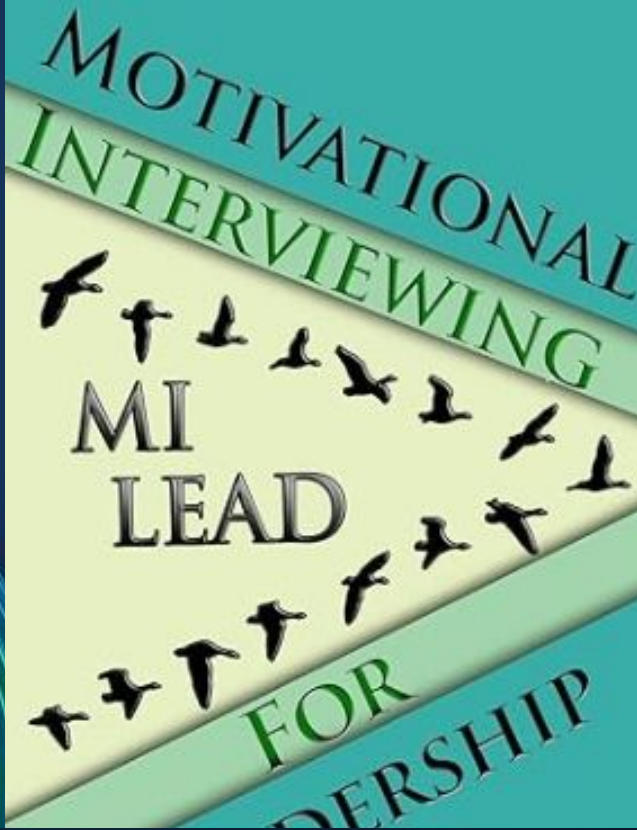
For the past 20+ years, the field of trauma-informed integrated behavioral health and the treatment of co-occurring mental health and substance use disorders has been the focus of Peter's work.

Peter is also a longtime member of the Motivational Interviewing Network of Trainers (2011).

MOTIVATIONAL INTERVIEWING

HELPING PEOPLE CHANGE AND GROW

William R. Miller
Stephen Rollnick



Over 125,000 in print
second edition

MOTIVATIONAL INTERVIEWING in HEALTH CARE

Helping Patients
Change Behavior

A few resources

Dignity: Its Emotional Role in Solving Conflict-Donna Hicks

Research suggests that we are just as programmed to sense threat to our dignity—to our sense of worth—as we are to a physical threat

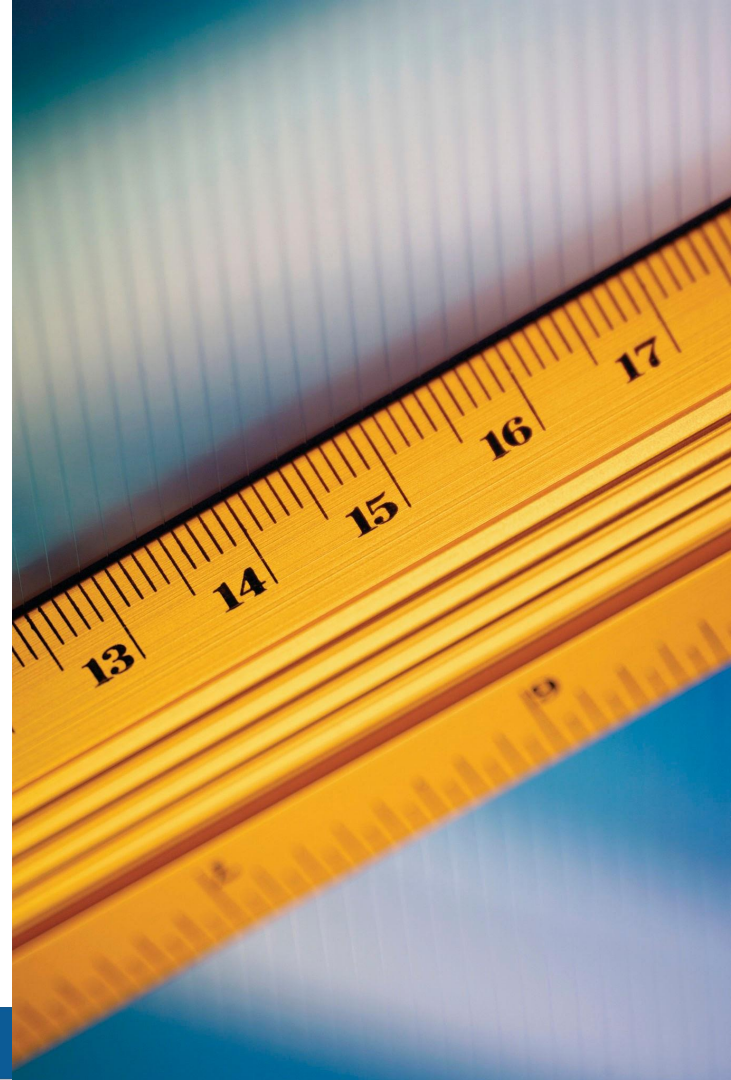
Just as our limbic system can quickly signal us to disconnect from a person who harms or threatens us, it can quickly flood us with feelings of love, empathy and compassion, compelling us to connect...

DeWall--2009



Ice Breaker

- Confidence Ruler

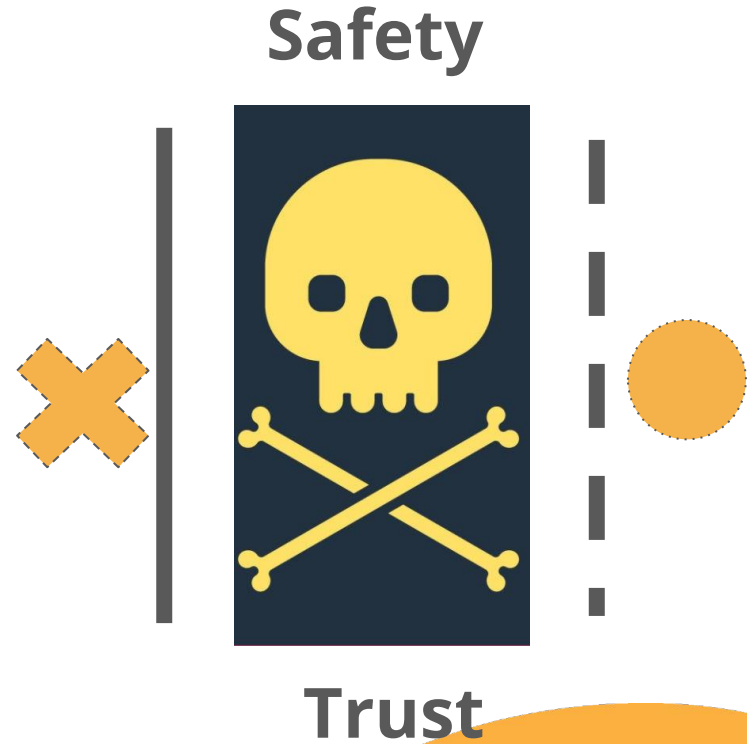
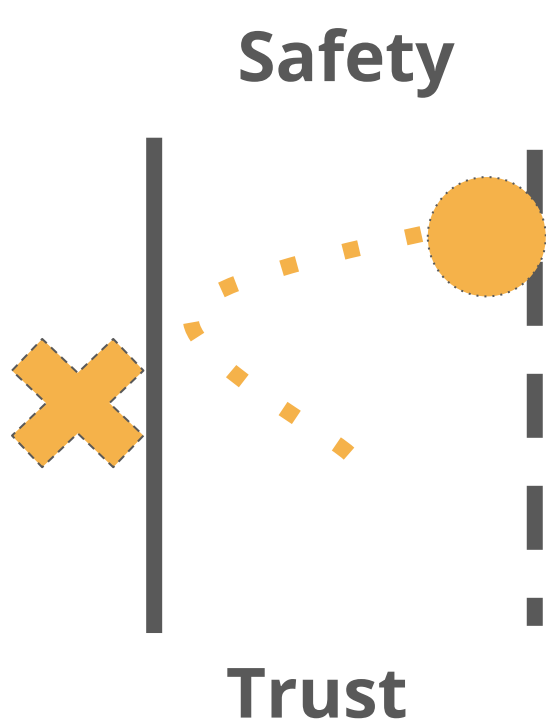




**The MI is a dance,
Not a wrestling
match**



A Model for Communication



Conversations about change often feel frustrating

This is so frustrating

Huh?

This is such a waste of time

I feel powerless



**Frustration
is often felt
on both
sides...**

**This is so
frustrating**

**He doesn't
even care**



This is such a waste of time

**Is he even
listening to
me?**



**We all would rather feel less
frustrated and be more
effective in helping clients**



Healthy and Safety Quiz



The Four Processes of MI

Planning

The bridge to change

Evoking

Preparation for change

Focusing

The strategic direction

Engaging

The relational foundation

The Four Processes of MI

Planning

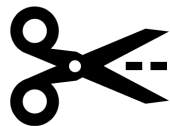
The bridge to change

Evoking

Preparation for change

Focusing

The strategic direction



DISCORD

Engaging

The relational foundation

Spirit of Motivational Interviewing

Miller, R.W., Rollnick, S. (2013). Motivational Interviewing 3rd Ed. The Guildford Press, New York, NY



Components of Acceptance

1

Absolute Worth

2

Accurate Empathy

3

Autonomy

4

Affirmation

MI Basics || Tricks of the Trade

O

Open questions



A

Affirming statements



R

Reflecting statements



S

Summarizing statements



O



A



R



S



Open Ended Questions

- Encourage people to talk about themselves
- Invite others to tell their story
- Not terminal in nature



Divergent Thinking

thought process
used to generate
creative ideas by
exploring many
possible solutions.



Examples of Questions

Closed

1. Do you like to drink?
2. Isn't it important for you to have meaning in your life?
3. Are you here today for an evaluation?
4. Do you want to stay in this relationship?
5. Have you tried cutting down?

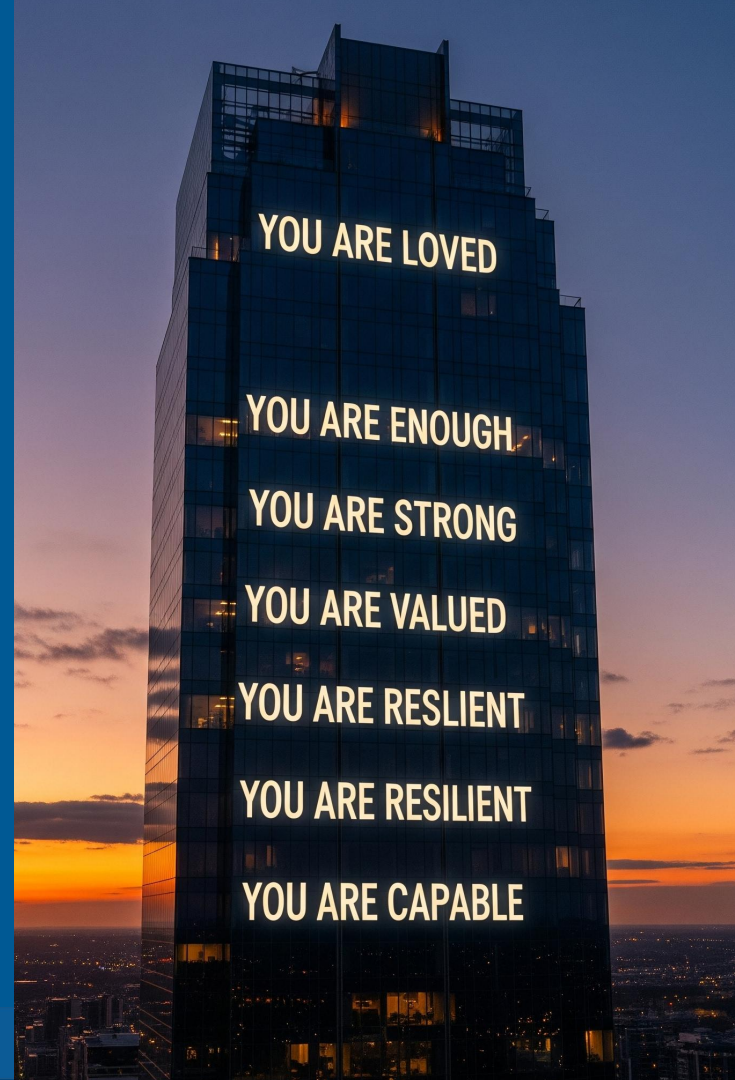
Open Ended

1. What do you like about drinking?
2. Outside of therapy what sort of recovery support would best benefit you?
3. What brings you in today?
4. Where do you see this relationship heading?
5. What are your thoughts on harm reduction?



Exercise: Building Affirmation

S pg. 99



O



A



R



S



Affirmations

- Statements and gestures that recognize individual strengths and behaviors that lead to (+)change
- Must be genuine and match content of conversation to be effective



Effective Communication

Communication Model (Thomas Gordon);

The words the
speaker says

The words the
listener hears

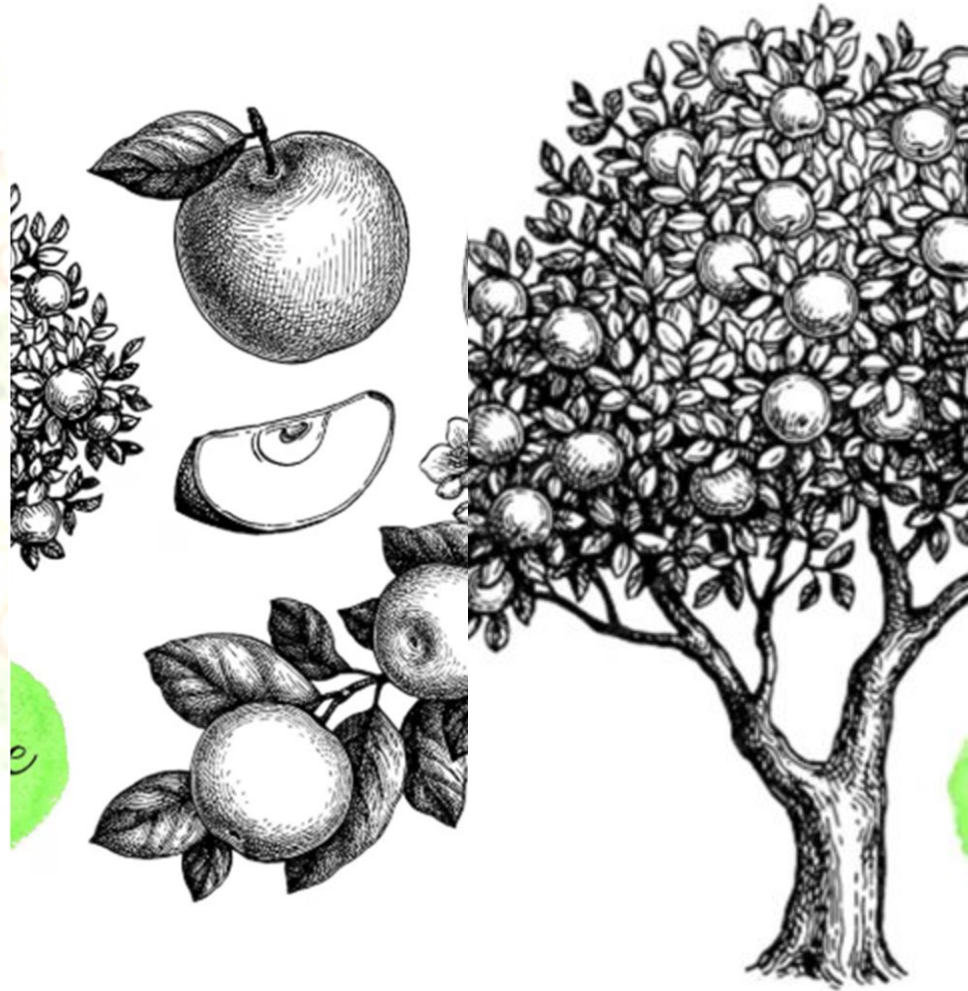
What the speaker
means

What the listener
thinks the speaker
means



Convergent Thinking

Refining possibilities into a singular actionable outcome.



O



A



R



S



Reflective Listening

Closes the communication loop in communication to ensure there are no breakdowns

Three Levels

- Repeating (parroting) or rephrasing
- Paraphrasing
- Reflection of feeling





O



A



R



S



Reflections

- Help to engage others in the relationship, builds trust & fosters motivation to change
- Listen for words, content, body language, and what people are not saying
- Helps the brain track the concept



Reflecting Statements

Repeating

Simply repeats an element of what the speaker has said.

Rephrasing

Stays close to what the speaker said but substitutes synonyms or slightly rephrases

Paraphrasing

Restatement, in which the listener infers the meaning in what was said and reflects this back in new words.

Reflection of feeling

Deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

Simple Reflections

Repeat: Adds little or no meaning or emphasis to what the client said. Client: "I want to start taking my medication again." Helper: "You want start taking your medication again."

Rephrase: Slightly alter what a client says. Client: "I really want to start taking my medication again."
Helper: "Taking your medication is very important to you"

Complex Reflections

Paraphrasing: patient “I’m feeling pretty depressed today” Provider: “Something has happened since we last talked” or “your mood has been up and down over the past week”.

Feeling: This is so hard, like I’m making no progress” Provider: “Yah. It’s hard. You are struggling, and you feel like you're trudging though concrete”

The Four Processes of MI

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The bridge to change

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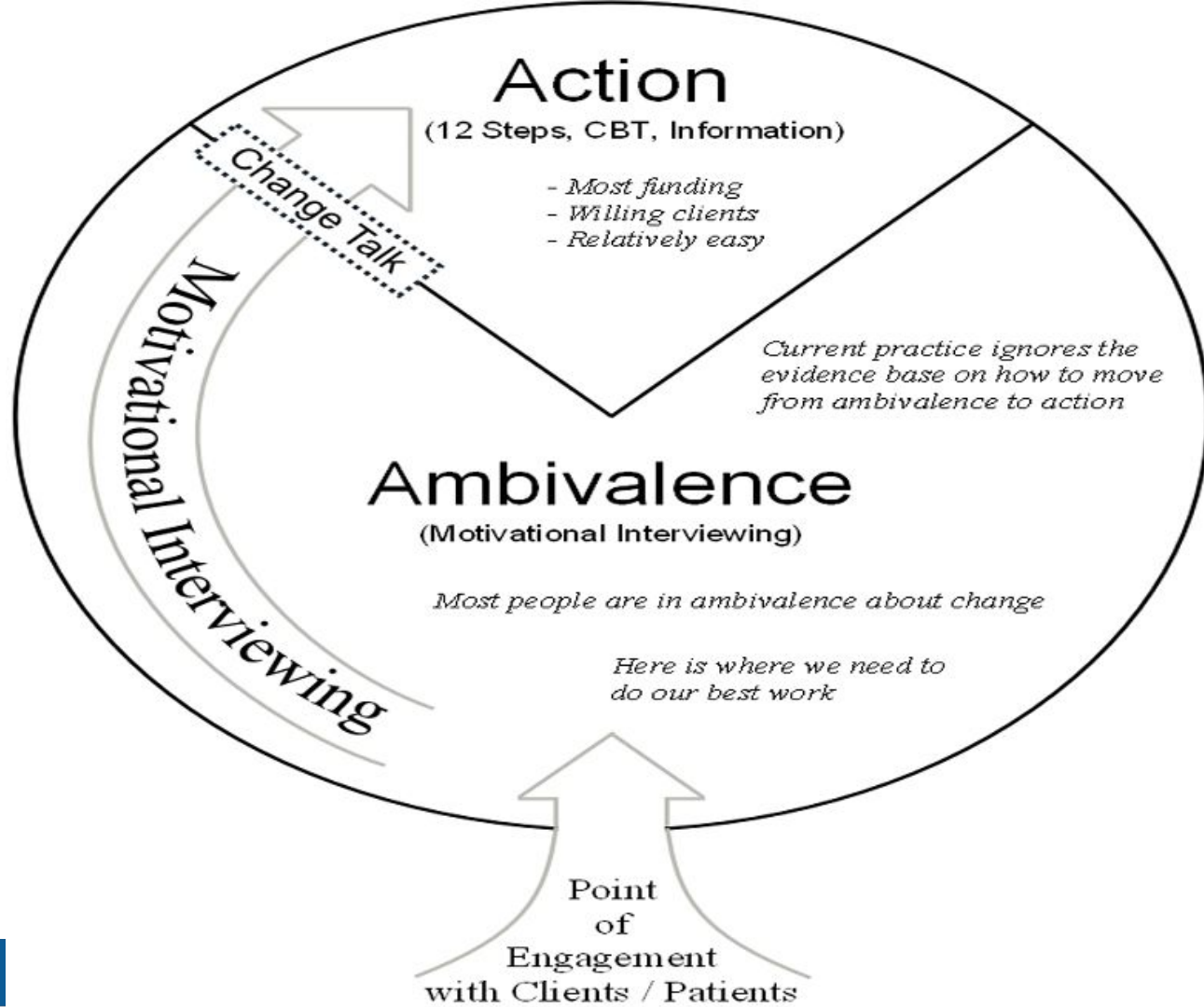
Ambivalence

“People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.”

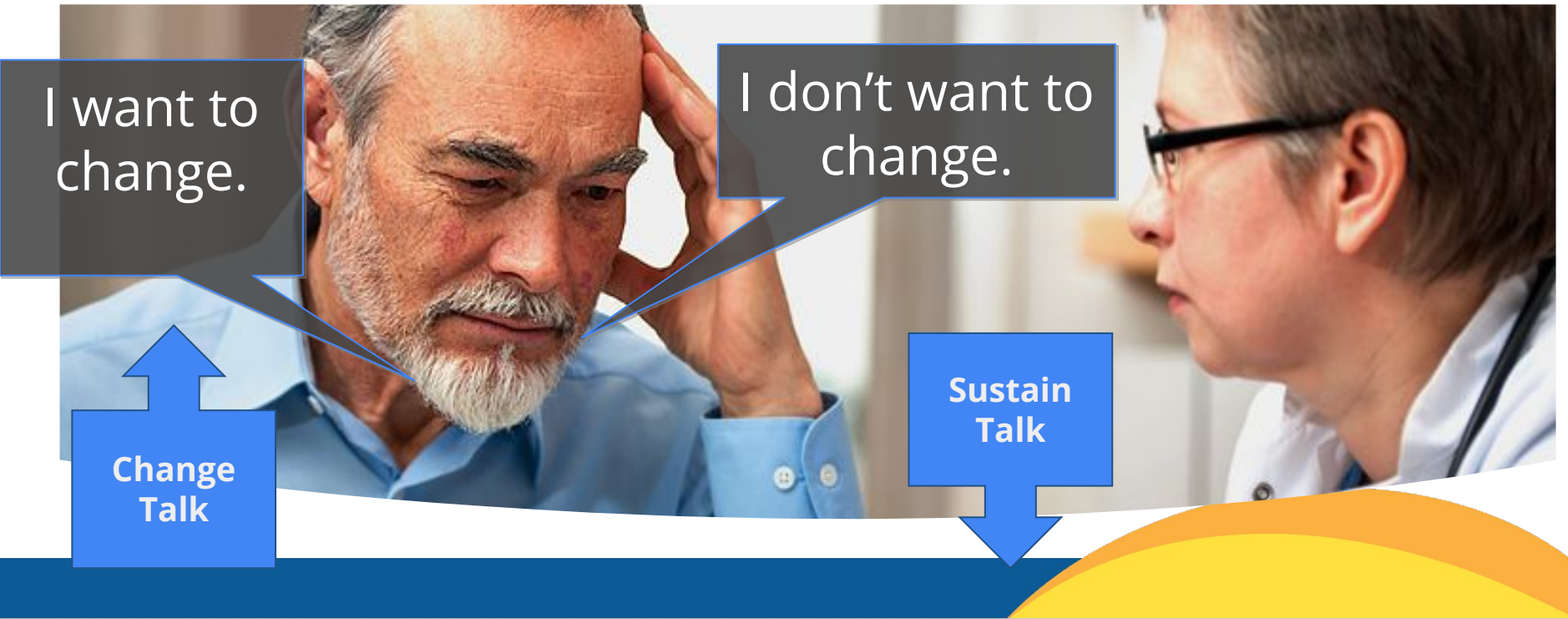
Miller & Rollnick



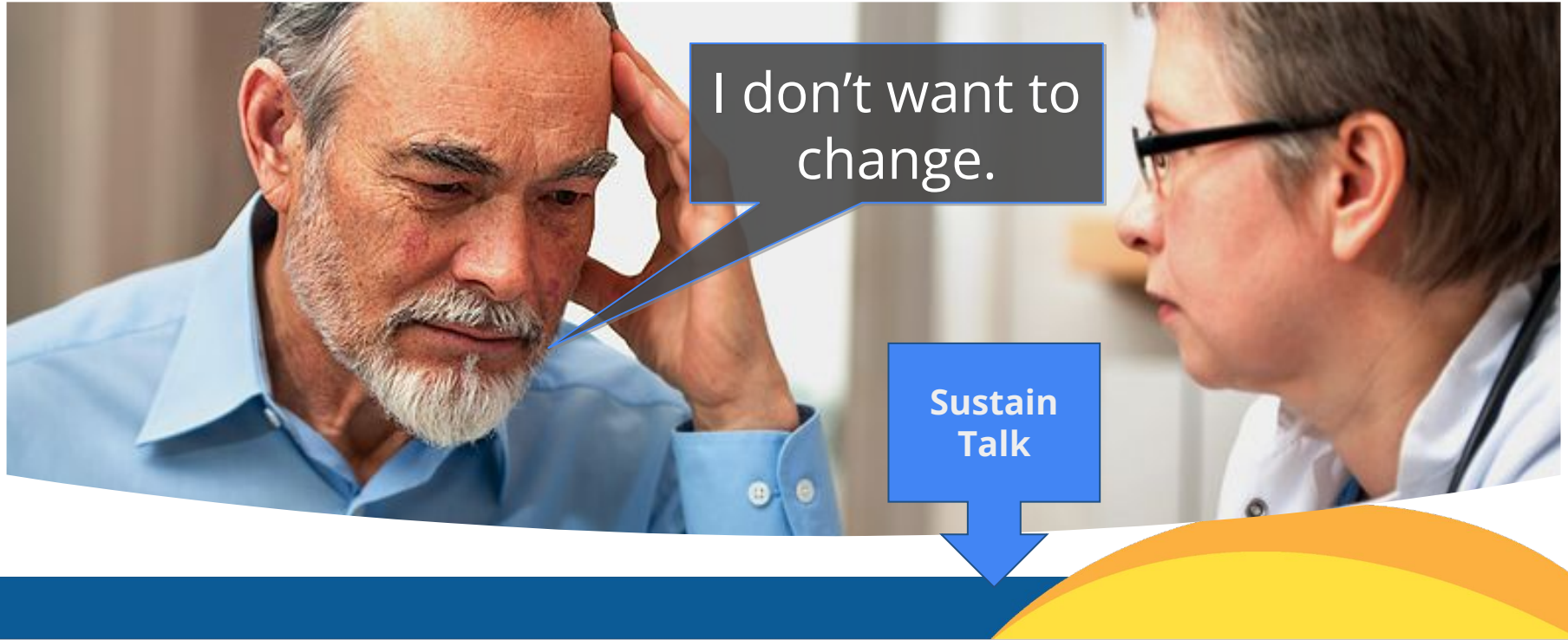
**Latin words ambi- ("both")
and valentia ("strength")**

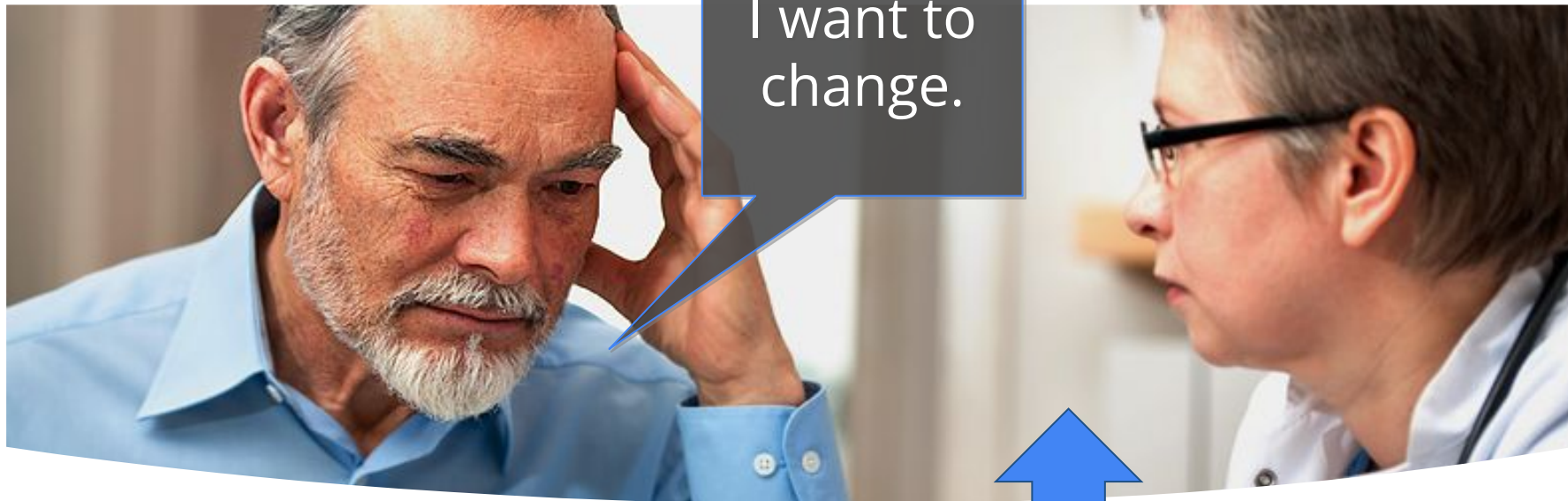


Most patients are ambivalent about healthy behavior change



When PUSHED to change, clients often start arguing reasons to stay the same



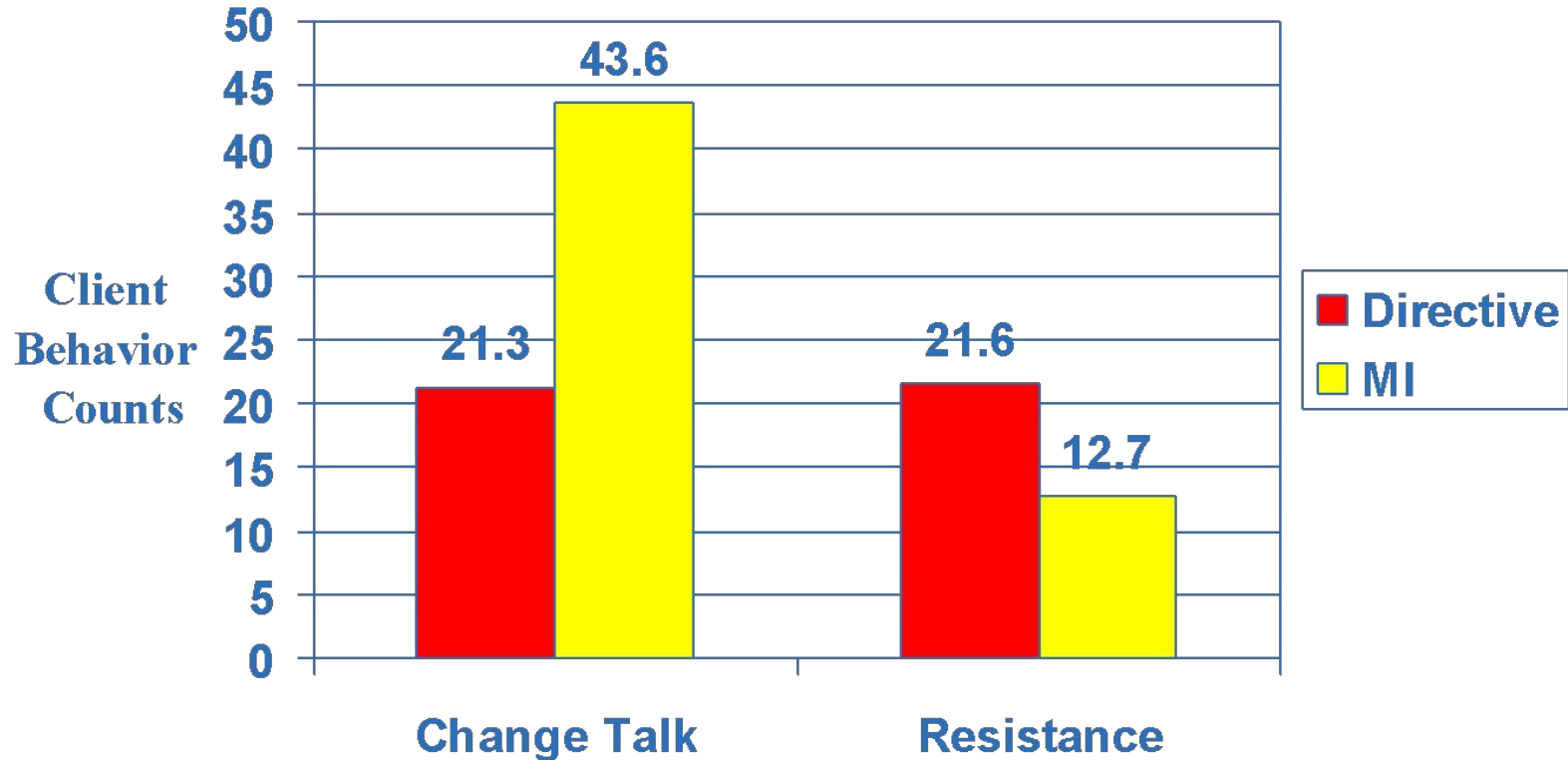


When PUSHED to change, clients often start arguing reasons to stay the same

**Change
Talk**

Therapist Style and Client Response

Miller, Benefield & Tonigan (1993) *JCCP* 61: 455-461



Evidence supports the idea that
increased change talk predicts
behavioral change

(MOYER ET AL., 2007)



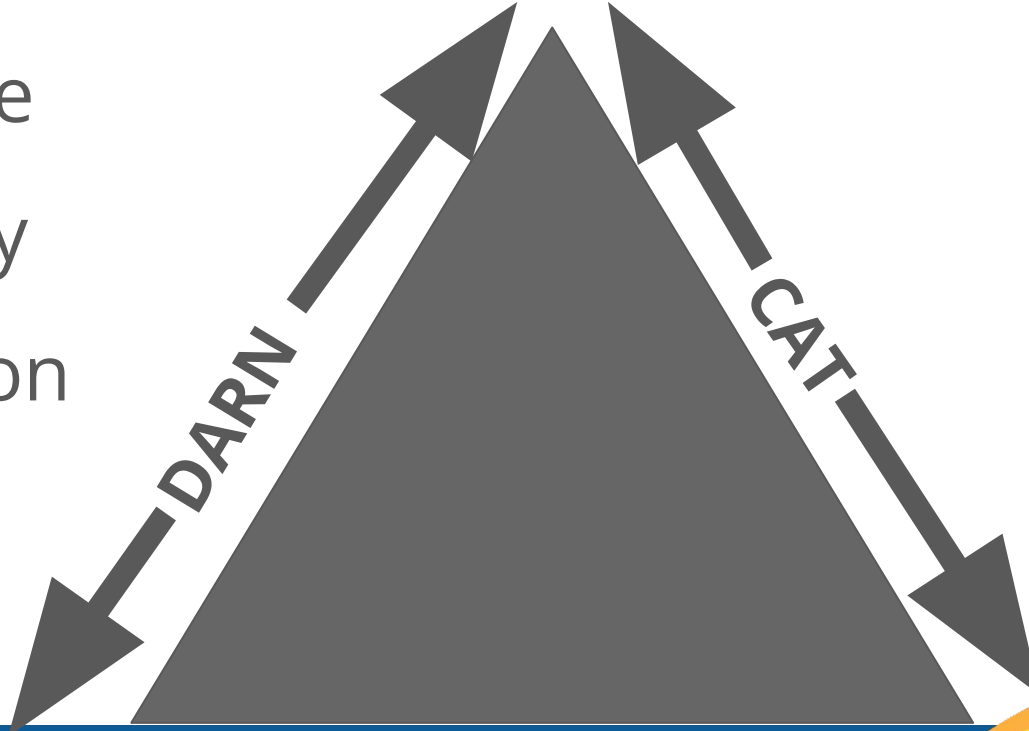
“Change Talk Mountain”

Desire

Ability

Reason

Need



Commitment

Activation

Taking Steps

Exercise



**What we
may hear
when a
patient says:**

”

“I have been thinking I need to lose weight so I went for a walk last week. Afterwards my left knee was hurting badly for 3 days. It was throbbing, mostly at night, when I laid down. I took some ibuprofen, but that didn't really help.”

Exercise



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Exercise



**Listening for
and
responding
to change
talk**

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A patient says, “I have been thinking I need cut down on my drinking, so I went to a meeting last week. I hate those meetings; all the war stories and I feel triggered when I go. Afterwards I left and almost went and grabbed a 40 but I called a buddy instead”

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Exercise



Sustained Talk & Change Talk

”

I’m not doing this, this is so hard! I’ve tried to quit before. It is really impossible, but I know somehow, I have to be a better dad for them and it kills me to not totally be there for them!

**“You are only responsible for
the interaction not the
outcome!”**

~someone wise

A decorative graphic at the bottom of the slide. It consists of a solid dark blue horizontal bar on the left, and a large, stylized arc on the right. The arc is composed of two concentric semi-circles: the outer one is orange and the inner one is yellow.

Elicit	Provide	Elicit
Begin by eliciting the patient's thoughts and feelings about the topic in question		


Examples:

- *"I'd like to shift the conversation to talking about weight loss. Tell me a bit about your thoughts about weight loss."*
- *"I'd like to spend a few minutes talking about a few options that are available to you. Perhaps we could start by having you share your thoughts about smoking."*
- *"Before we jump into deciding whether or not you should change your drinking please take a minute to tell me what role drinking plays in your life?"*

Elicit	Provide	Elicit
--------	---------	--------

Assess the patient's interest in hearing what you have to say.

You may begin to shift to offering the patient information...
... **AFTER** assessing the patient's thoughts, interest, feelings, and knowledge



Elicit	Provide	Elicit
Asking permission to educate about behavior change: <ul style="list-style-type: none">• promotes collaboration• communicates respect for the patient's expertise• encourages patient to voice his or her perspective• focuses the patient's attention on what you say		
Examples of asking permission: <p><i>"I have an idea here that may or may not be relevant. Do you want to hear it?"</i></p> <p><i>"I think I understand your perspective on this. I wonder if it would be OK for me to tell you a few things that occur to me as I listen to you."</i></p>		

Elicit	Provide	Elicit
--------	---------	--------

After sharing your advice and thoughts follow up with the patient to confirm you were understood and elicit reactions

Examples:

"Now that I have shared some of my thoughts I wonder how you they strike you."

"Tell me a bit about how what I have shared fits with your thoughts and feelings about smoking."

"Now that you have shared your thoughts, and I have shared mine, I wonder where we should go from here."

**Listen /
Reflect**

**Listen /
Reflect**

Elicit

Provide

Elicit

- *Communicate listening, non-verbally:*
 - *Eye contact, head nods, hands off keyboard*
- *Confirm understanding by repeating back, or reflecting what you have heard:*
 - *"Let me make sure I understand, you said..."*
 - *"I can tell that you have given this some thought. Your understanding is that..."*

Elicit

**Listen/
Reflect**

Provide

Elicit

**Listen/
Reflect**



Thank you!

Please share your thoughts

Your feedback on this session will help us improve our content based on your needs.



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links in chat