RESEARCH PAPER

Effect of Motivational Interviewing Training Program on Drug Abusers' Readiness to Change and Treatment Eagerness

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ABSTRACT

Background: A Motivational Interviewing training program enhances drug abusers' readiness to change by strengthening intrinsic motivation and resolving ambivalence toward substance use. It encourages active engagement in treatment by increasing individuals' confidence, self-efficacy, and commitment to recovery goals. Consequently, participants demonstrate greater eagerness for treatment, improved adherence, and a more positive attitude toward sustained behavior change.

Aim: To explore the effects of a motivational interviewing training program on drug abusers' readiness to change and treatment eagerness.

Subjects and Method: A quasi-experimental research design was utilized in this study (one group pre & post-test). The study included 93 substance abusers at Port Said Psychiatric Health Hospital, aged 18 to 65, who did not have mental illnesses or other diseases and were able to provide informed consent and complete study procedures. Two tools were used to gather data: The stages of change readiness & treatment eagerness scale, and the motivational interviewing questionnaire, in addition to personal and clinical data sheets.

Results: The study found that the educational program significantly improved participants' motivation towards treatment, with a notable increase in motivational interviewing at the pre-program phase than post-program, supported by statistically significant differences. Moreover, a strong positive correlation between motivational interviewing and readiness to change was observed after the program.

Conclusion: This study found that the educational program enhanced participants' readiness to change and treatment eagerness.

Recommendations: Integrating motivational interviewing into addiction treatment programs, emphasizing its early application during initial assessments to enhance clients' motivation and continuous training for healthcare providers in MI techniques is essential to improve therapeutic effectiveness.

Keywords: Drug abusers, motivational interviewing, readiness to change, treatment eagerness.

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INTRODUCTION

The chronic, recurring nature of substance abuse disease is typified by compulsive drug seeking and usage despite negative outcomes. Alcohol, opioids, cannabis, stimulants, and sedatives are among the many substances that fall under this category. Tolerance, withdrawal, loss of control, and a persistent desire to reduce use are among the criteria used by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) to classify substance abuse disorder based on a pattern of behavior resulting in significant impairment or distress (American Psychiatric Association, 2013). According to Fand and Stansfeld (2023), substance abuse disorder is linked to serious physical health problems like liver disease and cardiovascular concerns, psychological disorders like sadness and anxiety, and social dysfunction like unemployment, incarceration, and family disintegration.

Substance addiction disorders continue to be a significant public health concern worldwide. The United Nations Office on Drugs and Crime estimates that 296 million people used drugs in 2021 (UNODC, 2023). Relapse rates are still significant, frequently surpassing 40–60% within the first year of treatment, even with the availability of effective treatments including behavioral therapy and pharmaceutical interventions (Yazıcı, & Bardakçı, 2023). A major obstacle to drug misuse rehabilitation is the person's lack of drive or willingness to change, which is frequently accompanied by treatment

ambivalence. Many people who are battling addiction have mixed emotions about quitting drugs, which makes them reluctant to participate in treatment. This emphasizes how crucial it is to treat the psychological and emotional aspects of addiction in order to boost motivation and aid in the healing process (Opsal, Kristensen, & Clausen, 2019).

A client-centered counseling technique called motivational interviewing is intended to increase intrinsic motivation for behavior modification, especially in people who engage in addictive behaviors. In contrast to confrontational methods, MI places a strong emphasis on collaboration, empathy, and evoking the client's values and objectives in order to address ambivalence and encourage behavior change. It is especially helpful for people in the early phases of transformation since it relies on concepts including showing empathy, creating discrepancy, overcoming resistance, and boosting self-efficacy (Schwenker et al., 2023). Research shows that by promoting autonomy and bolstering intrinsic motivation, MI can have a substantial impact on people's willingness to participate in treatment. It has been effectively incorporated into a number of treatment environments, such as primary care, outpatient therapy, and inpatient rehabilitation. Research has demonstrated that even short-term MI interventions can enhance psychosocial outcomes, boost treatment adherence, and decrease drug usage in people with substance use disorders. MI is a vital link between acknowledging the issue and committing to recovery in the context of drug dependence, where denial and resistance to change are prevalent (Figlie & Caverni, 2021).

The Transtheoretical Model of Change, which describes five sequential stages: precontemplation, contemplation, preparation, action, and maintenance, is the foundation for the idea of readiness to change, which is essential to comprehending behavior modification in addiction therapy. It shows how psychologically and behaviorally ready a person is to make big adjustments with regard to substance usage. Low preparedness is frequently linked to denial, minimizing the issue, or dread of withdrawal symptoms in addicts, all of which impede successful treatment participation and long-term recovery. A key objective of motivational therapies is to increase this readiness since better treatment outcomes, such as lower drug use, greater treatment adherence, and higher rates of post-treatment abstinence, are associated with higher levels of readiness. By determining a client's current stage of transformation, healthcare professionals can adjust interventions to increase motivation and enhance the overall efficacy of care (Prochaska, 2020).

The idea of treatment eagerness, which describes a person's active desire, willingness, and enthusiasm to engage in therapeutic programs, is closely linked to readiness to change. Treatment enthusiasm represents a proactive approach to rehabilitation and a psychological commitment that goes beyond just compliance or attendance. Perceived treatment efficacy, prior care experiences, social support, and personal motivation are factors that affect treatment desire. High dropout rates and subpar results are often associated with a lack of treatment desire, especially in substance misuse programs that need regular participation and behavioral effort (Prochaska, & Norcross, 2023).

Motivational interviewing has been found to be a successful method for boosting both willingness to participate in therapy and readiness to change. MI fosters a positive treatment attitude and increased involvement in therapeutic procedures by lowering resistance and enabling clients to imagine a life beyond addiction. When used as a systematic training program, MI can give caregivers the skills they need to encourage clients' willingness for treatment and lower typical obstacles like mistrust, hopelessness, or ambivalence. In order to improve recovery outcomes and inform evidence-based nursing practices, this study is to assess the effect of a Motivational Interviewing training program on drug abusers' willingness to participate in treatment and their readiness to change (Nehra, & Nehra, 2022).

Significance of the study:

With 9% of people claiming lifetime usage, 4.9% reporting use within the last 12 months, and 2.4% reporting use within the last month, nicotine ranked as the most commonly used substance in Egypt. The most often abused substance, excluding nicotine, was found to be benzodiazepines (5.1%), followed by alcohol (3.3%) and organic solvents (3.1%). Alcohol had the highest incidence (2.9%) in terms of use during the previous 12 months, closely followed by cannabis (2.6%) and organic solvents (2.7%). Regular drug usage was reported by 1.5% of the population, although the prevalence of dependency syndrome, excluding nicotine dependence, was assessed to be 0.9%. Males were shown to have substantially higher rates of substance use, regular use, and dependency than females (Roushdy & Zohry, 2022).

Patients' self-efficacy, confidence that they can change, feelings of ambivalence about change, and decision-making regarding change plans are all supported by motivational interviewing training programs, which seem to be a crucial factor in encouraging patients to seek and complete treatment as well as to make successful long-term changes (Eldaghar, Abdelaal, Shalaby, & Barakat, 2021; Smith, & Jones, 2023). So, the current study was carried out to evaluate the effect of a motivational interviewing training program on drug abusers' readiness to change and treatment eagerness. Drug addicts must possess a solid understanding of MI in order to alter their desire for treatment.

AIM OF THE STUDY:

Was to explore the effect of a motivational interviewing training program on drug abusers' readiness to change and treatment eagerness.

Objectives:

The following objectives were met by the study:

1. Assess the level of readiness to change and treatment eagerness of the patient with drug abuse disorders.
2. Determine levels of motivational interviewing for patients with drug abuse disorders.
3. Design a training program about motivational interview training program for patients with drug abuse disorders.
4. Implement a training program about motivational interviewing for patients with drug abuse disorders.
5. Evaluate the effect of a training program on motivational interviewing for patients with drug abuse disorders.

Research hypothesis:

There will be differences in the mean scores of the results before and after the implementation of the motivational interviewing training program.

SUBJECTS AND METHOD

Study Design:

A quasi-experimental research design was utilized in this study (one group pre & post-test).

Study Setting:

This study was conducted in the inpatient male addiction department at Port Said Psychiatric Health Hospital and Addiction Treatment, as well as in the psychiatric outpatient clinics via a hotline for substance misuse. The facility is connected to the Ministry of Health and Population's General Secretariat of Mental Health and Addiction Treatment (GSMHAT). Five governorates, Port Said, El-Ismailia, El-Suez, North Sinai, and South Sinai, are served by the hospital. Three inpatient units, one for male patients, one for female patients, and one for addiction treatment, make up the hospital. Additionally, there are two clinics: a psychiatric outpatient clinic that is open every day of the week from 10 a.m. to 2 p.m., and an outpatient clinic for children that is open on Sundays and Wednesdays.

Study Subjects:

The study's participants included a purposive sample of 93 drug abusers from the hospital's male addiction treatment unit and those who visited the outpatient clinic for substance abuse and were accessible at the time of data collection. The inclusion criteria listed below were taken into consideration:

- They are between the ages of 18 and 65.
- They do not suffer from mental illnesses or other diseases.
- Neurological disorders, including intellectual disabilities, are not present.
- Patients are capable of giving informed consent and completing study procedures.

Sample Size:

Based on data from literature by Eldaghar, Abdelaal, Shalaby, and Barakat, (2021), considering a level of significance of 5%, and a power of study of 80%, the sample size can be calculated using the following formula:

Sample size (n) = $\frac{2(Z\alpha/2 + Z\beta)^2 \times p\,(1-p)}{(d)^2}$

Where, p = pooled proportion obtained from previous study; d = expected difference in proportion of events; Zα/2 =1.96 (for 5% level of significance) and Zβ = 0.84 (for 80% power of study). Therefore,

Sample size (n) = $\frac{2(1.96 + 0.84)^2 \times 0.50\,(1-0.50)}{(0.248)^2}$ = **88.9.**

Accordingly, the sample size required is **89**. Due to the expected non-participating rate of 5%, the final sample will be **93** drug abusers.

Tools for Data Collection

The study data were collected using the following tools:

Tool I: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES):

This scale was developed by Miller and Tonigan (1996) in an English language and translated into Arabic by the researcher and used to assesses readiness to change and treatment eagerness among drug abusers and consists of 19 items divided into three domains namely recognition items (1, 3, 7, 10, 12, 15, and 17), ambivalence items (2, 6, 11, and 16), and taking steps items (4, 5, 8, 9, 13, 14, 18, and 19).

Scoring System:

Responses are evaluated on a five-point Likert scale, with scores ranging from 0 (strongly disagree) to 4 (strongly agree). Scores are categorized as follows: over 80% indicates very high readiness to change; 60-80% shows high readiness; 40-60% suggests medium readiness; 30-40% reveals low readiness; and below 20% reflects very low readiness to change (Miller & Tonigan, 1996).

Tool II: Motivational Interviewing Questionnaire:

This questionnaire was designed by Eldaghar et al. (2021) in simple Arabic language to measure readiness for motivational interviewing among drug abuse disorders. It consists of 29 questions, each question measured on a three-point scale as follows: No=0, to some extent =1, and yes=2.

Scoring System:

The total score is categorised as follows:

- < 50% = <29 score indicates a low degree.
- 50 –75% =29-44 score indicates a moderate degree.
- >75% = >44 score indicates a high degree (Eldaghar et al., 2021).

Additionally, the researcher designed a personal and clinical data sheet in Arabic using the

information gathered from patients. The form asks for personal data: Including age, sex, level of education, marital status, working status, occupation, income, and residence. Clinical data such as age at first use, frequency (times per week), duration of use, primary substance (s), route of administration, last use, and method of admission.

Tools Validity:

It was determined by a Jury of five psychiatric nursing specialists, including two professors and three assistant professors from Port Said University, to assess the clarity, relevance, and construction of the translated tools. Modifications based on their feedback were made over a two-month period from January 15, 2025, to February 15, 2025.

Pilot Study:

A pilot study was conducted from 15/2/2025 to 28/2/2025, on 9 patients selected from the total sample of patients based on inclusion criteria, before the main inquiry began. The entire research work sample did not include them. The pilot study's objectives included evaluating the time needed to complete the questionnaire, identifying potential roadblocks during data collection, and determining the viability, applicability, and clarity of the study instruments.

Tools Reliability:

Reliability was evaluated using the Cronbach's alpha test, which revealed relatively homogeneous instruments. In terms of internal consistency, the Stages of Change Readiness and Treatment Eagerness Scale scored 0.80 while the Motivational Interviewing questionnaire scored 0.92.

Field Work:

Patients participating in the study were individually interviewed after their medical records were reviewed, with the researcher explaining the study's aim and obtaining informed consent while ensuring data confidentiality. The research was conducted in four phases: Assessment, planning, implementation, and evaluation over six months, from March to September 2025. The researcher worked two days a week at Port Said Psychiatric Health Hospital and Addiction Treatment's inpatient unit, which accommodates only male addiction patients with a capacity of 42 beds, admitting up to 23 patients at once for a maximum of 60 free days, extendable for another 30 days on a paid basis. Post-discharge, patients attended the outpatient clinic weekly, with daily attendance ranging from 16 to 23 patients, and follow-up durations varied from one month to one year. The researcher scheduled follow-up therapy appointments with patients in the counselor's room after physician consultations, collecting their mobile numbers for sessions on Sundays or Wednesdays.

Phase 1: Assessment phase: During the assessment phase from March 1st to the end of March 2025, the researcher conducted site visits, secured study approval, and coordinated with the nursing director for data collection. Weekly meetings were held with eligible drug abusers to perform a comprehensive needs assessment aimed at identifying key psychological, behavioral, and motivational issues to inform a motivational interviewing training program. Participants received an orientation about the study and provided written informed consent before completing assessment tools in Arabic, which took 20 to 30 minutes. Contact information was also collected for future coordination of training sessions.

Phase 2: Planning phase:

It involved planning a motivational interviewing training program based on assessment results and literature review. The program aimed to enhance drug abusers' readiness to change by addressing specific needs and knowledge gaps through tailored session goals. A training booklet was created in simple Arabic with visuals for better understanding. The interactive program included workshops, activities, individual exercises, and group discussions to strengthen skills in motivational interviewing.

Motivational Interviewing Training Program

General aim:

To apply a motivational interviewing training program to enhance drug abusers' readiness to change and increase their treatment eagerness.

Specific objectives:

By the end of this program, drug abusers will be able to:

1. Recognize program purpose and components.
2. Describe readiness to change stages in the drug abuse context.
3. Identify motivational interviewing's role in enhancing readiness and treatment eagerness.
4. Practice core strategies (empathy, discrepancy development, rolling with resistance, self-efficacy support).
5. Develop personal change plans reflecting commitment to treatment.

Phase 3: Implementation phase:

From early May to November 2025, a motivational interviewing training program was conducted with 93 patients divided into four groups. Groups 1-3 each had 23 patients, while Group 4 had 24. Each group completed 14 sessions over 7 weeks, meeting twice a week, using a structured implementation schedule. The sessions included lectures, discussions, role-playing, demonstrations, and multimedia aids, with training booklets provided for review at home. Errors were

viewed as learning opportunities, and post-tests were conducted at the conclusion of the program.

The motivational interviewing training program consisted of fourteen structured educational and therapeutic sessions designed for patients with substance use disorders. The sessions were implemented over several weeks using interactive and patient-centered approaches to enhance readiness to change, treatment engagement, and recovery motivation.

The introductory session focused on establishing rapport between the researcher and participants, explaining the program structure, and encouraging active participation. Subsequent sessions addressed substance abuse awareness, relapse prevention, motivational interviewing principles, cognitive restructuring of negative thoughts, anger management, and psychotherapy techniques including art therapy and psychodrama.

Additional sessions focused on twelve-step spiritual recovery principles, self-concept enhancement, assertiveness training and refusal skills, problem-solving strategies, relaxation techniques, and lifestyle modification to support long-term recovery. Throughout the program, participants were encouraged to explore personal barriers to recovery, strengthen self-efficacy, and develop individualized recovery goals and action plans.

Various interactive teaching methods were used, including group discussions, brainstorming, role play, demonstrations, self-reflection exercises, worksheets, therapeutic communication, and practical skill-training activities to facilitate participants' engagement and behavioral change. The final session included review of program content, reinforcement of learned skills, evaluation of participants' progress, and development of individualized recovery plans for maintaining behavioral change.

Fourth: Evaluation phase (post program and follow up):

Evaluation of the motivational interviewing training program for patients with substance misuse disorders involved comparing pre-test and post-test results, with assessments conducted immediately after program implementation. Appreciation was conveyed to the participating patients for their contribution.

Administrative Design:

Before starting the study, the Dean of the Faculty of Nursing at Port Said University sent an official letter to the director of Port Said Psychiatric Health Hospital and Addiction Treatment to request permission and cooperation, outlining the study's aims.

Ethical Considerations:

The study protocol received approval from the Scientific Research Ethics Committee of the Faculty of Nursing at Port Said University **Code number NUR (4/8/2024) (28)** and the Ethical Committee of the General Secretariat of Mental Health and Addiction Treatment. Informed consent was obtained from patients, ensuring confidentiality and anonymity, while also confirming their voluntary participation and the right to withdraw at any time.

Statistical Analysis:

Data were organized and analyzed with SPSS 29.0, utilizing means and standard deviations for quantitative data and numbers and percentages for qualitative data. The chi-square test compared categorical pre- and post-program scores, while Spearman's correlation coefficient assessed variable correlations, with significance set at $p<0.05$.

RESULTS

The results **in table 1,** outlines the personal characteristics of drug abusers in the study, revealing that 69.9% were male, with an age range of 18-65 years and a mean age of 33.3±14.5. Over one-third (35.5%) were aged 15 to under 25, and 54.8% were single. Regarding education, 26.9% had a basic education level. Employment status indicated that 61.3% were working, while 50.5% reported insufficient monthly income, and 51.6% came from within Port Said.

Table 2, represent the clinical characteristics and substance abuse history of patients, revealing that 51.6% began using substances between 15 and 25 years of age, typically abusing substances for 3 to 4 years (45.2%). Psychological support was noted by 62.4% of participants, with smoking (47.3%) being the most common method of use. Daily use was reported by 38.7%, and 52.7% had used substances shortly before hospitalization. About 65.6% had previous treatment, indicating potential relapses. Substance abuse adversely affected work performance (79.6%) and social relationships (78.5%). Serious consequences from abuse affected 64.5% of participants, with accidents (30.0%) and aggression (26.7%) as common issues, alongside low trust (61.3%) and childhood neglect (24.7%).

Table 3, describes the frequency and percentage distribution of drug abusers according to levels of readiness to change and treatment eagerness pre and post-program. The table indicates that the educational program was highly effective in enhancing participants' motivation and eagerness toward treatment, as supported by the statistically significant difference ($p < 0.05$).

Table 4, shows that improvements in total motivational interviewing among the drug abusers occurred throughout program phases. The table implied that none of the drug abusers had a higher degree of motivational interviewing at the pre-program phase, and the percentage improved to 73.2% at post program phase. A statistically significant difference was observed between pre- and post-program assessments ($p < 0.01$**).

Table 5, illustrates the correlation between motivational interviewing and readiness to change among the studied patients. Pre-program, there was a very weak positive correlation between motivational interviewing

and readiness to change (r= 0.06, p= 0.52), which was statistically insignificant. However, post the intervention, the correlation became strong and highly significant (r = 0.60, p = 0.00**).

Table 1: Frequency and percentage distribution of the studied drug abusers according to their personal characteristics (n = 93).

Personal Characteristics	No.	%
Gender		
Male	65	69.9
Female	28	30.1
Age		
15-<25	33	35.5
25-<35	27	29.0
35-<45	11	11.8
45-<55	9	9.7
55-65	13	14.0
Min. – Mix.	**18-65**	
Mean± SD	**33.3±14.5**	
Marital status		
Single	51	54.8
Married	35	37.6
Divorced	5	5.4
Widow	2	2.2
Educational level		
Not reading and writing	1	1.1
Read and write	11	11.8
Basic education	25	26.9
Secondary education	19	20.4
University education	24	25.8
Postgraduate	3	3.2
Working status		
Working	57	61.3
No working	36	38.7
Family income (as reported by the patients)		
Sufficient	32	34.4
Not Sufficient	47	50.5
Sufficient and safe	14	15.1
Residence		
Inside Port Said	48	51.6
Outside Port Said	45	48.4

Table 2: Frequency and percentage distribution of drug abusers according to clinical characteristics and history of substance abuse (n= 93).

Clinical characteristics and history of substance abuse	No.	%
Age of initiation of substance use/years		
15-<25	48	51.6
25-<35	15	16.1
35-<45	9	9.7
45-<55	11	11.8
55-65	10	10.8
Mean±sd	**14.3±30.1**	
Family support		
No	35	37.6
Yes	58	62.4
Type of family support		
Physical and emotional	9	15.5
Physical	15	25.9
Emotional	15	25.9
Psychological	19	32.7
Method of use		
Smoking	44	47.3
Injection	24	25.8
Mouth methods	2	2.2
Inhalation/nose	6	6.5
Oral	17	18.3
Rate of abuse		
Monthly	18	19.4
Weekly	25	26.9
Every two days	14	15.1
Everyday	36	38.7
Previous treatment		
No	32	34.4
Yes	61	65.6
Effect on work		
Positive	19	20.4
Negative	74	79.6
Effect on relations		
Positive	20	21.5
Negative	73	78.5
Problems caused by substance abuse		
No	33	35.5
Yes	60	64.5
Types of problems		
Attack others	16	26.7
Family split	9	15.0
Accident	18	30.0
Suicide attempt	9	15.0
Others	8	13.3

Table 3: Frequency and percentage distribution of drug abusers according and treatment eagerness pre and post program (N= 93).

Levels of readiness to change and treatment eagerness	Pre	
	No.	%
Medium readiness to change and treatment eagerness	49	52.6
High readiness to change and treatment eagerness	44	47.4
Very high readiness to change and treatment eagerness	0	0.0

****Highly significant at p-value<0.01** **X^2= Chi square tes**

Table 4: Frequency and percentage distribution of drug abusers according to degrees of motivational interviewing pre and post program (N= 93).

Degrees in motivational interviewing	Pre		Post	
	No.	%	No.	%
Low	50	53.7	2	2.1
Moderate	43	46.3	23	24.7
High	0	0.0	68	73.2

****Highly significant at p-value<0.01** **X2= Chi**

Table 5: Correlation between motivational interviewing and readin patients

Scores		Readiness to Change	
		r	p-value
Motivational Interviewing	Pre	0.66	0.52
	post	0.60	0.00**

**Highly significant at p-value<0.01

r=correlation test

DISCUSSION

Recurrent, compulsive use of alcohol, illicit drugs (such as opioids, stimulants, and cannabis), prescription medications (such as benzodiazepines or opioids), or other psychoactive substances in spite of serious negative consequences that cause clinically significant impairment or distress is a hallmark of substance use disorders, which are chronic disorders. These effects are multifaceted and include: psychological disabilities like comorbid depression, anxiety disorders, and cognitive deficits; social disruptions like family breakdowns, relationship dissolution, domestic violence, and social isolation; physical health complications like liver cirrhosis from alcohol, cardiovascular disease, or respiratory failure from opioids; and functional impairments like job loss or absenteeism at work, academic decline at school, or neglect of dependents at home (National Healthcare Quality and Disparities Report, 2022). Psychoactive drug use alone results in about 600,000 deaths per year worldwide, primarily among men aged 20 to 39. These deaths are caused by overdoses, injection-related infectious diseases (e.g., HIV, hepatitis C), accidents, violence, and suicides (World Health Organization, 2024).

By increasing intrinsic motivation and change readiness in people with drug use disorders, motivational interviewing, an evidence-based intervention, has strong support for lowering substance use. In order to increase treatment desire and commitment, a qualified counselor works with clients in a collaborative therapy relationship, guiding them rather than leading them to recognize their issues, address ambivalence, and express personalized future goals. While MI's primary processes foster a therapeutic connection, foster coping skills, encourage health behavior change, and drive sustained recovery, supportive psychosocial therapies supplement medication and psychoeducation to manage lingering symptoms (Kang & Kim, 2021). Thus, the present study was to explore the effects of a motivational interviewing training program on drug abusers' readiness to change and treatment eagerness.

The current results showed a statistically significant improvement in participants' readiness to change and treatment eagerness after implementation of the motivational interviewing training program. Nearly half of the participants achieved a very high level of readiness and treatment eagerness in the post-program phase, while almost half maintained a high level. These findings suggest that the program was effective in enhancing participants' intrinsic motivation and engagement toward recovery. Motivational interviewing principles may explain this improvement, as the intervention focused on resolving ambivalence, enhancing self-efficacy, and strengthening personal commitment toward treatment goals (Nehra & Nehra, 2022).

The observed improvement in readiness to change and treatment eagerness may also be related to the interactive and client-centered nature of the motivational interviewing sessions. The program encouraged participants to express their personal concerns, discuss barriers to recovery, and explore individualized goals for behavioral change, which may have enhanced their engagement and willingness to participate in treatment (Hettema et al., 2021).

The findings revealed a substantial and statistically significant improvement in drug abusers' motivational interviewing levels following program implementation. None of the participants demonstrated a high degree of motivational interviewing before the intervention, whereas the majority achieved a high level in the post-program phase. This improvement reflects the effectiveness of the motivational interviewing training program in enhancing participants' awareness, commitment to treatment, and motivation for behavioral change. The structured nature of the program and the use of supportive therapeutic communication may have contributed to increasing participants' engagement and confidence in their ability to change (Rollnick, Miller, & Butler, 2022).

The improvement in motivational interviewing levels observed in the current study may indicate that participants became more aware of the negative consequences of substance abuse and more prepared to adopt recovery-oriented behaviors following the intervention (Bischof et al., 2021). Klimas et al. (2021) also emphasized the role of MI in reducing ambivalence and increasing participation in group therapy and continuing care programs, showcasing its relevance in community-based treatment settings. More recently, Watson et al. (2025) demonstrated that reflective listening and empathic therapist–client interactions were strongly associated with improved emotional regulation and sustained recovery outcomes. These findings reinforce the importance of developing strong therapeutic alliances in counseling settings, which can lead to enhanced stress reduction and interpersonal support.

Similarly, Moneam et al. (2023) found that motivational interviewing produced smaller effect sizes among individuals with severe or long-standing substance dependence. This observation points to the complexity of treating such cases, where traditional methods may fall short. The findings indicate that individuals facing these challenges often have deeply rooted behaviors and psychological patterns that can make them less responsive to MI alone. As a result, it may be beneficial to consider integrating additional

structured or pharmacological interventions alongside motivational interviewing.

The present findings demonstrated a strong positive correlation between motivational interviewing and readiness to change in the post-program phase. This indicates that participants with higher motivational interviewing levels were more likely to demonstrate greater readiness for behavioral change and treatment engagement. These findings support the theoretical assumption that motivational interviewing enhances intrinsic motivation and facilitates progression through stages of change among individuals with substance use disorders (Prochaska & DiClemente, 1983).

The positive correlation observed in the post-program phase highlights the important role of motivational interviewing in facilitating behavioral change among individuals with substance use disorders. Participants who demonstrated higher motivational interviewing scores were more likely to exhibit greater readiness for treatment engagement and recovery (Schwenker et al., 2023).

Overall, the findings of the current study support the effectiveness of motivational interviewing training programs as a supportive therapeutic approach for enhancing motivation, treatment engagement, and readiness to change among individuals with substance use disorders.

CONCLUSION:

This study concluded that the educational program significantly improved participants' readiness to change and treatment eagerness before and after the program, evidenced by statistically significant differences. Additionally, a strong positive correlation was found between motivational interviewing and readiness to change in the post-program phase.

RECOMMENDATIONS

In light of the results of this study, the following recommendations were suggested:

1. Integrating Motivational Interviewing into addiction treatment programs, emphasizing its early application during initial assessments to enhance clients' motivation.
2. Continuous training for healthcare providers in MI techniques is essential to improve therapeutic effectiveness.
3. A client-centered approach that tailors interventions to individual needs and ongoing reinforcement sessions can sustain motivation and prevent relapses.
4. MI concepts should be incorporated into nursing and health education curricula, and institutional support is vital for implementing these practices in treatment settings.

Future researchers:

Future research should focus on the long-term effects of MI on relapse rates and its effectiveness across various demographics.

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