



Implementation of motivational nursing consultation with alcoholics: an experience report

Implantação da consulta de enfermagem motivacional com alcoolistas: um relato de experiência

Implementación de la consulta de enfermería motivacional con alcohólicos: un informe de experiencia

ABSTRACT

Objective: To describe the implantation experience of Motivational Nursing Consultation (MNC) with alcoholics in a specialized outpatient service of a University Hospital. **Method:** A qualitative, descriptive, experience report study, recorded in a field diary, regarding the implementation of the Motivational Nursing Consultation (MNC), an initiative to integrate Motivational Interviewing into the Nursing Process to develop a person-centered path and behavior change promoting approach. **Results:** The implantation required perseverance to develop health know-how in a collaborative, focused, and guided manner. MNC expanded the range of strategies and interventions available to the nurse to promote change and culminated in greater demand from the team and users for the care provided by the nurse. **Final remarks:** MNC has shown to be an effective approach with alcoholics by strengthening the therapeutic nurse-user therapeutic relationship and promoting more person-centered care in an empathetic and collaborative manner.

Descriptors: Nursing process; Mental health; Alcoholism; Motivational interviewing.

RESUMO

Objetivo: Descrever a experiência de implantação da Consulta de Enfermagem Motivacional (CEM) com alcoolistas em um serviço ambulatorial especializado de um hospital universitário. **Método:** Estudo qualitativo, descritivo, do tipo relato de experiência, registrado em diário de campo, referente à implantação da CEM, produto da integração da Entrevista Motivacional ao Processo de Enfermagem para desenvolver uma abordagem centrada no usuário e promotora de mudança de comportamento. **Resultados:** A implantação requisiou perseverança para desenvolver um saber-fazer saúde de forma colaborativa, direcionada e guiada. A CEM ampliou as opções de estratégias e de intervenções disponíveis ao enfermeiro para promover mudanças e culminou numa maior procura da equipe e dos usuários pelo cuidado prestado pelo enfermeiro. **Considerações finais:** A CEM demonstrou que pode ser uma abordagem eficaz com alcoolistas, ao fortalecer a relação terapêutica enfermeiro-usuário e promover o cuidado mais centrado na pessoa de forma empática e colaborativa.

Descritores: Processo de enfermagem; Saúde mental; Alcoolismo; Entrevista motivacional.

RESUMEN

Objetivo: Describir la experiencia de implantación de la Consulta de Enfermería Motivacional (CEM) con alcohólicos en un servicio ambulatorio especializado de un Hospital Universitario. **Método:** Estudio cualitativo, descriptivo, tipo relato de experiencia, registrada en diario de campo, referente a la implantación de la CEM que integra la Entrevista Motivacional al Proceso de Enfermería para desarrollar un enfoque centrado en el usuario y promotor de cambio de comportamiento. **Resultados:** La implantación requirió perseverancia para implantar un saber-hacer salud de forma colaborativa, dirigida y guiada. La CEM amplió las opciones de estrategias e intervenciones a disposición del enfermero para promover cambio y culminó en una mayor demanda del equipo y de los usuarios por el cuidado prestado por el enfermero. **Consideraciones finales:** LA CEM puede ser un enfoque eficaz con alcohólicos, fortaleciendo la relación terapéutica enfermero-usuario y promoviendo un enfoque de cuidado centrado en el persona de manera empática y colaborativa.

Descritores: Proceso de enfermería; Salud mental; Alcoholismo; Entrevista motivacional.

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INTRODUCTION

Care manifests itself in efforts to preserve people's healthy potential and depends on an ethical conception that regards life as a valuable good in itself; therefore, for its consolidation, a shared relationship between professional and user is required⁽¹⁾. In nursing, care becomes evident through transpersonal efforts directed toward prevention, treatment, and health rehabilitation in a process that must consolidate itself within therapeutic cooperation to understand individuals' needs and help them find solutions to their problems⁽¹⁻³⁾.

Among the various fields in which nurses work while developing care, alcohol and other drug use deserves attention. Alcohol dependence is identified as a serious public health problem that demands an interprofessional approach⁽⁴⁾. This strategy is fundamental to address the complexity of alcohol dependence, which encompasses physical, psychological, economic, and social aspects⁽⁵⁾.

It is estimated that approximately 7% of the global adult population presents some degree of alcohol use disorder and that around 3.7% meet diagnostic criteria for alcohol dependence⁽⁶⁾. It is assumed that, in 2019, alcohol consumption was directly responsible for 2.6 million deaths worldwide and that, in Brazil, it generates a total cost that may reach 18.8 billion reais per year⁽⁶⁾. However, real values may be even higher, with estimates indicating that the annual cost associated with alcohol consumption corresponds to 2.6% of a country's Gross Domestic Product (GDP)^(6,7).

In Brazil, policies aimed at preventing harmful use or treating people with alcohol dependence face obstacles, especially

when compared with other actions directed toward legal drugs such as tobacco⁽⁶⁾. Among these sets of measures, the National Alcohol Policy stands out, and one of its objectives is to expand treatment access for users⁽⁸⁾.

One way for nurses to develop this care and contribute to treatment in health settings is through the Nursing Consultation (NC), in which professionals carry out a series of systematized actions structured in five interrelated, interdependent, recurrent, and cyclical stages directed toward individuals, families, groups, and communities⁽⁹⁾. These stages involve assessment, diagnosis, planning, implementation, and nursing follow-up, and professionals must use theoretical frameworks to ground their care actions⁽⁹⁾.

Regarding harmful use and alcohol dependence, nurses in NC encounter a significant challenge for making this care effective: ambivalence, a common state in people who need to deal with decision-making or behavior change and live in a duality of simultaneous desire for incompatible things, which appears in conversations sometimes as change talk, sometimes as sustain talk⁽¹⁰⁾.

Most individuals immersed in this reality very likely already possess knowledge about the adverse consequences their actions may bring to themselves, their relatives, significant others, and their work environment. This knowledge may be acquired through experience or from previous feedback provided by a health professional, employer, relative, or any other relevant person in that individual's social circle⁽¹⁰⁾.

In this context, nurses must move beyond activities limited to informing or providing health education and adopt a

dialogical style to build a collaborative conversation that promotes users' decision-making and change process, since nursing practices not designed to address the specificities of alcohol dependence may result in confrontational actions⁽¹⁰⁾ and compromise the nurse–user relationship and the care delivered by these professionals⁽¹¹⁾.

Motivational Interviewing (MI) is a style of communication developed to address this duality and other specificities inherent to the change process. It is defined as a collaborative conversation style that seeks to elicit and strengthen individuals' own motivation and commitment to change⁽¹²⁾.

Consequently, there is potential and possibility to consolidate NC with people with alcohol dependence by integrating its processes with MI. Thus, the following question emerged: How could MI be integrated into NC to promote a collaborative conversation for decision-making and behavior change regarding alcohol consumption?

An experience report about MI application in NC with people with alcohol dependence may contribute to demonstrating and disseminating this practice among nurses. Furthermore, it may serve as an instrument for reflection and enhancement of these professionals' communication skills, which are essential for establishing an effective therapeutic relationship with users.

Therefore, to answer the research question, this article aimed to describe the experience of implementing Motivational Nursing Consultation (MNC) with people with alcohol dependence in a specialized outpatient service of a university hospital.

METHODS

Type of study

This qualitative, descriptive experience report concerns the construction of a collaborative mobilizing change talk through Motivational Nursing Consultation (MNC) with people with alcohol dependence. The experience is one of the products from a doctoral thesis that sought to develop and implement MNC with people with alcohol dependence and, subsequently, to assess its effectiveness in changing behavior in alcohol-dependent individuals in an outpatient setting at a university hospital.

As theoretical–methodological framework, the study used the Nursing Theory of Basic Human Needs (BHN); Orem's Self-Care Theory; NANDA International, Inc (NANDA-I) taxonomy; Nursing Outcomes Classification (NOC); Nursing Interventions Classification (NIC); and Motivational Interviewing, including its four tasks (engaging, focusing, evoking, and planning), spirit of Motivational Interviewing (partnership, acceptance, compassion, and empowerment), and basic skills (open question, affirmation, reflection, and summary), as presented in the fourth edition of Miller and Rollnick's book⁽¹²⁻¹⁴⁾.

Each task plays a specific role in the collaborative dialogue process directed toward change⁽¹⁰⁾, as described below:

1. Engaging: initial stage when a productive connection and working relationship between health professional and user is established, which is essential and fundamental for success in subsequent stages.
2. Focusing: definition of the specific topic the user wishes to explore and discuss.
3. Evoking: stimulation of users' in-

trinsic motivations for change, involving exploration of ideas, feelings, reasons, and methods to change.

Planning: discussion of how and when change will occur, encouraging users to express their own solutions and opinions.

Additionally, one of the starting points in this study was the Nursing Consultation Care Protocol for People with Alcohol Dependence, DENF-002/2019, established at the study institution, which was revisited with the aim of integrating Motivational Interviewing throughout the entire process, yielding the final product titled Motivational Nursing Consultation (MNC).

Study locus

This experience report was developed in the Program for Care for People with Alcohol Dependence (PAA) at Cassiano Antônio Moraes University Hospital (Hucam), Federal University of Espírito Santo (Ufes), Vitória, Espírito Santo, Brazil, administered by the Brazilian Company of Hospital Services (Ebserh). This program was established in 1985 and is the only public, open-door outpatient hospital service dedicated to care for people with alcohol dependence in the state of Espírito Santo.

Since its foundation, the Program has served as a setting for refining Nursing Consultation and currently relies on a multidisciplinary team including nurses and physicians, as well as undergraduate students and residents, with visits taking place on Monday, Wednesday, and Thursday afternoons(14). Before the covid-19 pandemic, the team also included a social worker and a psychologist. In 2023, a total of 1,622 visits were conducted at PAA-Hucam-Ufes, including 1,232 medical consultations and 390 nursing consultations.

Research participants

The main focus in this study concerns nursing practices and faculty members' practices involved in structuring MNC with people with alcohol dependence at PAA-Hucam-Ufes. Both participants were selected because they were directly involved in constructing the theoretical-methodological framework and implementing MNC at the study site. The nurse responsible for delivering MNC completed 100 hours of training conducted by Motivational Interviewing specialists from nursing and psychology, affiliated with the Motivational Interviewing Network of Trainers (MINT).

Data collection

Data collection relied on a field diary used to record the nurse's experiences during MNC sessions, professional development activities, and academic and research advisory meetings, in addition to reports generated by the University Hospital Management Application (AGHU), adopted by Federal University Hospitals in the Ebserh network for management of electronic health records.

Study protocol for construction of the experience

MNC construction involved several stakeholders, including a nursing faculty member, researchers from the Center for Studies and Research on Alcohol and Other Drugs: Interconnections (CEPADi), and two professionals accredited by MINT. The entire plan describing how MNC would be implemented and how monitoring stages would be conducted was shared with the PAA-Hucam-Ufes team.

It is important, once again, to highlight the prior existence of the Nursing Consultation Care Protocol for People with

Alcohol Dependence (DENF-002/2019), one of the documents used as a starting point. The methodological pathway to integrate Motivational Interviewing into the Nursing Process (NP) comprised: a) review of the current protocol; b) articulation with knowledge acquired in Motivational Interviewing courses completed by the nurse; c) in-depth study of content from the third and fourth editions of Miller and Rollnick's book on Motivational Interviewing^(10,12); d) integrative review of literature on Motivational Interviewing applied to people with alcohol use disorder; e) systematic review of factors that impact satisfaction among users of mental health services; and f) discussion in scientific meetings with CEPADi members to obtain contributions to structure the intervention.

MNC sessions were scheduled on Monday and Thursday afternoons, lasting 40 to 60 minutes. Users accessed the nurse either through walk-in demand or referral by physicians in the PAA-Hucam-Ufes team. Care was provided on a same-day basis when available time slots existed or scheduled for a later date by the unit reception, using AGHU.

After the research flow and intervention structure were defined, a pilot test was carried out, and MNC integrity in relation to Motivational Interviewing principles was monitored through application of the Motivational Interviewing Treatment Integrity 4.2.1 (MITI)⁽¹²⁾ by a psychologist and a

nurse with professional experience in Motivational Interviewing and membership in CEPADi.

Ethical aspects

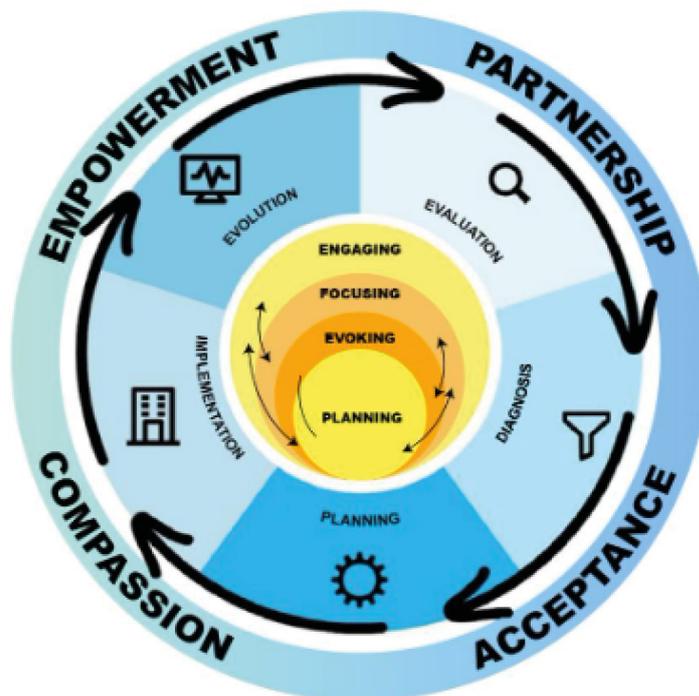
This study complied with ethical principles and was linked to the umbrella project titled "Care for Users of Alcohol, Tobacco, and Other Drugs in a University Hospital: Weaving the Care Network," approved under Opinion 5.558.775/2022 and CAAE: 06800219.8.0000.5071 by the Research Ethics Committee at Hucam.

RESULTS

Nurse care for people with alcohol dependence: integration of motivational interviewing

In 2022, Motivational Interviewing integration began in Nursing Consultations, giving rise to the approach named Motivational Nursing Consultation (MNC). Practical implementation started in February 2023. MNC structure included the five Nursing Process stages, adjusted to address the four change and decision-making tasks (engaging, focusing, evoking, and planning) and enveloped by the spirit of MI (partnership, acceptance, compassion, and empowerment), as illustrated in Figure 1. This integration marked a significant evolution in the Denf-002/2019 protocol, enriching the consultation process with a more user-centered and behavior change-oriented approach.

Figure 1. Stages of Motivational Nursing Consultations developed at PAA-Hucam-Ufes, Vitória, ES, Brazil, 2023



Fonte: Prepared by the authors, 2023.

Scheduling of Motivational Nursing Consultations

MNC sessions were scheduled on Mondays and Thursdays during afternoon hours to provide consistency and availability for users. Each session lasted approximately 40 to 60 minutes, sufficient time for an in-depth and personalized approach for each user. Between February and September 2023, 38 people received care in 123 MNC sessions, with most users being male (76.3%); aged 56 to 60 years (23.7%); and from the Grande Vitória metropolitan region, Espírito Santo, Brazil (86.8%).

Regarding access to MNC sessions, users had two main entry routes: through walk-in demand (when users sought the service autonomously) or referrals made by other health team professionals. This access flexibility sought to strengthen the Program's openness and receptivity to facilitate user engagement in the care process in ways that best suited their cir-

cumstances and individual needs.

Application of Motivational Interviewing in Motivational Nursing Consultation

In our experience, Motivational Interviewing-based dialogue began after initial introductions, using basic communication skills defined by the OARS acronym (Open question, Affirmation, Reflection, and Summary)⁽¹⁵⁾. The nurse sought to ensure a minimum execution ratio of two basic skills for each open question directed at the user, that is, a 2:1 ratio.

When necessary to Inform and Advise, the Ask-Offer-Ask (AOA) strategy was used, always requesting prior permission from the other party. In this dynamic, the nurse asked the user what they knew about the topic, followed by provision of information, advice, or help, and concluded by asking the user to evaluate what the professional had shared^(12,16).

From OARS and AOA, the profes-

sional remained attentive to the user’s conversation, which in Motivational Interviewing divides into preparatory change talk (desire, ability, reason, need – DARN) and mobilizing change talk (commitment, activation, and taking steps – CATs)⁽¹²⁾. Af-

ter establishing the conversation, the professional identified the change process stage in which the person found themselves and directed them appropriately to the next task, as illustrated in Figure 2.

Figure 2. Tasks involved in Motivational Interviewing



Fonte: Adapted from Miller and Rollnick, 2016⁽¹⁰⁾

Process and strategies in Motivational Nursing Consultation

MNC maintained the five interrelated, interdependent, and recurrent Nur-

sing Process stages, with the core guided by the four change and decision-making tasks and enveloped by the Spirit of MI, as shown in Chart 1.

Chart 1. Stages of Motivational Nursing Consultation

Stages	Action guided by Motivational Interviewing
Nursing assessment	Gather information about the person, family, their context, and responses in the health-illness process through a dialogue space using, primarily, Open questions, Affirmations, Reflections, and Summaries (OARS). Ensure coverage of information outlined in the consultation script. Remain vigilant to favor focus delimitation without risking engagement.
Nursing diagnosis	Interpret information collected in dialogue and physical examination, identifying user problems and needs to formulate nursing diagnoses based on NANDA-I taxonomy that encompass the focus and ambivalence to be addressed in the change process.
Nursing planning	Define expected outcomes and nursing interventions to be performed, using NANDA-NOC-NIC taxonomy to address ambivalence, strengthen change talk, and structure execution of a change plan, respecting Partnership, Acceptance, Compassion, and Empowerment (Spirit of MI) principles so the user speaks more about the “if,” “why,” and “how” to change.
Nursing implementation	Execute nursing interventions defined in the planning stage, always aiming to access readiness for change when involving an action to be developed by the user. In cases of advice and information, always request permission before using the Ask-Offer-Ask (AOA) strategy.
Nursing evolution	Deliberately, systematically, and continuously assess user behavior changes in response to nursing interventions, using NOC – and other parameters such as DARN-CATs and readiness ruler – in addition to collecting user feedback on care provided to guide necessary planning adjustments.

Source: Subrinho, 2024⁽¹⁷⁾

In MNC, the first contact, traditionally devoted to data collection, was carefully planned to avoid compromising user engagement. The OARS dynamic proved essential in this stage, helping build understanding of the person’s expectations and reasons for seeking the service. Open questions also proved crucial to evoke motivational statements, enabling the nurse to gather valuable information for formulating nursing diagnoses, expected outcomes, and interventions aligned with the focus defined in MNC.

When the focus remained unclear,

the professional encouraged the user to select a specific topic or presented a list of topics to facilitate conversation, aiming to generate information that assisted focus delimitation and nursing diagnosis formulation.

Before advancing to planning and intervention stages, a conversation was established to evoke change, aiming to work through ambivalence and encourage statements to overcome the status quo, as shown in Chart 2. This dialogue prepared the ground for the planning stage, conducted jointly with the user.

Chart 2. Mobilizing and preparatory change talks in MNC

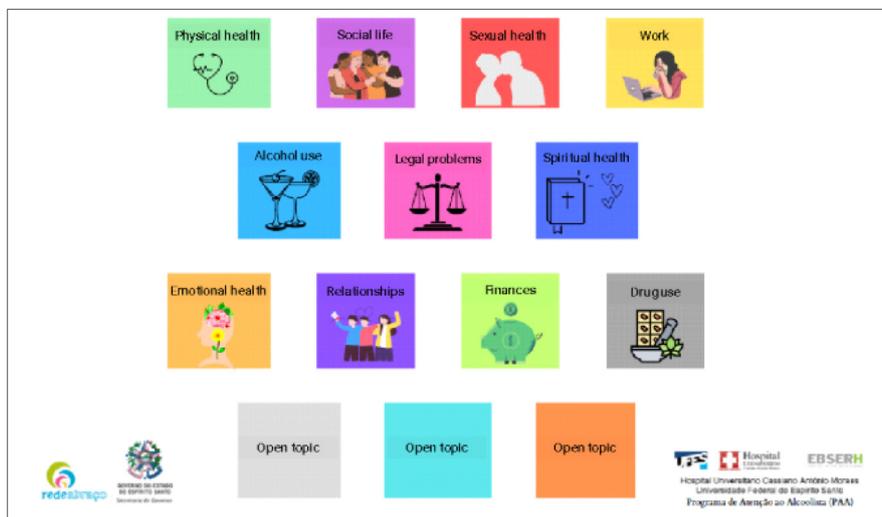
Abbreviation	Meaning	Question:	Conversation
D	Desire	How would you like things to change? Tell me what you dislike about things as they are now in your life?	I want... I desire to feel...
A	Ability	What do you think you could change? How confident are you that you could change, if you decided?	I can... I am able to... I could...
R	Reasons	What is the downside of things as they are now? What would be the three best reasons to _____?	I want to continue living to see my grandchildren. I could sleep better at night.
N	Need	What do you think needs to change? In what way is it important for you that _____?	I need... I cannot continue like this. I must...
C	Commitment	What will you do? What do you commit to doing?	I will... I commit... I intend...
A	Activation	What are you ready to do? What are you willing to do?	I am ready to... I feel like...
Ts	Taking steps	What have you already done? What have you already achieved?	I attended a support group meeting. I started tending my garden. I went to the park with my children this weekend

Source: Prepared by the authors based on Miller and Rollnick, 2023(12) and Miller and Rollnick, 2016(10).

In planning and evaluation stages, the AOA technique was used intensively, particularly to provide information and define appropriate interventions for the care plan. The nurse always requested permission before offering advice. Each session concluded with a motivational summary of points discussed, and the next consultation began with a recap of the previous meeting by resuming the summary.

To facilitate collaborative conversation in each task, the professional employed various strategies, such as personal values deck, agenda mapping, success characteristics identification, pros and challenges analysis for change, past successes review, future perspectives visualization, curtograms, among others. Figure 3 presents an example of one such activity.

Figure 3. Agenda mapping used in Motivational Nursing Consultation with people with alcohol dependence at PAA-Hucam-UFES, Vitória, ES, Brazil, 2023



Source: Prepared by the authors, 2023.

Adaptation and personalization in the Motivational Nursing Consultation process

Throughout MNC, the nurse demonstrated constant attention in selecting activities that best suited the specific change process stage in which each person found themselves. This flexible and user-centered approach proved essential to ensure proposed activities remained relevant and effective.

Additionally, whenever a new activity was proposed, the professional offered at least two options, allowing the other

party to make a free choice. This practice reinforced their empowerment and engagement in their own change process, key elements for MNC success.

Activities varied regarding location, providing additional flexibility, as certain proposals began and ended in the office, while others started in the office and concluded at the user's home, and some began at their home and ended in the office. This activity location adaptability allowed care to become personalized not only according to the cared-for person's change stage but also their life context and per-

sonal preferences.

DISCUSSION

Contribution of Motivational Interviewing to the Nursing Process

Implementation of Motivational Nursing Consultation (MNC) with people with alcohol dependence revealed significant aspects of a person-centered approach. Users verbalized the feeling of being heard as a crucial element, which not only strengthened the therapeutic relationship but also reinforced their perception of being valued and understood. This, in turn, facilitated openness to deeper and more meaningful discussions about change, including ambivalence.

In the change or decision-making process, most people go through a period of ambivalence in which preparatory and mobilizing talks intermix with sustain talk^(12,15). An empathic relationship can strengthen DARN-CATs and attenuate sustain talk, two essential factors to promote pro-change action⁽¹²⁾.

At times, nurses may recognize the need for comprehensive care, yet nursing practices not directed toward addressing alcohol dependence specificities may lead to confrontational moments that weaken the professional-user relationship⁽¹¹⁾. The bond strength, built between both parties, represents one of the main factors in a successful change process^(12,18). For this purpose, MNC aims to transform this moment into a space where a helping relationship establishes itself, characterized by mutual trust and respect.

For bond establishment, unequal communication perhaps poses the greatest threat, with the implication that the professional bears responsibility for change and holds exclusivity, or priority, to de-

termine the topic to address and what the user should do⁽¹²⁾. People receiving care certainly expect nurses to possess knowledge to share with them, yet professionals must recognize and value users' experience and knowledge about their own lives.

The traditional dynamic between closed questions and simple answers may prove less productive when the focus centers on behavior change and may promote this sense of inequality and imbalance between person and professional⁽¹⁰⁾. Therefore, priority must go to evocative questions while paying attention to what the other party expresses.

Although the PAA-Hucam-Ufes setting suggests a focus on reducing or abstaining from alcohol consumption, nurses must discern whether the primary interested party in this focus, suggested by the setting, is the person before them or whether they attend solely due to interests from relatives, professionals, or other significant individuals. Professionals must promote alignment of expectations between themselves and the other party⁽¹⁰⁾.

Whether for ambivalent or non-ambivalent people, this alignment can foster a relationship more akin to the flow of a dance than a tug-of-war sensation, especially when nurses draw on the Spirit of MI aspects, understood through Partnership, Acceptance, Compassion, and Empowerment, as the foundation for all conversation and actions occurring in the office⁽¹²⁾.

The change process, as observed, lacks linearity and requires continuous attention to user responses to keep it directed and guided^(12,19). Nurses hold the task of creating a moment to evoke and strengthen the cared-for person's own desires, ideas, and reasons for change and, ultimately, to invite contribution to planning and

its implementation⁽¹²⁾.

Singularities present in dependence cases, combined with workload overload, lack of training, and persistence of morally based practices, may lead nurses toward a conduct focused solely on directive communication with a fixing reflex, generating professional frustration and distancing in the relationship with the cared-for person, potentially reinforcing the “being a nurse” predictor of negative attitudes^(20,21).

In primary care, for example, nurses still predominantly engage in actions that distort welcoming into referral of service attendees to other professionals and health facilities, following a biomedical logic restricted to complaint collection and disease-centered rather than qualified listening and bond-promoting⁽²²⁾. Given this reality and the goal to change it, nursing participation has become predominant in developing research on brief interventions for alcohol use disorder⁽²³⁾.

Faced with this scenario, this report’s contribution lies not in isolated Motivational Interviewing use but in its systematic and structured integration into the Nursing Process to become a mental health nursing approach not limited to physical examination, complaint collection, or reduced to biomedical conceptions⁽²²⁾, since when developed by nurses, Motivational Interviewing-based practices yield promising results across various fields involving behavior change, whether in group or individual sessions⁽²⁴⁾.

Finally, Motivational Interviewing integration into nursing care for people with alcohol dependence, demonstrated through MNC, may reduce potential initial barriers to applying Motivational Interviewing theories in nurses’ care practice by intertwining with something already familiar in

professional training. Thus, the MNC proposal seeks not only to improve the therapeutic bond or potentiate the change process; this study suggests that MNC may serve as a valuable tool to enhance nurses’ performance in challenging contexts, such as care for people with alcohol dependence.

Study limitations

Despite care in documenting and striving to remain as close as possible to the reported experience, absence of audio recordings for certain moments stands out as a limitation, for example, CEPADI meetings and professionals who collaborated in MNC construction, since such files could contribute to comprehensive documentation of all aspects involved in the MNC implementation process.

Final Considerations

This report demonstrated that MNC implementation with people with alcohol dependence involved an approach that distinguishes itself from more traditional nursing practices, often characterized by a specialized and, to some extent, authoritarian model.

Initially, the MNC experience brought challenges regarding success, particularly in a field (dependence) where professionals tend to impose their wisdom unilaterally. However, as implementation continued, observation revealed that all knowledge necessary for change develops in the encounter between user and professional and that the manner in which nurses develop this relationship proves crucial to promote engaging, focusing, evoking, and planning, fundamental elements in the Nursing Process.

Expansion occurred in strategy and

intervention options, as well as alignment with activities already outlined in NANDA-NOC-NIC taxonomy, greater activation of the nurse by the Program team to participate actively in the care process, in addition to increased user demand for motivational consultations.

In conclusion, the nurse's role consisted of helping the other party resolve ambivalence, facilitating experimentation and implementation of a change plan. This person-centered, empathic, and collaborative MNC approach not only can prove effective in resolving ambivalence but also strengthens the nurse's role as an essential facilitator on the path to recovery and change.

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