

Welcome!

Housekeeping



Participation
from learners



Video

Virtual Etiquette

Video and Audio:

- Unless distracting, please turn video ON. This helps promote networking and interaction.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- When possible, try to use good camera quality and sound.
- Adjust your camera if it is too high or low.

Meeting:

- Try not to multitask too much or make sure you're muted.

Environment:

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

Michigan Center for Clinical Systems Improvement (Mi-CCSI)

Who We Are

Regional Non-profit Quality Improvement Consortium

What We Do

Mi-CCSI works with stakeholders to:

- Facilitate training and implementation....
- Promote best practice sharing,
- Strengthen measurement and analysis

Mission

Mi-CCSI Partners to Better Care We do so through...

- Evidence-based Trainings
- Sustainable Training Impact
- Collaborative and Customized Approaches
- Engaging Heart and Mind
- Enhanced Body Mind Spirit Patient Focus

Vision

Mi-CCSI leads healthcare transformation through collaboration

Agenda

Topic		Time & Credit		
8 am	Introduction	15 minutes	0.0 Credit	
8:15 – 9:45	Connection between PE, MI, and the MI Spirit Change Talk, Sustain Talk Decoded	90 minutes	1.5 Credit N and SW	
9:45 – 9:55	Break	10 minutes		
9:55-10:55	OARS + 1	60 minutes	1.0 Credit N and SW	
10:55 – 11:00	Break	5 minutes		
11:00 – 11:30	Planning and Self-management Action Planning	30 minutes	.5 Credit N and SW	
11:30 – 12	Lunch	30 minutes		
12- 2:15	Rotating Breakouts			
12- 12:45	Putting MI into practice within the 4 tasks	45 minutes	.75 nursing	.5 SW
12:45 – 1:30	Potential Barriers and Cultural Adaptions(provider and patient)	45 minutes	.75 nursing	.5 SW
1:30 – 2:15	Simulation	45 minutes	.75 nursing	.5 SW
2:15 – 2:45	Problem-solving MI Barriers Activity	30 minutes	.5 nursing	.5 N and SW
2:45 – 3:15	Wrap Up	30 minutes	Evaluation Q&A	.5 N and SW

Competencies We Will Cover Today

B	D	E	F	G
Skill Priority Indicators H=high priority M=moderate or significant L=low or minor		Competency Rating Scoring Indicators		
		Rating Scale: 1= Not at all, 2=Infrequent, 3= Adequate, 4= Good, 5= Very Good		
Priority Rating	Category	SP Competency Rating	SP Written or Verbal Feedback	Attendee Competency Rating of Self
	Engage through Acknowledgment:			
H	Acknowledged while greeting when entering the exam room (smile, eye contact, hello, etc.)			
H	Acknowledged using patient/family name as appropriate – (engaging with the patient)			
	Introduction:			
H	Introduces self and purpose of the call.			
H	Describes Role			
M	Identifies agency and physician they are working with and relationship to provider			
M	Highlighting the value of self and the team/clinical provider/organization/ personal experience/training/skill set, etc.			
M	Inquire on the patient's understanding on the referral reason to care coordinator			
H	Review agenda or reason for visit with patient and obtain agreement			
H	Ask permission for today's discussion			
	Duration:			
H	Gave time expectation for today's discussion			

B	D	E	F	G	H
H	Ask permission for today's discussion				
	Duration:				
H	Gave time expectation for today's discussion				
	Assessing:				
H	The patient's desire and choice to participate in self-management				
M	Attendee inquires why patient would like to make changes to his/her health				
H	See patient's permission before offering information or advice.				
M	Provides information or advice that is sensitive to client concerns and understanding.				
H	Setting a goal based on the patient's ideas (<i>asking versus telling</i>) SMART Goal				
M	Uses a range of open-ended questions (cannot be answered with yes, no, maybe)				
H	Affirmations: Uses words that recognize the patient's strengths & abilities (determined, persevere, persistent)				
H	The patient's confidence and/or readiness were evaluated				
	Acceptance: Engagement that demonstrates respect and unconditional positive regard:				
M	Friendly tone of voice				
M	- Pace of Speech				
M	- Use of Plain Language				
L	- Appropriate use of inflection on keywords (<i>teamwork, timely service, respectful, manage pain, understand side effects, etc.</i>)				
H	- Active listening (<i>nodding, no interrupting, confirmed what they heard customer say, etc.</i>)				



Event: Self-Management Support: Patient Engagement.

A virtual live activity including didactic, role play, and simulation practice.

Criteria for Successful Completion: Attending the session in full and completing an evaluation are requirements for this educational activity.

Participants are required to attend and complete all didactic, participate in activities, to include a simulation, and complete an evaluation to receive credit.

“This nursing continuing professional development activity was approved by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

No one with the ability to control content of this educational activity has a relevant financial relationship with an ineligible company.

The background of the slide is a dense, overlapping collage of colorful sticky notes. The colors include shades of blue, green, yellow, pink, and purple. Each sticky note features a large, bold, black question mark. The notes are scattered across the entire frame, creating a textured and busy visual effect.

MI Quiz

Objectives

- **Describe** the patient-centered approach of Motivational Interviewing (MI) that promotes Patient Engagement (PE)
- **Explain** how MI is a “way of being” with patients as they consider behavior change & growth
- **Demonstrate** basic MI skills
- **Discuss** how to use patient language cues to inform use of MI skills
- **Explain** how the 4 tasks of MI are necessary to promote behavior change & growth
- **Identify** barriers that challenge use of MI skills in clinical practice
- **Identify** how to make cultural adaptations to MI



Using the poll, please tell us about yourself:

- Name
- What do you do in your role?
- Experience with MI?



Self Assessment

0

LEAST

5

10

MOST

MI CONFIDENCE



Learning Outcomes

Participants will be able to explain at least one patient engagement approach in talking with patients about their health.

Explain how MI is a “way of being” with patients as they consider behavior change & growth

What is Patient Engagement?

A growing body of evidence shows that people with higher patient activation (i.e., the knowledge, skills, and confidence to become actively engaged in their health care) have better health outcomes



Motivational Interviewing Definition

Prior Definition: Motivational interviewing is a **collaborative, person-centered, guiding** method designed to **elicit and strengthen motivation** for change.

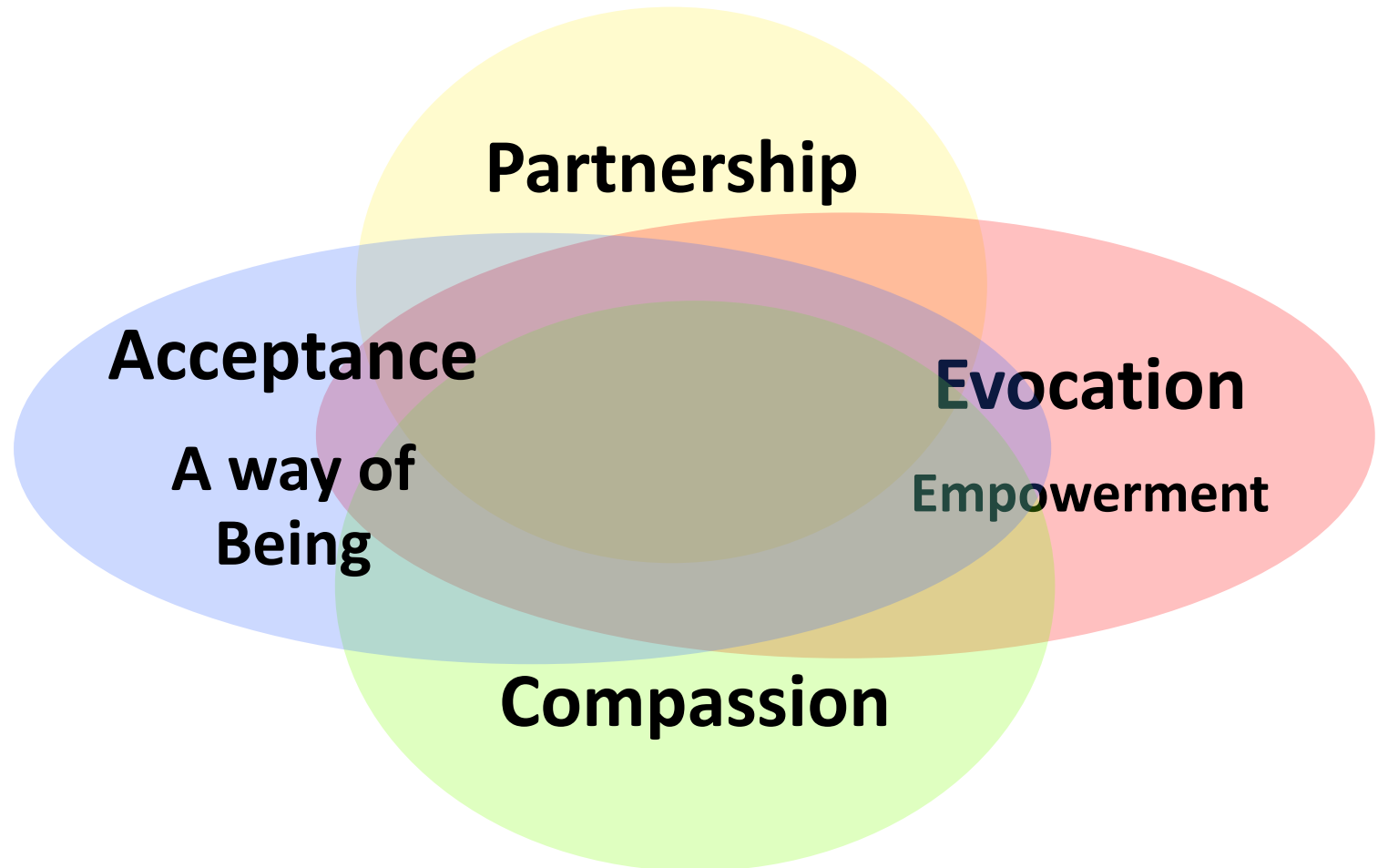
New Definition: Motivational Interviewing is a **particular way of talking** with people **about change and growth** to **strengthen their own motivation** and commitment.



Spirit of MI

Today's session will be spent reviewing how the **components of motivational interviewing all work together** to help foster effective patient engagement

If you begin with an intention to correct someone, you have lost the path.
4th Edition: MI
Helping People Change and Grow.

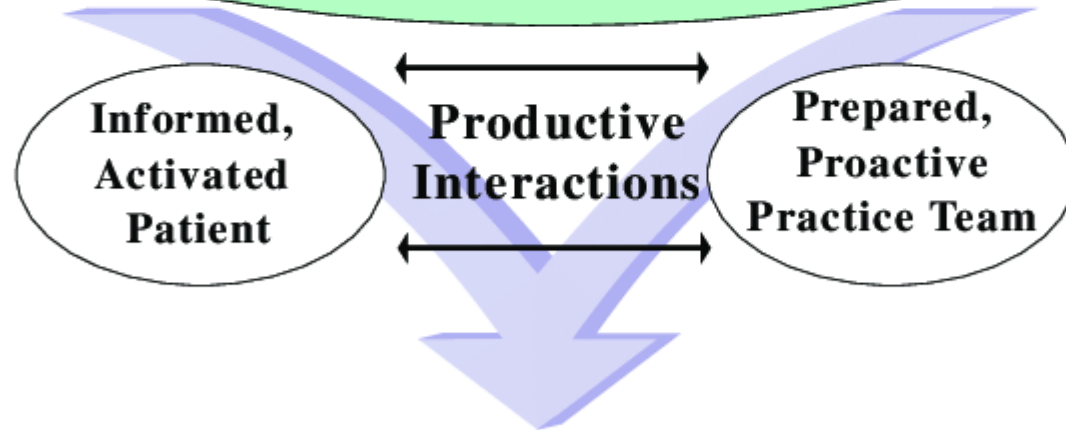
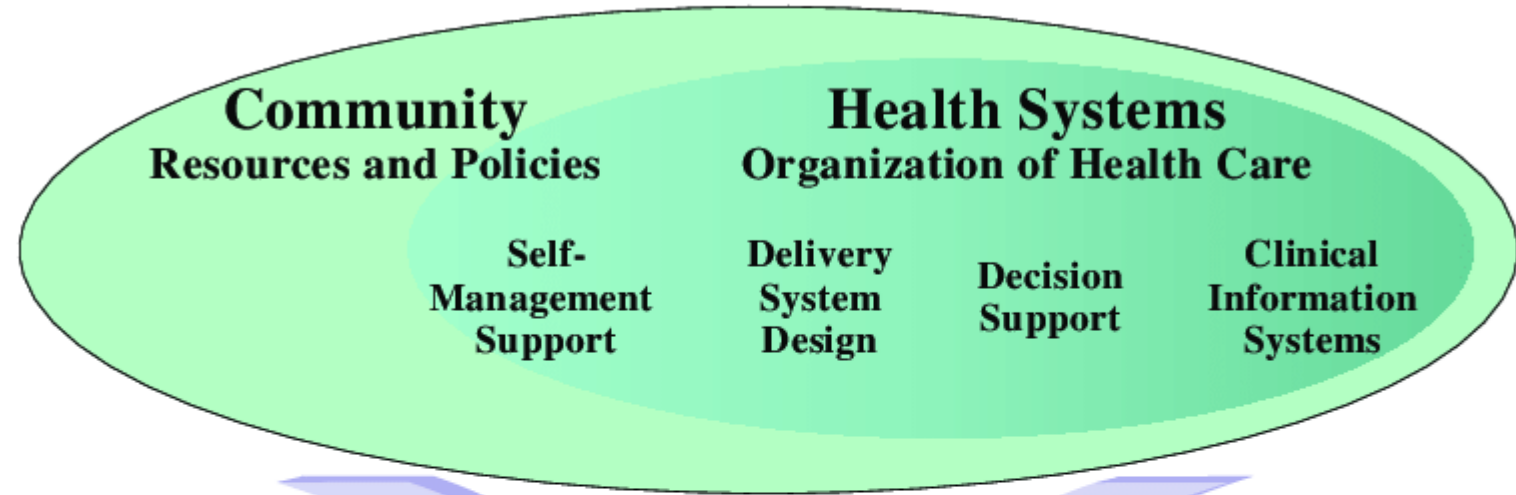


Dr. Miller and the tour guide analogy



The Chronic Care Model

Why MI?



Improved Outcomes

Self-management and Patient Centered Medical Home Interpretive Guidelines

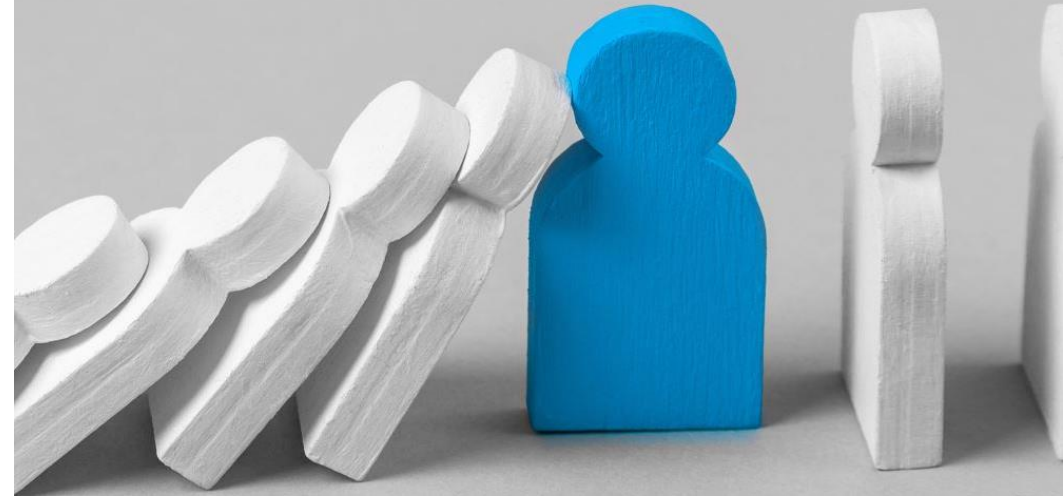
Goal: Systematic approach to empowering patients to understand their central role in effectively managing their illness, making informed decisions about care, and engaging in healthy behaviors.

- *Basic self-management support delivered in the context of office visits must be available to all patients.*
- *Advanced self-management support, delivered by trained care managers in the context of provider-delivered care management services, is expected to be available only to those members who have the provider-delivered care management benefit.*
- *Action Plans are one component of self-management and on its own does not meet the intent of self-management support capabilities.*
- ***Clinician, who is member of care team or PO staff person, is educated about and familiar with self-management support concepts and techniques and works with appropriate staff members at the practice unit at regular intervals to ensure they are educated in and able to actively use self-management support concepts and techniques***
- Self-management support uses a team-based, systematic, model-driven (including behavioral and clinical dimensions) approach to actively motivating and engaging the patient in effective self-care for identified chronic conditions; must extend beyond usual care such as encouragement to follow instructions.

Self-Management Training Components

Appropriate team members should have awareness of self-management concepts and techniques, including:

- i. Motivational interviewing.
- ii. Health literacy/identification of health literacy barriers.
- iii. Use of teach-back techniques.
- iv. Identification of medical obstacles to self-management.
- v. Establishing problem-solving strategies to overcome barriers of immediate concern to patients.
- vi. Systematic follow-up with patients.



Looking Through a New Lens

Standard Approach	MI Approach
Focused on fixing problems	Focused on patient concerns and perspectives
Paternalistic relationship	Egalitarian partnership
Confront, warn, persuade	Emphasizes personal choice
Ambivalence means the patient is in denial	Ambivalence is normal and is a sign that change may occur
Goals are prescribed	Goals are collectively developed

Some practical advice

MI is a *way of partnering with the patient. It's not for all situations.*

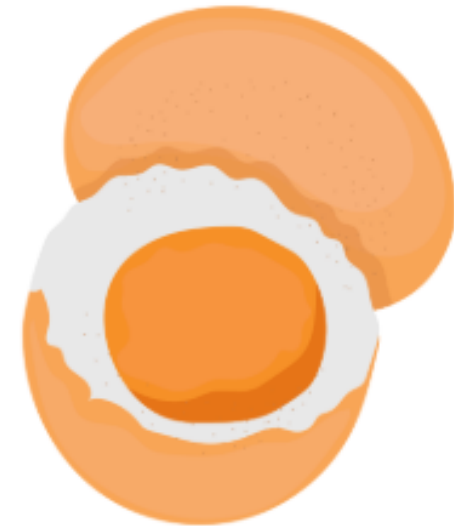
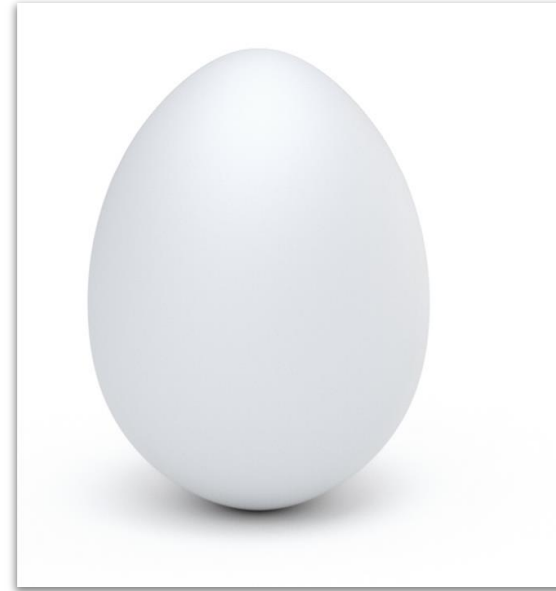


- **Directing...**
- **Following...**
- **Guiding...**

Directing Style	Guiding Style	Following Style
Administer	Accompany	Allow
Manage	Assist	Be with
Take charge	Collaborate	Listen
Tell	Encourage	Understand
Conduct	Kindle	Value
Decide	Offer	Observe
Lead	Support	Go along with



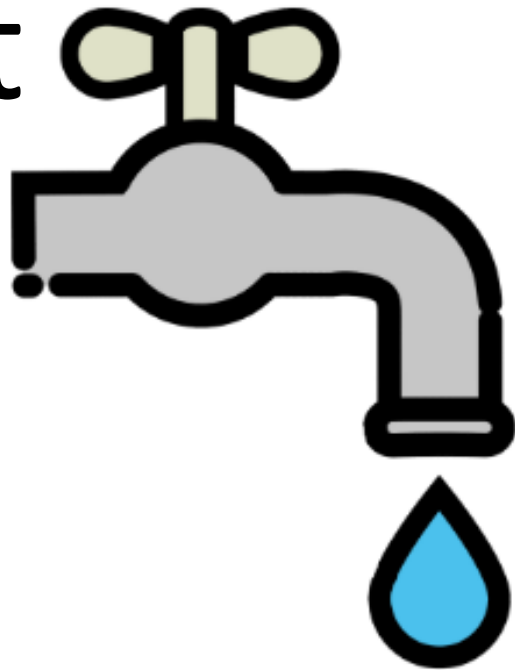
What is needed
for an egg to
transform into a
baby chick?



MI facilitates change by helping a person identify, consolidate, strengthen and act upon **their intrinsic motivation**

Approach

Deficit



Competence



Try This

Think of a patient who is described as “**Non-compliant**” by the care team.

Group Discussion:

What characteristics come to mind?



Your Turn

Close your eyes...



MI Spirit Definitions

(From 4th edit MI Book, "Helping people Change and Grow")

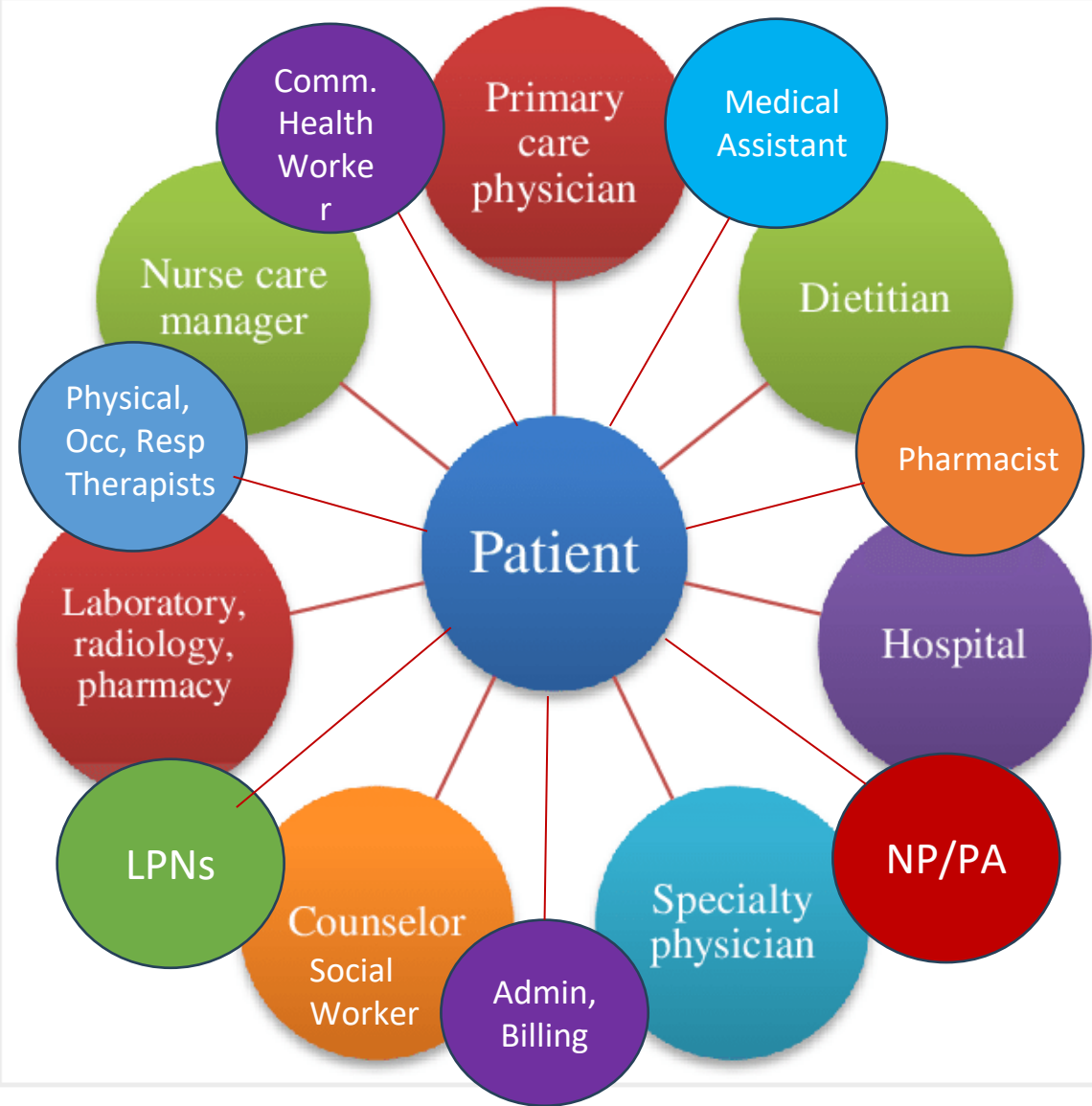
Partnership: functioning as a partner or companion, collaborating with the person's own expertise

Acceptance: nonjudgmental understanding of people as they are, including accurate empathy

Compassion: benevolent intention toward the person's well-being; sees the suffering of others and has a desire to help

Empowerment (changed from Evocation): helping people realize and utilize their own strengths and abilities

**MI Spirit
promotes
patient
centered
care**



Attitudes and Engagement

Not So Helpful Statements

Care Manager:

- “I’ll scare you into change.”
- “I’ll get to the bottom of this.”
- “You are guilty.”
- “I have your solution – I will help.”
- “I am overwhelmed.”

Helpful Attitudes

- Curiosity
- Partnership
- Radical acceptance
- Empowering
- Empathy-driven

What is Empathy?



Empathic Listening

- Listen actively and empathically with the only intent of gaining a deeper understanding of the person's experience.
- Note: Clinicians *role* is to listen and understand, not offer their perspective



How could we show our patients that we are listening empathically?

EAR

聽

EYES

UNDIVIDED
ATTENTION

Mind

HEART



Remember:
**Professionals are experts
in diseases.**
**Patients are experts in
themselves.**

Taking Pause Here

**Having heard all of this:
How does the MI Spirit impact the way you
approach patients?**





Change Talk, Sustain Talk Decoded



Objective



Discuss how to identify language cues to help in the application of MI Skills



GOAL of MI

Find and
Strengthen
Change
Talk

What is Change Talk?



Any patient speech that favors movement toward a particular change goal, including ambivalence



What is Ambivalence?

“the simultaneous presence of competing motivations for and against change.”

– Miller & Rollnick, 2023

DARN-CATS

Tuning in to Change Talk



DARN

Considering change, ambivalent

D- Desire

“I want to lose some weight...”

“I wish I exercised more...”

A – Ability

“ I may be able to lose weight...”

R – Reasons

“I might sleep better if I ate well.”

“Eating less fast food would help me control my diabetes.”

“I would probably have more energy if I took a walk more often.”

Preparatory

N – Need

“I need to...”

“I have to...”

“I must...”

“I’ve got to...”

“I can’t keep on like this.”

“Something has to change.”

CATS

Dedicated to change in the future

Mobilizing

C – Commitment

“I will...”

“I guarantee...”

“I swear...”

“I promise...”

“I give you my word.”



This Photo by Unknown Author is licensed under [CC BY](#)

CATS

Almost there language...

A- Activation

“I’m willing to...”

“I am ready to...”

“I am prepared to...”



CATS

Already making healthful changes, goal to maintain/improve upon them



TS – Taking Steps

“I bought some athletic shoes so I can exercise.”

“This week, I didn’t snack in the evening.”

“I went to a support group meeting yesterday.”

“I planned 3 lunches for the week ahead.”

What is Sustain Talk?

Any patient speech that favors status quo (i.e. no behavior change) rather than movement toward a change goal.



Activity – 4 Quadrants

Ambivalence is normal.

Intent: This exercise is to help you understand the normalcy of ambivalence.

NO CHANGE	
Pros	Cons
CHANGE	
Cons	Pros

Supporting Autonomy

There will likely be push back when we (as healthcare professionals) expect or push for change when the patient is not ready.



“Only *you* can decide if now is the time for change.”

Jane Doe, RN

How we respond to patient statements can drastically impact the outcome of the interactions we have with our patient, including our ability to help the patient move forward toward behavior change.

Discord: Interpersonal behavior that reflects dissonance in the working relationship; sustain talk does not in itself constitute discord; examples include arguing, interrupting, discounting, or ignoring.



Mis-interpreted as resistance: Sustain talk (arguing against change, (which is one side of normal ambivalence) and discord (reflecting discomfort with the working alliance).

Both behaviors, if unaddressed, predict poor treatment outcome.

Emphasis on the interpersonal nature of these behaviors. Both can be increased or decreased by what the interviewer is doing.





Signs of Discord:

The client may interrupt you.

The client seems distracted (looking at watch, cell phone, etc.).

The client may get defensive.

The client may sigh loudly/deeply.

Diffusing Discord

- Reflect the discordant statement:
Care Manager: “You don’t like this idea.”
- Reflect the tone you are hearing:
Care Manager: “You’re not happy about...”
- Reflect and normalize ambivalence:
Care Manager:
“You like the way you eat right now, and you know eating differently would be helpful to you. Mixed feelings about change is normal.”
- Acknowledge the discord:
Care Manager:
“We seem to be arguing...”
“I’ve gotten us off track here...”

“You’re the one in charge.”

“It’s your
choice”
“Where
would you
like to go
from
here?”

Observe, identify and visualize this in your work!



Elevate Change Talk

Soften Sustain Talk

Diffuse Discord



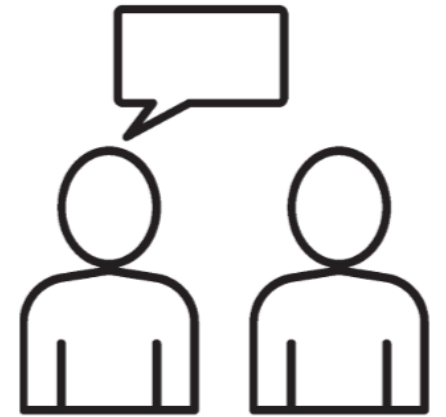
Break

10 minutes



Objective

- Demonstrate basic MI skills
- Demonstrate basic MI skills Open-ended Questions and Affirmations
- Demonstrate Basic MI Skills of Reflections, Summaries and Information offering.



O.A.R.S + I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

Information Offering



“We guide, they decide”

Open Questions (O.A.R.S. +I)

- Help providers get to know their patients individually
 - ✓ Values/preferences
 - ✓ Motivation to change
 - ✓ Supports that help change
 - ✓ Barriers/obstacles
- Many patients have never been asked how they *feel* about their health or what *they* would like to change

Answer will **NOT** be YES or NO

Closed vs Open Questions Exercise

- What have you found helps you to manage your stress?
- Do your knees hurt while walking?
- Have you ever tried quitting smoking?
- Tell me what you do to manage your health.
- Do you check your blood sugar daily?
- Can you tell me more about that?
- What do you eat in a typical day?
- Are you exercising?
- Describe your sleeping habits.
- Have you taken any medicine?



Open vs Closed Questions

When to use closed:

- Fact finding
- Providing information with permission for knowledge gaps



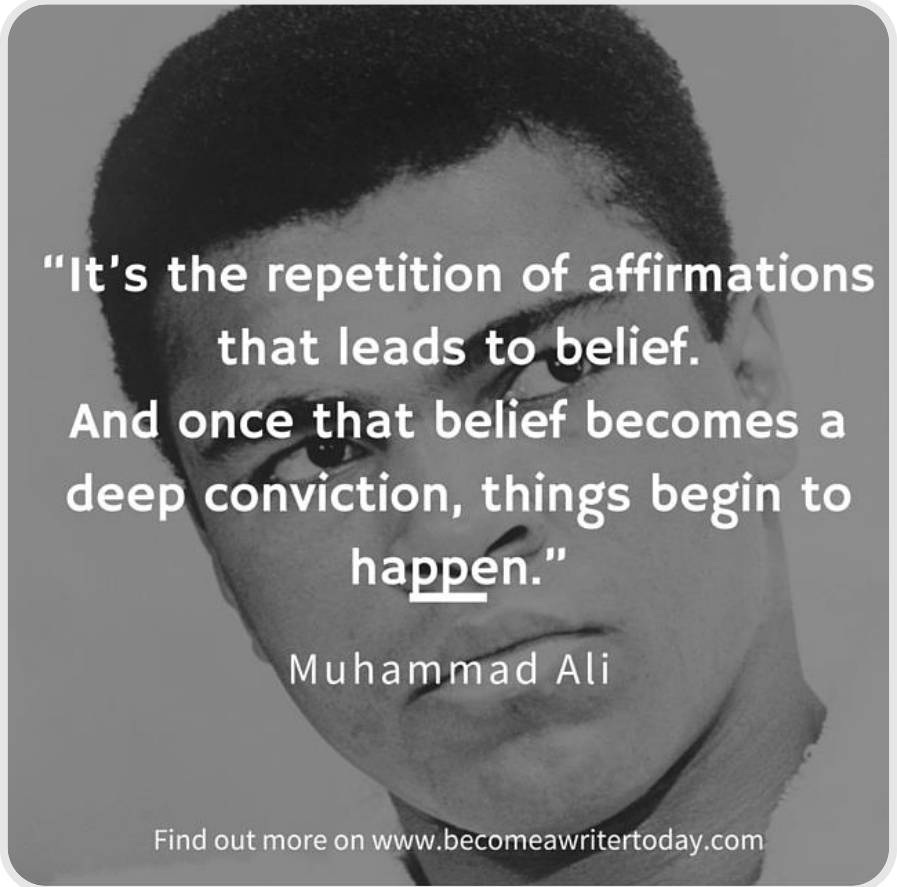
When to use open:

- Engaging, exploring, focusing, evoking, planning
- Inviting patient thoughts, feelings, experiences, opinions, values, and motivations
- Brief Action Planning

Affirmations (O.A.R.S. +I)

Things to genuinely affirm:

- Strengths and attributes
- Past successes, future hopes and desires
- Honesty about struggles with change
- Current or past efforts to improve things
- The humanity and character of patient



“It’s the repetition of affirmations
that leads to belief.
And once that belief becomes a
deep conviction, things begin to
happen.”

Muhammad Ali

Find out more on www.becomeawritertoday.com

Focus on “YOU” instead of “I” statements

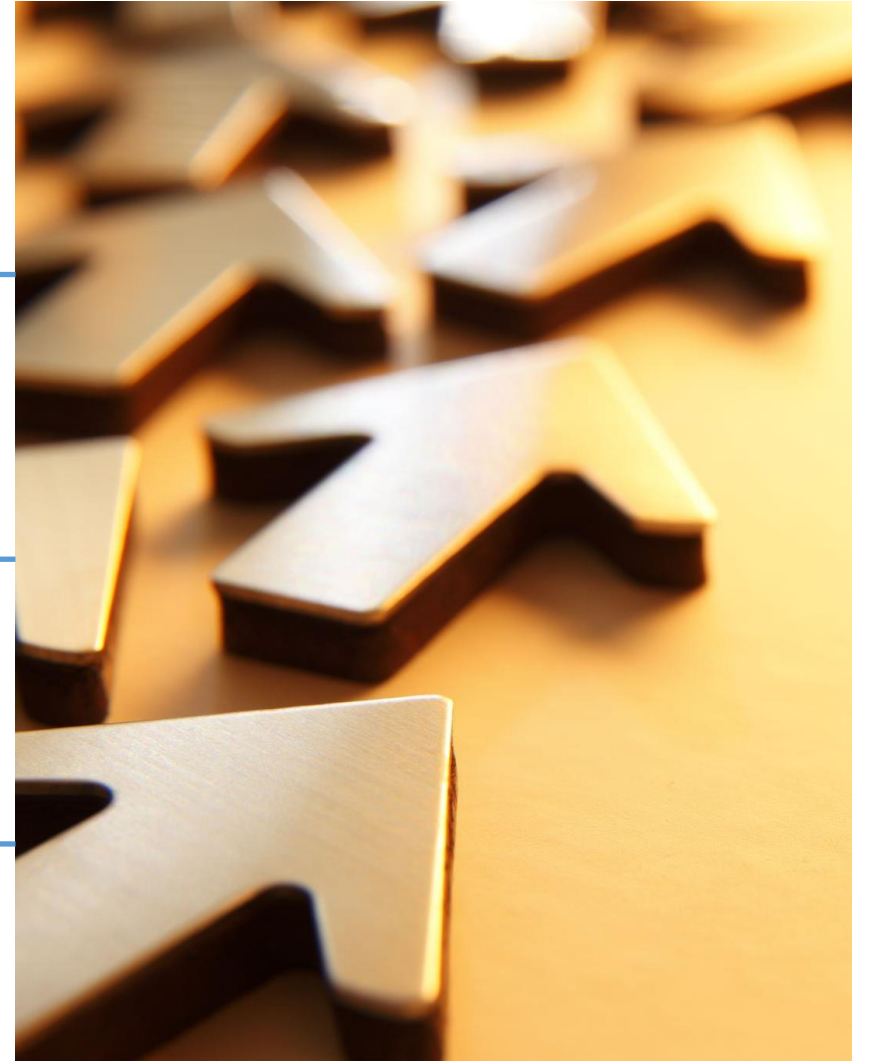
Affirmations

We use affirmations to recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how large or small.

Affirmations build confidence in one's ability to change.

Focuses on an enduring positive attribute. Put simply it is recognizing a specific positive action, statement, effort, or intention.

Example: You decided to come to today's appointment even though you are feeling tired.



Characteristics of successful "changers"

(excerpt from Molly Kellogg, RD, LCSW website)

- Adaptable
- Brave
- Committed
- Dedicated
- Determined
- Focused
- Goal oriented
- Knowledgeable
- Honest
- Open
- Organized
- Persistent
- Realistic
- Resilient
- Strong
- Thoughtful
- Thorough
- Unstoppable

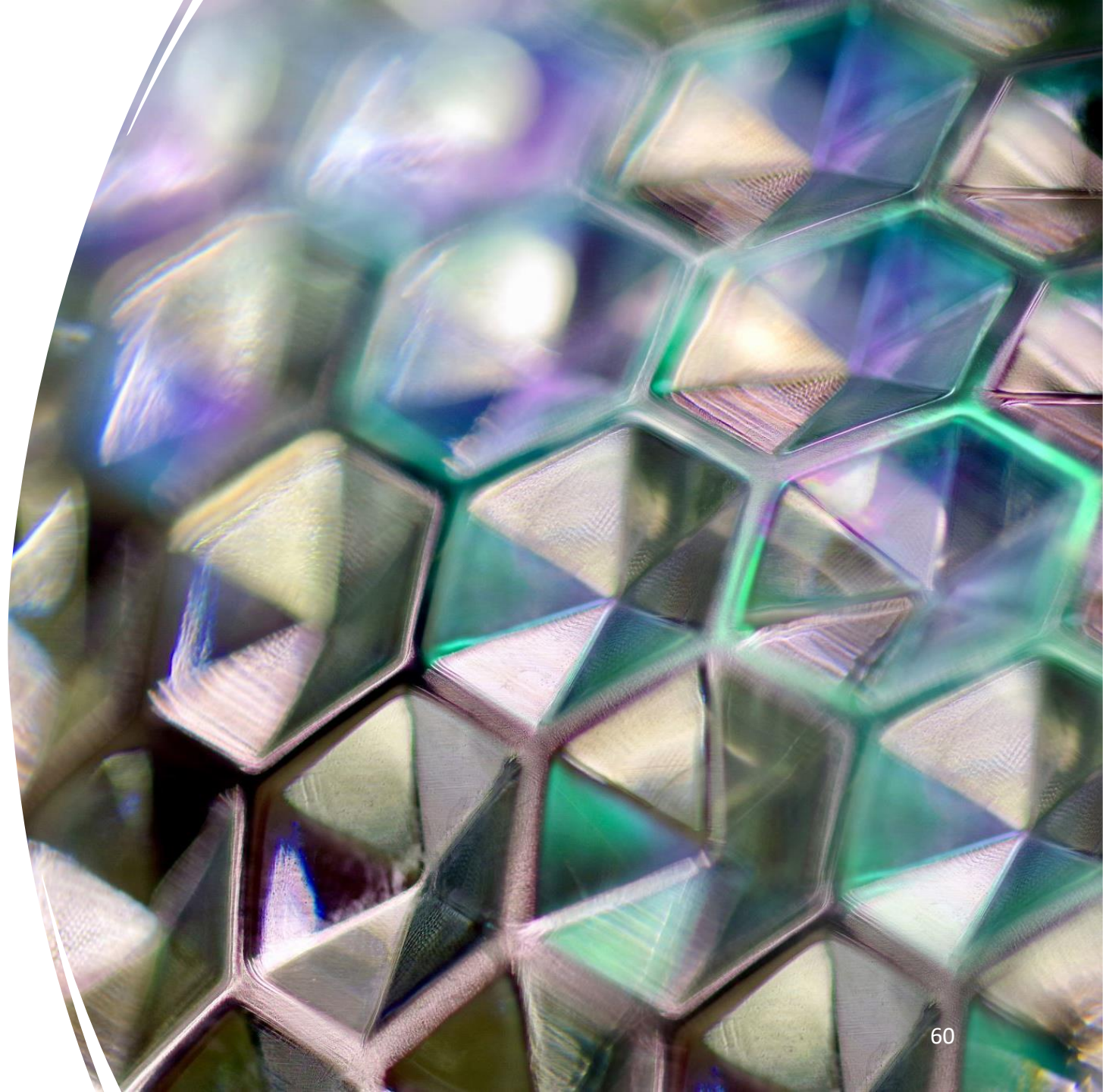
Why Affirm?

Affirmation builds confidence and self-respect, and lets individuals know they are OK.

After someone is affirmed they are more able to hear the education you want to share.

Your belief in the participant's ability to change can influence outcome.

Reflections



Reflections (O.A.R.S. +I)

Reflections have the effect of encouraging the other person to **elaborate, amplify, confirm, or correct.**

Listen to understand, not to respond

Reflect Reflect Reflect

Reflect Reflect Reflect

Forming a Reflection

- Best guess about what the person means
- Most of the time, do not reflect on sustain talk or discord
- In general, reflection is shorter than client statement
- Voice inflection goes down at the end

Things to specifically reflect on:

Strengths

Change Talk

Ambivalence

Simple Reflection

“stays fairly close to what the person said with potential focus on only a part of what as said”

- **Repeat**: uses same language/**Rephrase**: uses new words
- Stabilizes conversation; starting point



Complex Reflection

“makes a bit of a guess about what the person means; not a leap, but a possible extension of what the person said.”

- Moves conversation forward
- Best formed with context; more advanced



Sample Reflections

- “I’ve tried to quit smoking more times than I can remember.”

Simple

You have tried to quit smoking.

Complex

You want to be successful at quitting.



Sample Reflections

- “I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”

Simple: You are interested in losing weight.

Complex: Planning healthy options that you can eat is something that you would be helpful.



Sample Reflections – With Discord

“No, I don’t want to quit smoking.”

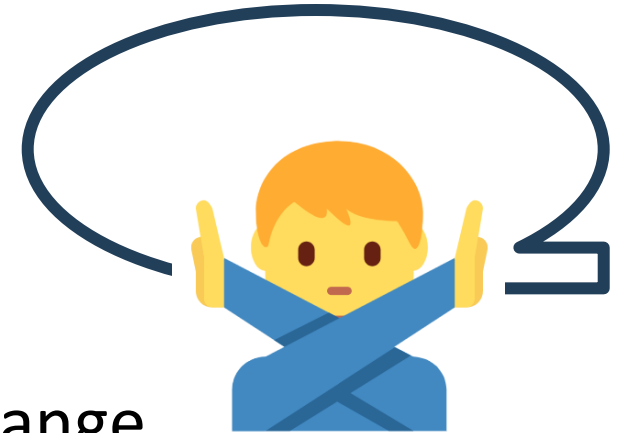
What is this statement reflecting from the patient?

Discord!

Responding to the discord

You have choice in this matter.

You don’t appreciate being pushed into making a change.



This Addresses the discord and places emphasis on autonomy or choice.

Simple:

You aren’t interested in quitting smoking.

Complex:

You have no desire to quit smoking right now.

Demonstration, Practice in Breakouts

- “I’ve tried to quit smoking more times than I can remember.”
- “When I stop smoking, I get crazy and restless.”
- “Thinking about quitting is easy. Doing it is another story.”
- “I should quit for my children.”
- “How am I going to cope with cravings?”
- “I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”
- “It’s really hard to find time to exercise – and eat well – when I’ve got two little ones at home.”
- “My down-fall is fast food. I’ve tried eating less, but I think I’m addicted to french-fries.”

Active Listening



Questions Activity

Volunteer to be the patient

Volunteer goes into a breakout room, all others remain to hear the instructions

Discussion

- **Approach 1:**
 - Patient perspective
 - Observations
- **Approach 2:**
 - Patient perspective
 - Observations

Summaries (O.A.R.S. +I)



Focus on strengths and change talk

Offer summary then ask a follow-up question

- **Closed:** Did I get it all?
- **Open:** What – if anything – did I miss?

Use to transition into brief action planning

- **Offer** summary with follow-up question
- **Ask** “so what's your next step?”
- **Set** SMART goal

Example

“Let me stop and summarize what we’ve just talked about.

You’re not sure that you want to be here today, and you only came because your partner insisted on it.

At the same time, you’ve had some nagging thoughts of your own about what’s been happening, including how much you’ve been using recently, the change in your physical health and your missed work.

Did I miss anything? I’m wondering what you make of all those things.”



Information Offering (O.A.R.S. +I)

Explore: Ask what the client knows, has heard, or would like to know

Offer: With permission, offer information in a nonjudgmental way

Explore: Ask client about thoughts, feelings, and reactions to information

Offer: with permission, brainstorm together!



How to handle a “No”



- **Mine for the strengths**

(they showed up to the appointment, agreed to meet/talk, etc.)

- **Thank them, affirm honesty**

- **Follow-up question, offer to end appointment**

“We have (X) amount of time together today. What – if anything – would you like to talk about?”

"I respect your wishes so much that we can end the visit if you prefer. How should we proceed?"

O.A.R.S +I Review

Open Ended Questions

Affirmations

Reflective Listening

Summaries

Information Offering



“We guide, they decide”



Key Takeaways

9:55 – 10:55



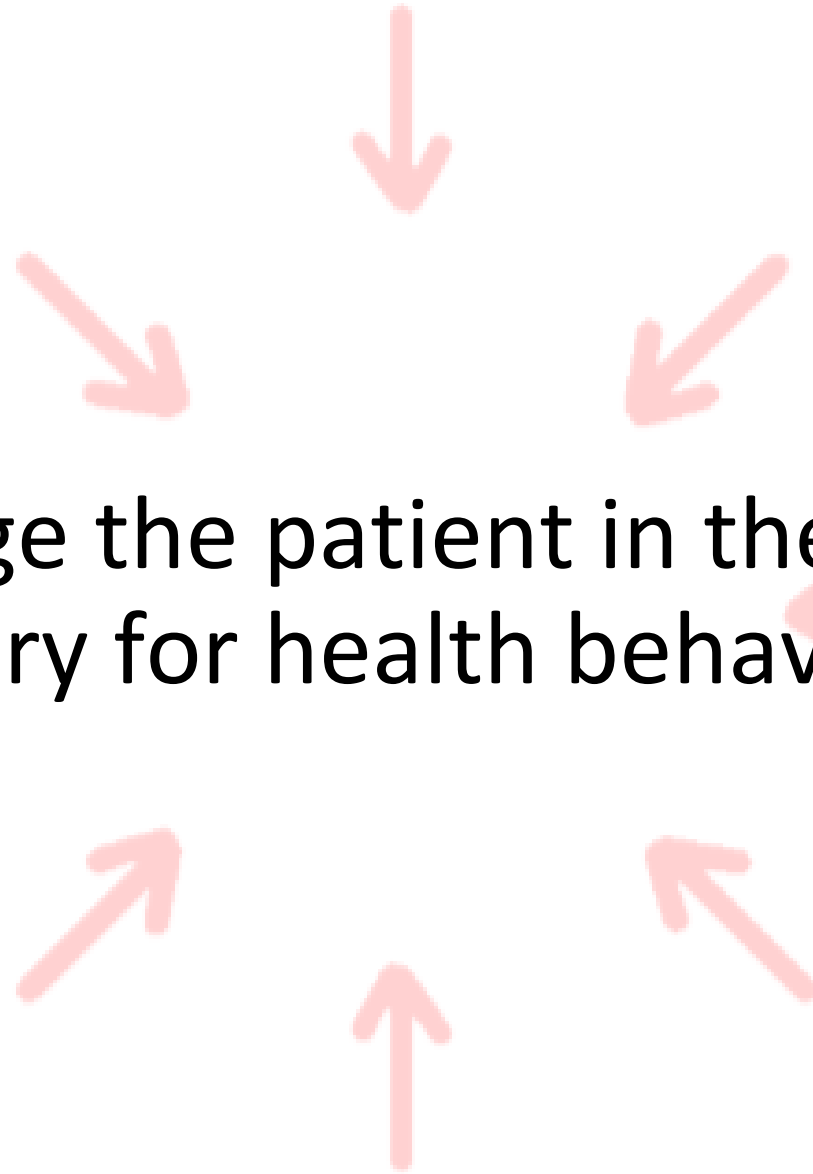
Break

5 minutes



Objective

Explain how to engage the patient in the 4 MI task that are necessary for health behavior



PLAN – EVOKE – FOCUS - ENGAGE



Engaging

Relational foundation

Aims to establish and *maintain* a collaborative working relationship with the other person.

20% rule



ACTION PLANS

40% of people are **not ready** to make a detailed action plan.



Sometimes the GOAL is basic:
“I will work with my care manager.”

Planning- How will you get there?

- Collaboratively develop a specific change plan that a patient chooses/wants to implement
- Use SMART to guide goal setting process

Planning

S

- **Specific:** What? Where? When?

M

- **Measureable:** How often? How much?

A

- **Achievable:** Does this seem doable?

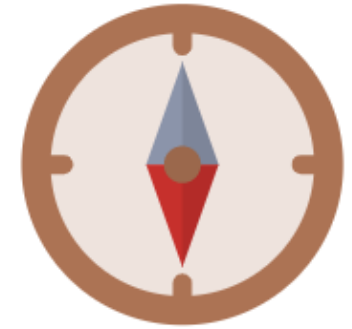
R

- **Relevant:** How practical is this to do now?

T

- **Time bound:** Start date? Goal length?

Planning Questions



What's your next step?

Where do you go from here?

Problem Solving

What could get in the way of your successfully achieving this goal?

What kinds of things may help you to overcome these potential barriers?

Ruler Questions

What makes you a ___ and not a ___?

What – if anything – would help you feel more _____?

Teach back

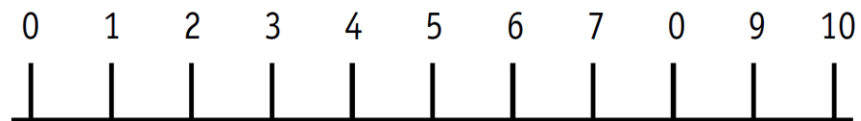
We covered a lot of information today and I'd like to make sure I've got everything.

In your own words, how would you describe the plan?

Assessing Readiness – Volunteer Please

Below, mark where you are now on this line that measures your change in _____.

Are you not prepared to change, already changing or somewhere in the middle?



Consider asking:
Why a (number provided)
and not (number lower)?

We ask the lower number
to promote the patients
own reasons and to
encourage “change talk”



Self-management Action Plan

Follow along
with the
template in the
workbook

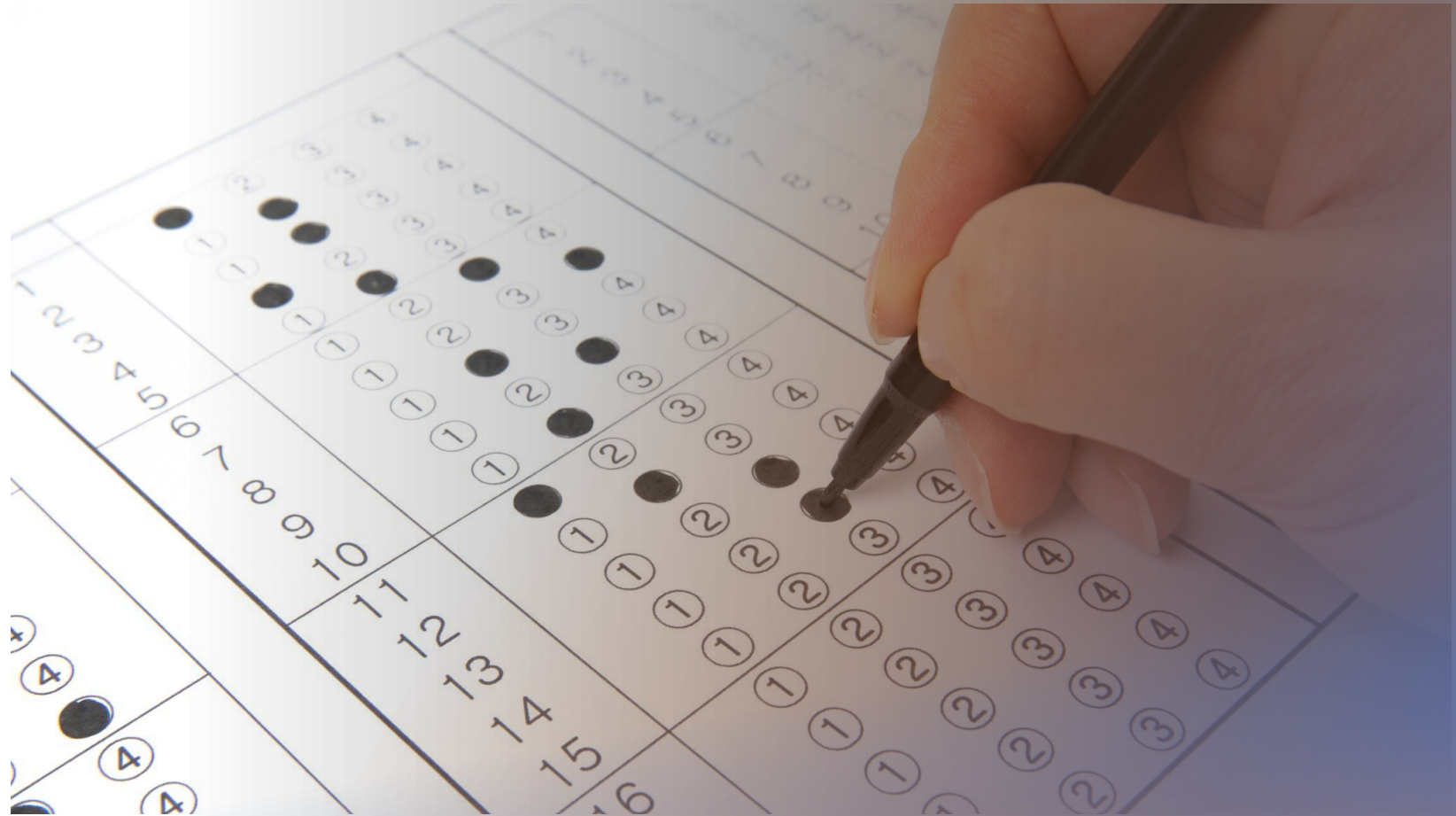
SELF-MANAGEMENT ACTION PLAN (TEMPLATE)		
Patient Name:		Date:
Staff Name:	Staff Role:	Staff Contact Info:
Goal: <i>What is something you WANT to work on?</i> 1. 2.		
Goal Description: <i>What am I going to do?</i>		
How:		
Where:		
When:		Frequency:
How ready/confident am I to work on this goal? (Circle number below) Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready		
Challenges: <i>What are barriers that could get in the way & how will I overcome them?</i> 1. 2. 3.		
What Supports do I need? 1. 2. 3.		
Follow-up & Next Steps (Summary): 1. 2. 3.		



Self-management Action Planning Demonstration with MI Skills

- Patient engagement was consistent throughout
- Fostered autonomy (MI Spirit strong)
- Showed use of OARS
- Elicited change talk about personal health goals which align with medical goals
- Used techniques to set a timeframe for follow up

Simulation Standard Patient Assessment Self-assessment





Key Takeaways

LUNCH TIME – ENJOY!



11:30 – 12 noon



Afternoon Breakouts

- Simulation – Creating a self-management action plan
- Health literacy, literacy, and cultural aspects
- Advanced skill development with an emphasis on reflections
- Problem-solving implementing motivational interviewing into daily work

Next Steps.....

Integration into Practice



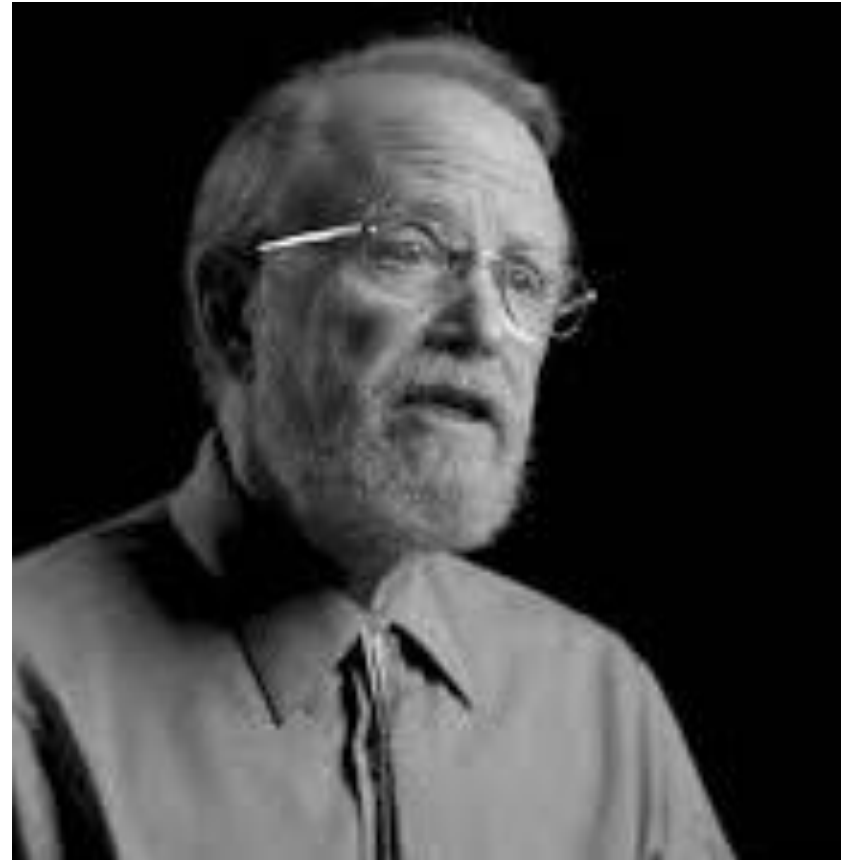
Change is hard.....

There is strong evidence that MI enhances healthcare conversations...
that doesn't make it any easier to adopt!

This helps us understand our patients better than ever
– change is hard, even if ultimately it is positive

Key Take Away from today:

- Patients can be influenced by MI in a matter of minutes!
- As Dr. Bill Miller would say, “you don’t have time NOT to use MI!”
- Evidence to suggest MI could help in a single session:



“MI with someone is like entering their home. One should enter with respect, interest and kindness, affirm what is good, and refrain from providing unsolicited advice (like rearranging their furniture).”

- An Alaskan elder reflecting on an MI workshop with Steve Berg-Smith



Discussion

- Let's talk about potential challenges based on your practice/experience– what are your concerns? what do you anticipate?

Common Traps- Self Reflection

Expert trap “I have all the answers.”

- Fix “I’m here to learn about you today since we are all the experts in ourselves!”

Persuasion trap “I am here to convince/direct you.”

- Fix is ASK instead of Tell, “what do you think is best?”

Time trap “There isn’t enough time, and there is pressure to have a goal.”

- Fix is to avoid rushing, and to psychologically believe you have all day

Wandering trap

- “I will listen and follow wherever you go, even if the topic does not at all relate.”
- Fix is to keep balance, and remember that you are a guide in the city of change (and there would not be happiness with your services if you just aimlessly followed the person who hired you to show them around)

Self Reflection----Things to consider.....

- **Personal Readiness**
 - Confidence- doesn't come naturally
 - Personal Bias
 - Values Disconnect
 - Communication techniques
 - Clinical practice/experience
 - Negativity toward MI
 - Age of provider
- **Integration into practice**
 - Time
 - Space/Location
 - Too Complicated



How ready are you to start using MI?

Are you ready????





What from today can you start using on Tuesday?

What will you remember most about today's training?

Who else on your team would benefit from MI training concepts?



Discussion

What are your goals to strengthen your use of MI in practice?

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INTERNATIONAL OVERDOSE AWARENESS DAY

August 31, 2024 is International Overdose Awareness Day, a global campaign to end overdose. This is a day to remember those who have died from drug overdose, to encourage support and the recovery of those impacted by substance use and overdose, and to prevent and reduce drug related harms by sharing and supporting evidence-based practices.

[Click for details](#)

MICHIGAN ERPO & SAFE STORAGE LAWS

Resources regarding Michigan's Extreme Risk Protection Order (ERPO) and Safe Storage laws.

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