

# Motivational Interviewing in Alcohol Use Disorder

## Introduction

The goal of motivational interviewing is to enhance your patient's motivation to decrease their alcohol intake. The technique focuses on working with the patient wherever they are in the process of change. Rather than telling them to change, you are always listening for signs of their own internal motivation.

## RULE Mnemonic—The Therapist's Mindset

- *R*: Resist telling your patient what to do—instead, use the interview to help them create their own solutions.
- *U*: Understand your patient's motivation.
- *L*: Listen to your patient with empathy.
- *E*: Empower your patient to set achievable goals and to overcome barriers.

## “Good Things and Less-Good Things” Method

1. Start by asking, “Tell me some of the good things about drinking.” They will enumerate the various positive aspects, such as, “It relaxes me; it gives me something to do when I'm bored.”
2. Then ask, “OK, are there any less-good things about drinking?” They might say, “When I drink I don't do things that I should be doing, like cleaning up the house or looking for a job.”
3. Summarize what you've heard: “So it sounds like drinking can be positive because it helps you feel less anxious and it gives you something to do when you're bored. But on the other hand, it makes you forget to do some things you want to do, like cleaning the house or looking for a job. Did I get that right?”
4. Explore the patient's motivation to change: “Do you think there are more positives to drinking, or more negatives?” This will lead to a discussion that helps them understand whether they want to moderate or stop drinking.

## “A Typical Day” Method

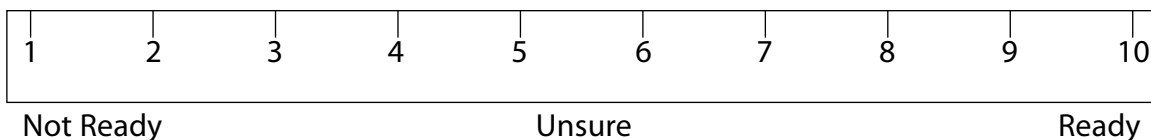
This is a particularly good technique for patients who are not very talkative. It's also a good general question for beginning your alcohol use evaluation.

1. Say, “Walk me through a typical day of yours, starting from when you get up.”
2. As your patient answers, listen for whether they volunteer information about how drinking may be causing problems for them. For example, they might say, “I usually have a glass of wine around 4. I try not to start drinking any earlier because then I can't get any more work done.” Then you can reflect back: “So drinking sometimes interferes with your work? Tell me more about that.”
3. Even if the patient doesn't mention alcohol at all, this can still provide an opportunity. You can say, “I noticed that you didn't mention alcohol at all during a typical day. Please help me understand where alcohol fits in.” Then reflect back on issues that arise.

## Assess Readiness to Change

Once you've identified that your patient has some motivation to quit, ask about their readiness to change. One technique is to use the “readiness ruler.”

- Start by asking, “On this scale from 1 to 10, where 1 is definitely not ready to change and 10 is definitely ready, what number best reflects how ready you are to cut down?” Then ask why they didn't choose a lower number. This results in the patient providing reasons for why they are more likely to change, called “change talk” or self-motivational statements.
- Then ask, “On the same scale, how confident are you that you can cut down?”



## Start the Treatment Process

Once you've established that your patient is motivated to cut down, you can start discussing treatment options/recommendations, such as Alcoholics Anonymous meetings (see “Alcoholics Anonymous Meetings: The Basics”), identifying triggers (see “Teaching Relapse Prevention Techniques in Alcohol Use Disorder”), medication-assisted treatment (see “How to Choose the Right Medications for Alcohol Use Disorder”), and so on.