Motivational Interviewing Implementation & Training Plan

Intrinsic motivation for change in the clients and their families arises in an accepting, empowering atmosphere of care that makes it safe for the client to explore the possibly difficult present in relation to their dreams, needs and values. People often get stuck, not because they fail to appreciate the down-side of their struggles, addiction, mental health, and criminal behavior, but because they feel at least two ways about it. The way out of the forest, the way to effect change, has to do with eliciting and strengthening what the person is experiencing and how they will change, from his or her perspective.

Miller and Rollnick

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This document presents a complete implementation plan for the evidence-based practice of Motivational Interviewing (MI) in order to help bring your agency, organization, or community that you serve to the forefront of Motivational Interviewing. This guide is designed to help you understand the expertise, programs, offerings, and support that we can bring to you in order to help you achieve better outcomes for your agency and community. We, at *Health Education & Training Institute*, would be happy to discuss the needs of your agency as well as the results that you can expect with the training and implementation program that best fits your agency's needs.

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Introduction

Motivational Interviewing was developed by William Miller, Ph.D. and Stephen Rollnick, Ph.D. to help people with change in their lives, especially in the area of addictions, corrections, tobacco, mental health, eating disorders and chronic health problems. In the past decades, these fields have broadened to include education, dental care, palliative care, and other areas. The implementation and training ideas presented here are intended to help the staff change the way they do their work (assessments, diagnosis & treatment). They are aimed at helping an agency effectively integrate and implement the evidence-based intervention of Motivational Interviewing in its daily practice working with its target clientele. This approach is also applicable to working with groups.

Clinicians[1] are well-trained to assist people in the acute and action phases of treatment. In the former, the clinician takes a necessarily active and directive role in the care of the individual and in the latter they are called upon to create a structured action plan. The clientele normally seen in most centers is, to a great extent, stuck between these two phases and responds poorly to being asked to relinquish their autonomy, which may be necessary in the short term in the acute phase, or to being encouraged or pressed to take action before they are ready. It is in this static, non-acute phase that clinicians' training often fails them, and it is in this phase where Motivational Interviewing is most effective. Asking clinicians for change results without giving them adequate training and support can create a sense of pressure and helplessness that can lead to feelings of incompetency and can ultimately have a maladaptive effect leading to burn-out, increased absenteeism, and reduced productivity, pleasure, and engagement in the workplace. These results are costly to personnel, clients, and to the agency.

As humans we often resist change. We find comfort and a sense of confidence in the old tried-and-true, in doing things the way we've always done them. Resistance to change is not unique to the individual. Agencies, groups, institutions, and disciplines also resist change. The same institutions instituting change often create barriers, sometimes inadvertently, because change is often seen as a threat to stability. So, at every level of the institution, from the upper administration to the clinicians, the members of that institution must do their part to implement the desired global change if it is to succeed. Incorporating new technologies requires changing the way we do things.

We have borrowed thoughts from and recommend that management and supervisors[2] read *The Change Book* which was developed by the Addictions Technology Transfer Center (ATTC) Network to help organizations, (not-for-profit, mental health, criminal justice, and alcohol and other drug treatment agencies) to implement initiatives that will improve outcomes. *The Change Book* includes principles, steps, strategies, and activities for achieving effective change. However, in this introduction we will focus on the principles of

[1] The term "clinician" refers to anyone who is involved in the "client/patient/person we serve" intervention.
[2] The terms "supervisor" and "coach" in this document are used interchangeably to refer to individuals trained to offer clinical development (supervision and coaching) to staff members.

successful institutional change when implementing new practice-based technologies or strategies such as Motivational Interviewing.

The technology and strategy, in this case evidence-based practice of Motivational Interviewing, must be relevant and have obvious, practical application for the staff in helping them work with their clients. It has to be timely: implemented at a moment when staff members acknowledge the need for this strategy and theoretical framework now and in the future. It also has to be clear: the language and process to transfer the intervention spirit, skills, and strategy must be easily understood by the staff. It has to be credible: the clinician must have confidence in the underlying assumptions, techniques, and evidence of the approach. It has to also be multifaceted and include a variety of interventions and formats suited to the various treatment situations. It must be a persistent process: the new practice has to be continually reinforced at all levels of the organization until it becomes the standard of practice and is maintained as such. Finally, it has to be bi-directional: from the beginning of the change implementation, all staff members who are targeted to use the approach must be given opportunities to communicate with management and with training facilitators about their struggles and be given sufficient training opportunities. Strong participation, and active bi-directional communication in change initiatives decrease resistance and increase buy-in to the change process (adapted from *The Change Book,* ATTC publications, 2000).

The guidelines outlined in this document are intended to help managers, supervisors, and therapeutic staff at your organization train present employees and newly hired staff in the spirit, structure, and skills of Motivational Interviewing. They are also intended to guide the coaching team and managers in implementing strategies for long-term sustainability of the consistent, proficient use of Motivational Interviewing among the staff. Resources such as PowerPoint presentations of MI training, literature, handouts, and additional training and supervisory tips will be made available. The MINT (Motivational Interviewing Network of Trainers) website is also a very good source of supplementary information. The training facilitators at *Health Education & Training Institute* can provide the necessary support to help implement the practice of Motivational Interviewing, including offering coding of recordings of clinicians' client interventions.

> *Look at the pearl. What was once a mere piece of sand within the folds of the mollusk becomes a precious gemstone. Examples abound of small actions, over time, producing sights which are truly impressive to behold … results which can truly stagger the mind.*
> *- The Power of 10%* by Eric Harvey and Michelle Sedas

It takes a vision, focus, leadership, and time to change the culture of an organization. Successful change starts at the top with leaders who provide strategic vision and establish goals and priorities. Team leaders don't micromanage — they empower and inspire individuals to accomplish stated objectives. Successful leaders embrace the power of teamwork by tapping into the innate strengths each person brings to the table. An effective leader "walks the talk" and sets the standard. It is they who must carry the two

banners that embody the spirit of Motivational Interviewing: *we will no longer be in a power struggle*, and *we will no longer give unsolicited advice, direction, or feedback*. Management will model this to their staff so that the staff will implement it with their clientele.

Motivational Interviewing Implementation

Implementing Motivational Interviewing as a consistently used intervention requires on-going training and coaching of the staff. This plan brings in expert Motivational Interviewing facilitators from *Health Education & Training Institute* to train management and staff as well as training coaches and coaching teams to sustain the practice from within your organization. The expert facilitators are also responsible for objectively measuring the coaches' proficiency by coding audio recorded interventions at regular intervals and giving feedback[3]. Together, the agency leadership and coaching team perform a very important role in the maintenance of Motivational Interviewing practice, spirit, and skills. To adequately assure that the approach is well-integrated in your center, resources for training, clinical development, and coding time must be allocated. This includes not only liberating staff for training time, but also adjusting workload appropriately during the training process. Without strong leadership and management putting emphasis and resources behind this ongoing effort, agencies have often not been successful in implementing and maintaining practice-based intervention strategies over time. Thus, this vision recommends that management be trained in the approach, personnel be selected to become coaches by virtue of their interest and skill in the approach, and staff be trained and supported with ongoing coaching and supervision.

To ensure integrity and the maintenance of this practice, hiring criteria should be in synchrony with the intent to sustain Motivational Interviewing over time. We suggest that management, clinicians, and coaches be hired and promoted on the basis of their knowledge, skills, and demonstration of Motivational Interviewing whenever possible, or that taking Motivational Interviewing training is a prerequisite to being hired when it is not. It is strongly recommended that the applicant (clinician or coach) be required to conduct an individual session (this could be a real-play[4], or an intervention with a client). The individual session could be observed by an experienced Motivational Interviewing consultant, coach, or group of trained staff using a Motivational Interviewing coding system such as the MITI. In an effort to reduce any anxiety about the process in the long-run, the applicant should be informed that evaluation of recorded sessions is an integral part of the recruiting and skill-maintenance process and that your agency will be requiring proficiency in this approach for all new staff and coaches. Other tools are also available to help measure the candidate's empathy and flexibility.

When hiring a new clinician, it is important to observe whether or not Motivational Interviewing skills are firmly in place or, at a minimum, that the clinician's style is consistently empathetic and motivational, and not solution driven, confrontational, and rigid. The latter characteristics are inconsistent with Motivational Interviewing and can

[3] As assessed through use of the objective measurement tool, Motivational Interviewing Treatment Integrity (MITI) or similar.

[4] Real-play refers to a situation in which one person (who acts as the "client") uses a situation from his/her life with a clinician (who acts as the "clinician"). This avoids the traps of role-plays where at some point acting is required as is guessing what might be the real motivation for a fictitious person.

create training and coaching challenges and may not be helpful to the people you serve. This hiring procedure will bring the best results in terms of sustaining Motivational Interviewing philosophy and practice over time. Many dollars can be spent on training with very little effect if newly hired clinicians demonstrate low empathetic skills, unsolicited advice-giving, rigidity, and a confrontational therapeutic style.

Integration and Assuring Staff Buy-In

Coaches have a key role in both the coaching of new and present clinicians, as well as the maintenance of Motivational Interviewing throughout the agency. Thus, hiring practices for coaches should be even more rigorous concerning proficiency in Motivational Interviewing than for staff. The integration with management of the coaches in planning, creating, and maintaining structures for ongoing support of this approach is critical to the success of the maintenance of Motivational Interviewing in your organization.

Management expectation should be that each clinician gains competency in Motivational Interviewing as an evidence and practice-based "basic" style of communication over a period of two to four years; and this should be clearly expressed to the staff. It is recommended that the goal of proficiency in Motivational Interviewing be included in the annual clinician evaluation process and that clinical staff be strongly encouraged to participate in the on-going coaching groups. (We provide several at *Health Education & Training Institute*, Caregiver Support Groups, Youth Worker Support Groups, MI Master Classes, etc.) To that end, it is important to keep an ongoing bi-directional communication with administrative personnel, the coaching team, and staff to evaluate the efficacy of Motivational Interviewing implementation, the advantages of using MI with the people you serve, and to assess clinicians' buy-in and attitudes about Motivational Interviewing.

It is always the best policy to involve the staff in conversations, truly inviting their opinions about this new practice. At the minimum, the management and coaching team can assess the staff's attitude and take steps towards improving it if necessary. No amount of training, consultation, or coaching can overcome resistance and lack of buy-in if the management is not prepared to address it first. When staff are told to use a strategy because it is empirically validated and it is expected, they may tend to resist and create barriers to the imposed change. On the other hand, if Motivational Interviewing and the training appear to be a helpful tool for work with their cases, the attitudes towards learning are more positive.

Motivational Interviewing coaching strategies are useful to augment buy-in.
The strategies are:

- **Open-ended questions** ("What are some of your thoughts about Motivational Interviewing?")
- **Affirmations** ("You folks can certainly learn and get better at reflections; you have demonstrated a lot of dedication learning Motivational Interviewing.")

- **Reflections** ("So Motivational Interviewing seems a little too soft on the client for you; tell me more about how you see this happening.")
- **Summaries** demonstrating clinician ambivalence ("On one hand, the clinicians want to be on the cutting edge of what works, and[5] at the same time the staff is used to working in a specific way that seems effective, and feels a bit overwhelmed by the management's desire to implement evidence-based care.").

Ambivalent thoughts are an integral part of being human as well as being part of the change process. Change occurs when one side of the ambivalence finally outweighs the other. The other side, however, still exists. Addressing ambivalence will go a long way toward increasing staff interest in the implementation process.

Addressing discord without getting involved in it goes a long way when dealing with clinician hesitancy towards change. If the coach or supervisor engages in a power struggle, the clinician "loses" although in reality it is a "lose-lose" situation. Arguing for change has to come from management and from the clinicians. This is achieved through bi-directional communication efforts. The practice of a parallel process — training management, supervisors, and staff — is a clear way to teach, coach, and send the message through role-modeling, the importance of using Motivational Interviewing.

Training coaches (MI Champions) and your agency's leadership

Coaches and supervisors (whether hierarchical or clinical) are ideally placed to be the keepers of the Motivational Interviewing flame and should therefore be either already MI trained or included early in the training process in MI. Coaches' proficiency is the key to in-house Motivational Interviewing quality assurance over time as they encourage, support, and guide the clinicians in their process of learning and continuing to utilize MI. They should be chosen by virtue of their hierarchical position and their enthusiasm, interest, and skill in Motivational Interviewing and in clinical coaching. *Health Education & Training Institute* can provide additional training and coaching until their skills reach proficiency levels. We recommend our Certificate Program of Advanced Motivational Interviewing for helping coaches and supervisors achieve and maintain competency. Together, the management and coaching staff, through modeling MI spirit and principles, can smooth the way of implementing MI in your organization. This is the area in which the Motivational Interviewing model will succeed or fail for the agency.

Coaches and administrators interested in improving their own MI practice with their employees are expected to submit a recording of an intervention, either with a client or in a coaching context with another staff member, each month for coding and feedback. This ensures an on-going maintenance of Motivational Interviewing practice at all levels in your organization.

[5] Using "but" when pointing out ambivalence gives the impression that it is one thought or the other, with an emphasis on the thought following the "but". In the Motivational Interviewing philosophy, we favor using "and" as a way to show the dialectical play between opposing thoughts.

Overview of a Complete Training Plan

- One or two-day Management Workshop
    - Getting the Basics with an emphasis on how to implement a support structure to maintain Motivational Interviewing in your organization
- Half-day Introductory Workshop for staff
    - Optional — very helpful to get clinicians excited about and interested in learning to practice MI
- Two-day Basics Workshop for designated coaches/supervisors and for clinical staff
- One-day Coaching Workshop for designated coaches/supervisors
- Bi-weekly facilitator led small group Master Classes
    - Coaches/supervisors work on honing their MI skills in coaching
    - Clinical Staff receives feedback on their MI skills and practice
- One or Two-day Advancing the Practice Workshop for coaches and clinical staff
    - Six months after the Basics workshop
- Additional services: Helper's Response Questionnaires (HRQ), coding and feedback for coaches and interested administrators, DVDs and other coaching material, periodic consultations with *Health Education & Training Institute*, additional workshops such as the MI in Group Work, MITI Coding, etc..

Training Specifics

Workshop for Management: Getting the Basics of Motivational Interviewing

All management staff will be offered a two-day training in the basic principles and skills of Motivational Interviewing using both experiential and didactic learning methods. The goal of this workshop is to expose the organization's management to MI's complexity in order for them to understand:

- The current state of readiness for change-action and or ambivalence
- Building rapport and creating authentic, respectful engagement
- Using goal-oriented, empathetic communication
- Negotiating goal driven communication through the four processes
- Providing advice and information collaboratively (ask, offer, ask)
- Encouraging their staffs' ability to understand and demonstrate practice of MI
- Increasing their staffs' ability to increase intrinsic motivation
- The core underlying assumptions of therapy
- Effective Motivational Interviewing: its spirit, structure (engage, focus, evoke and plan), and skills (open questions, affirmations, reflections, and summaries)
- Understanding change goals; their natural time-line and process

Introduction to Motivational Interviewing (Optional)

All clinical (and possibly support) staff will be offered a one-half day introduction to Motivational Interviewing practice and the basic principles and skills of MI. This can be a large group (100 people) as the expectations of this workshop are to give people a taste of MI. The goals of this workshop are:

- Exposing the entire clinical staff to this newly adopted therapeutic approach so that everyone becomes at least familiar with the approach, its principles, and its spirit
- Determining which staff members are interested enough to participate in the training and coaching/supervision sessions

Motivational Interviewing: The Basics - coaches/supervisors and for clinical staff

This is a two-day training with, ideally, a limit of 24 people. Larger numbers mean less direct, individual feedback time and more question time (which is active for only a few people and takes away from practice time). This workshop presents the basic principles and skills using experiential and didactic facilitation methods with the following goals:

- The identification of the current state of readiness of change in the client
- Building rapport and creating authentic, respectful engagement
- Using goal-oriented, empathetic communication
- Negotiating goal setting
- Providing advice and information collaboratively

- Encouraging the clinicians' ability to understand and demonstrate the practice of Motivational Interviewing
- Increasing the clinicians' ability to increase intrinsic motivation
- Augmenting the clinician's understanding of the core underlying assumptions of therapy.
- Adding to the clinician's understanding of effective Motivational Interviewing: its spirit, structure and skills.

Coaching Workshop

Designated coaches are offered a one-day training in Motivational Interviewing coaching skills in the period between the end of the theoretical training (the two-day Basics workshop) and the beginning of the clinical development sessions. This is to provide them with the coaching skills they will be using in coaching sessions with the organization's staff, first alongside the hired facilitator to gain practice and experience, and then as one of the organization's in-house MI coaches after the hired facilitator leaves the organization.

Goals of this workshop are:

- To teach the basics of MITI Coding (sufficient for leading coaching sessions, but not necessarily sufficient for proficiency evaluation coding)
- To teach coaches how to provide accurate feedback in a supportive way, using the clinician's strengths and in a Motivational Interviewing adherent manner
- To teach the coaches how to guide clinicians in the work of evaluating their own practice
- How to create a safe place to discuss Motivational Interviewing practice issues

Master Classes

These clinical development sessions help to crystallize the learning gained during the workshops and put the acquired skills into practice with real-time feedback. These bi-weekly sessions are done in small (between 5-8 people) groups that share and discuss recorded sessions, either those with clients (with informed consent) or real-plays with non-clients, with the group and the coach. The recordings may be coded using the MITI coding tool for Motivational Interviewing adherence, and possible alternative responses are generated within the group. It is recommended that each clinician be encouraged to record three to six sessions and have them coded for the proficiency level of their work during this phase of training. Facilitation of these initial coaching sessions is offered by *Health Education & Training Institute*. During the six months between the end of the Basics workshop and the Advanced workshop, clinicians should be encouraged to submit one recording per month to a coach for specific feedback on their Motivational Interviewing practice and to give the coach experience in giving supportive and productive feedback in an MI-adherent manner.

This is also the place where the designated coaches begin, and then continue, their coaching training, since they will take over the coaching duties from the hired facilitators at the end of the six month period. These meetings can also be used to present other MI-informed material such as videos or targeted exercises to address skills with which clinicians are having difficulty. Even within the time constraints usually encountered in our field, we find that coaches and clinicians receive great value in these hour to hour-and-a-half guided discussion and recording reviews every other week. This post-workshop exposure enhances the retention of information received during the workshop and reduces worker reluctance towards the material and subsequent supervisions. Some of these sessions can be done via teleconferencing, although in order to build a safe and warm environment in which clinicians will be comfortable to share their practice a few of the initial sessions will be held with the facilitator at your agency.

Advancing the Practice of Motivational Interviewing

Coaches and clinicians are also offered a one-day advanced practice Motivational Interviewing Workshop, six months after the Basics workshop. This workshop includes experiential exercises, video clips, trainer demonstrations, and real and role-play in order to optimize practice and feedback. The content of this workshop comes from the knowledge that there are particular skills that are more difficult to master, and that the mastery of these skills is necessary to increase practitioners' proficiency. This workshop includes the following:

- A deepening of the participants' understanding and practice of Motivational Interviewing spirit, basic strategies, and skills (open-ended questions, affirmations, empathic reflections - both simple and complex, and effective summaries)
- Identifying, eliciting, and strengthening change talk (desire, ability, reason, need, commitment, and taking steps)
- An increase in the participants' ability to recognize and respond to discordance such that it is reduced
- Identifying and responding to sustain talk
- A discussion of the ethical concerns of using Motivational Interviewing (When do you use Motivational Interviewing? When don't you?)
- A presentation of ways to increase importance and confidence (the dimensions of motivation)
- Responding to any specific questions about Motivational Interviewing practice from coaches or staff
- Specific skills to be taught in this workshop:
    - Emphasizing choice and supporting autonomy
    - Empathy
    - Asking permission to make a transition or give advice or information
    - Giving feedback discreetly
    - Reflecting discordance and sustain talk
    - Being alert to the client's readiness to change

- Strengthening inner commitment to change and raising awareness of, and responsiveness to, self-motivating statements and behaviors

Additional Trainings:

The Power of Groups using Motivational Interviewing

Motivational Interviewing can best be described as a style of communication and practice that is empathetic, person-centered, respectful of the person's readiness, and that builds on the person's strengths. It is a compassionate philosophical stance where the clinician truly believes that the person they serve has their own resources and answers. Using Motivational Interviewing elicits the solutions from the person; the clinician and client enter into a clinical dance in which they can help each other. Even advice, which is the most commonly used care and "counseling" tool in most forms of case management, is offered only with permission and without the assumption that the clinician really knows what is best for the person they are serving. Empathic reflection is favored as the clinician's main active skill, open-ended questions can also be used to open discussions and group interactions, affirmations are always welcomed, and summaries can help the clinician regain the focus of the group process and facilitate the conversation in the desired direction. These features translate well into the therapeutic group setting.

This two-day workshop is designed for workers who are already trained in Motivational Interviewing and wish to use it in a group setting. The goals of this workshop are:

- Learning to balance the individual needs, inter-individual needs, and group needs
- Using opening and closing rituals to build a group identity
- Setting guidelines
- Using dynamic activities
- Learning how to deal with individuals who pose a challenge in the group (aggressive, non-participatory, retiring, destructive to the group, in crisis, etc.)
- Building cohesion
- Working with a co-facilitator
- (All while using the Motivational Interviewing spirit, principles, and skills.)

MITI Coding for Coaches (Optional)

This two-day workshop uses coded interventions (recordings and verbatim) to teach coaches how to use the MITI 4.2.1 (Motivational Interviewing Treatment Integrity Coding Manual) in order to objectively guide clinicians toward improvement in their practice and to evaluate proficiency according to levels established with this tool. The goals of this workshop are:

- Learning the nuances of MITI coding
- Learning the proficiency levels of both the Motivational Interviewing behavior and the global scores

- Learn to reliably evaluate recordings to determine levels of proficiency and areas that need work to achieve proficiency.

Quality Assurance for Staff

Clinical development sessions with designated in-house coaches

Submitting a recording or direct observation of a session to be reviewed by a coach can be stressful and cause anxiety for the clinician/worker. Staff should be assured that this process is safe and respectful and is a way to create learning opportunities for both the coach and the clinician.

Practice and review of recordings in supervision or with coaching is a delicate dance, where the in-house coach models Motivational Interviewing by asking the clinician to come up with his or her own ideas on how to improve their Motivational Interviewing practice. The objective is to enhance the clinician's skills not to create staff resistance. Hence the need to use the same principles that apply to Motivational Interviewing in client care: asking open-ended questions, affirming clinicians' strengths, reflecting, and making summaries of ambivalence about learning and using Motivational Interviewing. This is vital to the integration of Motivational Interviewing in the organization.

Coaches communicate much of their Motivational Interviewing know-how through modeling, in the same way that clinicians model target behaviors in their work. Therefore, we suggest that coaches develop a style consistent with Motivational Interviewing principles that is clinician-centered, motivational, staff-efficacy enhancing, goal-oriented, non-confrontational (while still holding the clinician accountable for their actions), and that elicits change from the clinician without being prescriptive or taking on the "expert" or the "professional" role. We propose that coaches can be expected and instructed to utilize Motivational Interviewing as their primary style of communication and use the modeling of this approach to help the clinician reach and maintain Motivational Interviewing proficiency. The purpose of Motivational Interviewing coaching sessions is to enhance MI practice and efforts should be made to maintain the focus on this approach alone during these sessions and not on the clinician's therapeutic choices (process vs. content).

Practicing with clients or role playing fictional cases that represent the work of your organization can facilitate these learning goals.

Guidelines for clinical development sessions

It is always better to elicit the clinician's opinion before the coach gives their own. Some of the questions the supervisor or coach might ask are:

- How have things been going in using MI? What is going well? What is going less well?
- What would you like to work on during this coaching/supervision session?
- What kind of feedback would be most helpful for you at this stage? (this is particularly important in the early stages of coaching).

Other possible supervision focus points are:

- Transforming questions into reflections

- Using the Ask - Offer - Ask model
- Using complex reflections rather than simple reflections
- Using the Importance, Confidence, and Energy rulers
- Recognizing change talk
- Eliciting and strengthening change talk
- Exploring clients' values
- Problem solving difficulties encountered using MI
- Assessing the value of Motivational Interviewing in our work
- Developing the clinicians' awareness of the client with questions like:
    - Where is the client in terms of readiness to change?
    - What will motivate this client to make changes in his or her life?

Health Education & Training Institute will ask coaches, supervisors, and management about how effective the Motivational Interviewing training is for their clinicians and for feedback and ideas for further training.

When a clinician is having difficulty applying Motivational Interviewing in a particular case, it is helpful to discuss the case and immediately role-play it. In the initial phases of building the relationship between the coach and the clinicians, it is best for the supervisor to play the "clinician" during role-play and have the clinician play the 'difficult' client. Again, modeling will be a key to teaching and coaching Motivational Interviewing practice. As the coaching relationship becomes more comfortable, the client can be played by either the coach or the clinician.

Thus, during the role-play with the clinician as themself, the coach can see how they are using the following skills:

- The micro-skills – use of open-ended questions, affirmations, simple & complex reflections, and summaries.
- Eliciting and strengthening change talk
- Responding to change-talk to create commitment language
- Using strategies to respond to discordance and sustain talk (especially simple and complex reflections)
- Using the Importance and Confidence Rulers
- Amplifying ambivalence
- Giving advice and information while staying within the spirit of MI

During role-play or when they are listening to a recording the coach or the clinician can "stop the scene" and make comments, discuss intervention options, fast forward, or rewind. The coach will be modeling and showing that there is never just one right intervention to respond to a client's statement, but a menu of options that gradually will be mastered by the clinician. This is another place where modeling the behavior is superior to just discussing the case. Merely discussing cases has not been shown to yield good results in improving clinical practice.

Recommendations:

- Motivational Interviewing integration must be top-down in that all members of the management team adopt and model the spirit of MI, particularly regarding supervision of staff members and their clinical practice.
- Management must strongly encourage and fully support on-going clinical development for staff by training in-house coaches, setting up a regular schedule of Motivational Interviewing clinical development sessions, and by liberating clinicians' time and adjusting their workload so that they can take advantage of practice-improvement opportunities.
- Hiring and promotion policies should have a Motivational Interviewing proficiency focus. Expectations that clinicians be and stay proficient in Motivational Interviewing through on-going review of recordings of clinical interventions and attendance at coaching sessions should be clearly stated and rewarded.
- Coaching staff should be regularly evaluated by external MITI coding of recordings to ensure proficiency. If standards drop, "booster" training sessions should be offered to return to proficiency levels. Some of these coaches should be trained in the MITI to promote in-house evaluation services.
- A stepped integrated training and clinical development plan adapted to the various concerned parties (management, coaches, and clinicians) should be followed to provide adequate learning opportunities to achieve and maintain Motivational Interviewing proficiency. Staff members should be encouraged to bring recordings of clinical interventions to coaching sessions regularly — a goal of one recording per month is optimal. Administrators and coaches are also expected to provide one recording per month for coding by MITI trained practitioners.

Questions to ask yourself about your organization if you are considering an implementation plan for Motivational Interviewing (MI)

- What does your organization and what do the staff want to be different as a result of this training experience? What are you and they willing to do to create the chance of that happening?
- What other initiatives are also in motion? Are the staff under change-fatigue? What is the sense of how all these various things will work together?
- What are they committed to continue doing that will ensure that nothing will be different?
- What assumptions do they hold about clients and the staff's role in the partnership?
- What does your organization expect the staff to do after the training?
- How can your organization choose employees that will be most likely to to put MI into use with its clientele? What are the tools available to measure empathy and/or knowledge of MI before hiring a new candidate? What does the center need to do to make its expectations of MI knowledge and practice clear (ex. inform the candidate that recorded interventions are a regular and necessary part of developing and maintaining proficient MI practice)?
- Which staff members are most likely to become successful MI "champions"? What are the characteristics that are predictive in choosing them? How many "champions" are needed to fully support the implementation of MI?
- What can your organization do, even before training the employees begins, to encourage interest and enthusiasm in learning and using MI in their practice?
- How and where can your organization create opportunities to support the use of MI (ex. integrating MI into team meetings with time set aside for MI discussion and/or practice, establish learning circles with trained MI "champions" who can help peers advance their MI practice, require regular feedback through MITI coding or other validated feedback processes, schedule regular trainings to refresh skills, provide pertinent research articles about MI, support on-site research projects using MI, etc.)?
- How will your organization address any unwillingness on the part of workers to implement MI in their practice?
- What reorganization must be done to the workload so that the workers can have the time to invest in improving their practice (ex. listening to their recordings prior to clinical development meetings, reading pertinent articles and books about MI, watching videos of MI practice, etc.)?
- In what way can your organization make space to integrate MI in the supervision of staff (ex., by teaching supervisors how to use MI in staff supervision)? In what way will it use MI "champions" to support the staff in their practice?
- In what way will MI be integrated in employee review and promotion evaluations? How will these expectations be stated clearly and what support can your organization offer those whose competency falls short of the required level to practice good MI?

Biographical

Stephen R. Andrew LCSW, LADC, CCS is a storyteller, trainer, social worker, group worker, community organizer, author, and the CEO (Chief Energizing Officer) of *Health Education & Training Institute*. He maintains a compassion-focused private practice in Portland, Maine USA where he also facilitates a variety of interpersonal support groups for men, co-ed, women, and caregivers. Stephen has had significant experience working with people suffering with addiction and mental illness and has trained staff within the Department of Mental Health in Massachusetts.

He is the co-founder of Agape Inc. which supports the Men's Resource Center of Southern Maine whose mission is to support boys, men, and fathers and to oppose violence and Dignity for People Using Opiates, a radical movement to change the conditions that promote the opiate epidemic in our communities.

Stephen has been a member of the International Motivational Interviewing Network of Trainers (MINT) since 2003. He has been a trainer of MIA-STEP (Motivational Interviewing Assessment; Supervisor Training Program) for the New England ATTC since 2007. He was awarded Certified Trainer by the MINT Board of Directors in 2019. Stephen has been Motivational Interviewing Treatment Integrity trained and has over 100 hours of training in Motivational Interviewing. Stephen provides coaching and training domestically and internationally (Singapore, Iceland, China, Canada, Holland, Sweden, Poland, Turkey & UK) for social service agencies, health care providers, substance abuse counselors, recovery coaches, criminal justice, vocational rehabilitation, and other groups on motivational interviewing, addiction, co-occurring disorders, counseling theory, "challenging" adolescents, supervision and ethics for care professionals, men's work, and the power of group work, as well as supervising a coding and coaching laboratory and a simulation lab training in Motivational Interviewing. Stephen is a co-author of the book *Game Plan: A Man's Guide for Achieving Emotional Fitness*.