

The background features several light blue icons: a family of three, a couple, a hand holding a plant, and an elderly person with a cane. A large, semi-transparent wheelchair icon is centered behind the NCHPHA logo.

Motivational Interviewing for the Prevention of Alcohol Misuse in Young Adults Living in Public Housing Webinar



February 26, 2025

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email
- Let us know your name, title, and organization



Video Conference via

zoom

National Center for Health in Public

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,800 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Training and
Technical
Assistance



Research and
Evaluation



Outreach and
Collaboration

Increase access, quality of health care, and improve health outcomes

Moderators



Jose Leon, MD
Chief Medical Officer



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Guest Speakers



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Learning Objectives

1. Review data on alcohol consumption among youth
2. Learn the criteria for alcohol use disorder
3. Discuss how MI can prevent alcohol misuse in young adults

Mentimeter

- Go to menti.com
- Enter code: 5488 5404



Poll Questions

1. What is moderate drinking?
2. Alcoholic beverages are stimulants. (Myth/Fact)
3. Black coffee or a cold shower sobers a drunk. (Myth/Fact)
4. Impaired driving is a major factor in car accidents among teens. (Myth/Fact)
5. You can't become an alcoholic by drinking only beer. (Myth/Fact)
6. What are the consequences of failing to address the burdens of alcohol in teenagers?



Go to [Menti.com](https://www.menti.com)
Code: 5488 5404

The Mentimeter logo features a stylized 'M' shape composed of overlapping colored areas (pink, red, blue) and a blue bar chart with three bars of increasing height. Below this graphic, the word "Mentimeter" is written in a bold, black, sans-serif font.

Mentimeter

Alcohol and Substance use in the 2022 Health Center Patient Survey	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Ever used alcohol	73.8	68.1-78.7	77.9	67.2-85.9	0.38	78.5	65.3-87.6	0.51
Used alcohol in past 12 months	27.9	23.3-33.1	34.5	21.7-50.1	0.52	31	11.8-60.1	0.94
Discussed alcohol use with doctor, past 12 months	14.4	11.0-18.6	10.6	5.6-19.4	0.42	9.1	76.6-96.2	0.52
Ever used cocaine	14.7	12.2-17.6	21.4	14.5-30.6	0.023	23.5	14.0-36.6	0.73
Ever uses amphetamine-type stimulants	11.9	9.3-15.2	12.1	7.5-19.1	0.58	10.4	5.7-18.3	0.56
Ever used inhalants	3.6	2.6-4.9	4.3	1.7-10.2	0.69	5.7	13.5-21.2	0.59
Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012	9.1	3.6-20.9	0.08
Ever used hallucinogens	12.7	9.9-16.0	6	3.3-10.4	0.19	6.5	3.5-12.1	0.52
Ever used opioids	9.1	6.9-11.9	6.2	3.2-11.7	0.16	6.8	3.3-13.3	0.87
Ever used needle to inject non-prescribed drug	4.2	2.8-6.2	5.7	2.7-11.7	0.4	4.8	1.8-12.2	0.8
Ever used marijuana	39.2	33.8-44.9	42.6	33.2-52.6	0.36	37.85	27.5-49.5	0.65

* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

Link to Resource: [2022 Health Center Patient Survey](#)

Underage Drinking

- ***Prevalence of Lifetime Drinking***

According to the 2023 National Survey on Drug Use and Health (NSDUH), 12.6 million people ages 12 to 20 (33.1% in this age group) reported that they have had at least one drink in their lives

- ***Prevalence of Past-Year Drinking***

According to the 2023 NSDUH, 10.6 million people ages 12 to 20 (27.9% in this age group) reported that they drank in the past year

- ***Prevalence of Past-Month Drinking***

According to the 2023 NSDUH, 5.6 million people ages 12 to 20 (14.6% in this age group) reported that they drank in the past month.

- ***Prevalence of Past-Month Binge Drinking***

According to the 2023 NSDUH, 3.3 million people ages 12 to 20 (8.6% in this age group) reported binge drinking in the past month

- ***Prevalence of Past-Month Heavy Alcohol Use***

According to the 2023 NSDUH, 663,000 people ages 12 to 20 (1.7% in this age group) reported heavy alcohol use in the past month

Consequences of Underage Alcohol Use

- Research indicates that alcohol use during the teenage years can interfere with normal adolescent brain development and increase the risk of developing alcohol use disorder. In addition, underage drinking contributes to a range of acute consequences, such as injuries, sexual assaults, alcohol overdoses, and deaths—including those from motor vehicle crashes.
- Alcohol is a factor in the deaths of thousands of people younger than age 21 in the United States each year. This includes:
 - 1,345 from motor vehicle crashes involving an alcohol-impaired driver⁵
 - 998 from homicides⁶
 - 177 from alcohol overdose, falls, burns, and drowning
 - 649 from suicides

Source: niaaa.nih.gov

When is Drinking in Moderation too Much?

According to the 2020–2025 Dietary Guidelines for Americans, certain individuals should not consume alcohol. It's safest to avoid alcohol altogether if you are:

- Taking medications that interact with alcohol
- Managing a medical condition that can be made worse by drinking
- Under the age of 21, the minimum legal drinking age in the United States
- Recovering from alcohol use disorder (AUD) or unable to control the amount you drink
- Pregnant or might be pregnant

In addition, certain individuals, particularly older adults, who are planning to drive a vehicle or operate machinery—or who are participating in activities that require skill, coordination, and alertness—should avoid alcohol completely.

Source: CDC.gov

DSM-5 Criteria for Alcohol Use Disorder

A problematic pattern of alcohol use leading to clinically significant impairment and distress, as manifested by at least two of the following, occurring within a 12-month period.

1. Tolerance

- A need for markedly increased amounts of alcohol to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount of alcohol

2. Withdrawal syndrome or alcohol taken to relieve withdrawal symptoms

3. Craving, or a strong desire or urge to use alcohol

4. Alcohol is often taken in larger amounts or over a longer period than was intended.

5. There is a persistent desire or there are unsuccessful efforts to cut down or control alcohol use.

DSM-5 Criteria for Alcohol Use Disorder

- 6 . A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use
8. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol
9. Recurrent alcohol use in situations in which it is physically hazardous
10. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school or home
11. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol

Diagnostic Interview for Alcohol Dependence

- Do you ever cope with your difficulties by having a drink / drinking / using drugs?
- How often do you drink?
- Over the last week: amount, type of alcohol • Dependence features
- Do you feel you can control your drinking? (lack of control) • Can you stop at one drink? (lack of control)
- Do you crave for a drink ? (compulsion)
- Have you found that your intake has gone up over the years? (tolerance)
- What's your longest period without a drink? (abstinence management)

Source: Pschy Interview

Diagnostic Interview for Alcohol Dependence

- Why did you stop? (implications for management- motivation)
- Do you ever get the shakes when you stop drinking? Have you ever had shakes or fits when you stopped drinking? (withdrawal symptoms)
- Do you find that drinking has become the most important thing in your life (neglect of alternate pursuits)
- Do you neglect other things and family for the drink (neglect of alternate pursuits)
- Ask for side effects – psychological, social, biological (hospitalizations, blackouts, memory problems, head injury, drink driving, relationships, employment (use despite physical and psychological harm)

Source: Pschy Interview



A VERY Brief Review of Motivational Interviewing

Motivational Interviewing

“.....a skillful clinical style for eliciting from patients their own good motivation for making behavior change..”

In Other Words....

Guide

the patient to telling you that they
want to change
rather than you telling them they
have to change.



Avoid

- Forcing the change
- Intimidating
- Nagging
- Guilt



Benefits to This Approach

- Using MI:
 - Prevents frustrating conversations with “noncompliant” patients
 - Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
 - Establishes a real sense of collaboration between you and the patient



How Do I Encourage Change?

To Begin With:

- Accept Ambivalence
- View change as a learning process
 - Understand that relapse is natural
- **Elicit Change Talk**

Goal of Change Talk

- Collaborate with the patient to:
 - Understand and explore their own motivations for change.
 - Help them view the “change” as more enticing than the status quo
 - Increase their belief that they can change!

Why Change Talk?

Change
is more likely to occur
when the idea comes from the individual
not from **you!**



Creating Change Talk Through Motivational Interviewing



How To Elicit Change Talk

- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence

Ask Permission

- “Do you mind if we discuss your alcohol use today?”
- “Can I tell you what concerns me about your alcohol use?”
- “Is it ok to talk about the possibility of quitting?”

Open Ended Questions:

Questions that do not invite
short or one-word answers



Open Ended Questions (cont.)

- Most open-ended questions begin with:
 - WHAT
 - HOW
- What's wrong with Why?

If Reluctant:

“What would have to happen to you
for you to consider.....?”



The Importance Ruler

Importance

How important would you say it is for you to stop drinking? On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely Important



The Confidence Ruler

Confidence

If you decided to stop now, how confident are you that you could do it? On the same scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all confident

Extremely confident

How to Boost Confidence

“What accomplishment are you most proud of?”

“If you can do that you can.....”

Listen Reflectively

- Use the patient's own words
 - “I hear you saying that the idea of quitting *is very scary*”
 - “I am getting the feeling that you don't think you can stop drinking because *you have too much stress in your life.*”

Summarize your Feedback

- “We have agreed.....”
- “So here are the steps that you said you would do....”
- “Let me summarize what we have just discussed.....”

Roll with Resistance/Ambivalence

- “Can you help me understand.....”
- “What specifically concerns you about....”
- “OK, I hear you saying that on one hand you want to quit, but on the other hand you are scared to do it.”

Ambivalence

- A natural part of the change process
 - Both the old and new have value
- Getting stuck there is the problem
- Resolving ambivalence can be key
 - “The Decisional Balance Sheet”

Decisional Balance Sheet

DRINK

PRO	CON

DON'T DRINK

PRO	CON

Your Goal

- Establish a strong, clear, internal reason for changing:
 - Health
 - How is alcohol use affecting health
 - Don't talk about DEATH
 - Money
 - Family
 - Social
 - Other

Final Reminders

- You can not make anyone change
- The more you push the more they'll resist
- Rather, help the patient want to change:
 - Increase displeasure with current behavior
 - Decrease fear of the new
- In the end, the patient:
 - Should present the reasons for change
 - Choose when and how to change

References

- Motivational Interviewing: Preparing People for Change
William R. Miller and Stephen Rollnick, The Guilford Press
2002
- Motivational Interviewing in HealthCare William R.
Miller/Stephen Rollnick Guilford Press 2008

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Motivational Interview - Video



Q & A Session



Complete Our Post Evaluation Survey



NCHPH Upcoming Activities

March 2025

Enhancing Use of Clinical Preventive Services for Older Adults Living in Public Housing - 4-session Learning Collaborative

03/18/2025 at 1:00 pm EDT

Registration Link:

[https://us06web.zoom.us/meeting/register/Zbf6tz7LRR2oZq_W3juBXg](https://us06web.zoom.us/j/91234567890)

Building a Latino Program to Stop Smoking – 4-session Learning Collaborative

03/20/2025 at 1:00 pm EDT

Registration Link:

[https://us06web.zoom.us/meeting/register/zNAEs9rXTC2PRkE1Hl0sLw](https://us06web.zoom.us/j/91234567890)

Health Centers in Action Against Re-emerging Infectious Diseases - Webinar

03/26/2025 at 1:00 pm EDT

Registration Link:

[https://us06web.zoom.us/webinar/register/WN_B23pAUfWQjiD7vzTO2dGiQ](https://us06web.zoom.us/j/91234567890)



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Thank you!

