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2015 MINORITY AIDS INITIATIVE CONTINUUM OF CARE  
(MAI-CoC)

GRANTEE VIRTUAL MEETING  
WEDNESDAY, AUGUST 12, 2015

3:30 P.M. ET

BREAKOUT 1

BRIEF INTERVENTION AND MOTIVATIONAL INTERVIEWING

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>> BRIE REIMANN: Okay, everybody. Thank you for your patience. I am up and running, and I can see my PowerPoint slides, and hopefully you all can as well. Is that right? Is anyone -- if you have any trouble, again, just type in the Chat box, and we'll try and get it sorted out.

So thank you for joining me today. My name is Brie Reimann, and I am the Deputy Director for the Center for Integrated Health Solutions. I am actually brand-new to the National Council and am excited to be in this role. I was previously the Director of the Screening Brief Intervention Referral to Treatment initiative in Colorado. So I am new to the Washington, DC, area, as well as to my position here, but I am very excited to be doing this presentation on Brief Intervention. I have experience training hundreds of healthcare professionals in a variety of settings and actually had the opportunity of working with HIV care and prevention settings in the State of Colorado on integrating routine screening and Brief

Intervention to practice. So I am very excited to be talking with you all today.

And I know that we have our lines unmuted, which I hope that we can keep them unmuted because, as you all know if you have ever attended a Brief Intervention training, typically it's not done virtually. It's done in person, and there's time built in for group activity and to really practice the skills, so I don't know how much we are going to be able to do that today, but I did want to build in discussion through the this conversation to hear more about your settings and how you see Brief Intervention working with your clients and how you currently use Brief Intervention as a strategy.

So what I'd like to do is just actually start the conversation by hearing from a few of you about what specifically about this session was appealing? What do you hope to achieve in this next hour together? So feel free to just chime in. I just want to make sure that I am covering all my bases in the presentation.

>> I guess for us at CCM in Brooklyn, the problem that we -- the reason why we need some guidance around brief interventions is to -- is because we have a lot of high-needs clients particularly with severe diagnosis, and I feel like we just could use some support around how to support their needs when they come in, particularly during crisis. So for instance, this week we've had a gentleman come in and say that he wants to commit suicide, and the whole process was really draining for him and for us to calm him down, call in an EMS team and get him the right help. But I feel like if we could find a more -- I guess just a cleaner way for us to support him, that would be great. Because our primary role is case management, but you know, I guess as a case manager, your role merges.

>> BRIE REIMANN: Sure. Thank you. So it sounds like you have some real high needs that you are seeing and looking for additional strategies such as motivational interviewing that might come in handy when you are seeing your population.

>> Absolutely, yes.

>> BRIE REIMANN: Thank you for sharing. And I am glad you brought that up because I think there's Brief Intervention and Motivational Interviewing, and we are going to be talking about both of those terms, but Brief Intervention is really sort of geared toward the at-risk population, and I think that you all are dealing with a variety of different cases, and some of which may require, obviously, more than a Brief Intervention provides, but I think the skills inherent in Motivational Interviewing are skills that you can take across, you know, any risk level, so just keep that in mind as we work through these slides together.

Is there anyone else that would like to share just what you hope to achieve from our conversation today, our virtual conversation today?

Okay. We will have more opportunity to share as we work through

these slides.

So just in terms of our objectives, I hope to talk about the Brief Intervention and essential steps of the Brief Intervention. And I will specifically be talking about the Brief Negotiated Interview, which is a type of Brief Intervention. You may have heard of different types of Brief Intervention, such as the Frames Model or Frames Approach, but I am really going to be talking about the Brief Negotiated Interview and the four steps involved with the BNI.

I will also be talking briefly about the Stages of Change Model and how this is incorporated in a Brief Intervention; Motivational Interviewing techniques and how those can be applied during a Brief Intervention; then I hope to increase knowledge about how these skills might be applied within your settings, and I think we'll really do that together as we wrap up and have a discussion at the end.

So I just wanted to see with you all in terms of -- I am not sure these -- I don't see a place to view our poll questions, but just something to be thinking about as we move through these slides. On a scale of 0-5, how ready are you to implement Brief Intervention? Some of you may have been working with Brief Intervention Motivational Interviewing for, you know, pretty routinely in your practices. But some of you may be just beginning. What we really want to talk about today is just wherever you are in terms of your process of integrating Brief Intervention into your practice, you know, we'll hope to give you some skills to work with.

>> BRIE REIMANN: I am hearing a little bit of background noise, so if you aren't planning on speaking, if you could just mute your line, that would be great.

Okay. So just in a nutshell, why do we talk about Brief Intervention? How are these effective? They are typically low-cost interventions that are very client friendly, so we talk about meeting clients or patients where they are at and really building a partnership in terms of the change process. Then you hear this term, the teachable moment, often, and what does that mean for you all? The teachable moment is we really tie this opportunity into the ability to be able to have a conversation with clients about (Inaudible) for example and how substance use might be impacting their overall health and wellness. That teachable moment is really the moment they are coming into your care and to have a conversation about substance use or whatever behavior change that they are looking toward making. I am going to be focusing on substance use, primarily alcohol use because we know that most of the research has been done around Brief Intervention in terms of alcohol use intervention.

With Motivational Interviewing, you can use those skills toward, really, any behavior change. So we will talk a little bit about the difference as we go through these slides.

And also I think for you all, you have a unique opportunity with the folks you see because the chances are you built rapport with the

population that you serve. You see them on an ongoing basis, which offers the opportunity to have multiple interventions with the population you see. We typically see Brief Intervention either happening in a single occurrence -- for example, in the emergency department setting which sometimes can be tricky because you never know whether or not it's impactful or there is behavior change that occurs after that person leaves -- or within a primary care setting, for example, where there might be a long history where the patient comes in for multiple visits or a couple of visits throughout the year so you are able to check back in and really look and see if the goals are being met and help monitor the goals with your client.

As I mentioned before, the Brief Intervention is most effective with clients who are at risk for -- and I said fill in the blank because again, we'll talk about alcohol use, but I've seen Brief Intervention -- although the evidence isn't yet strong in drug use, I have seen Brief Interventions where they are looking at targeting drug use and other risky behavior. It's really up to your setting how you want to fit this into your workload.

Again, I have seen Brief Intervention in primary care settings, emergency departments, behavioral health organizations, infectious disease clinics, and I have trained a variety of providers in these different settings, although for example, with Brief Interventions in alcohol use, the real evidence base is in primary care.

So why is early detection important? We talk about Brief Intervention in terms of focusing earlier on the continuum of, for example, substance use. So the idea is to identify substance use in the risky stages to prevent more serious consequences or progression towards the disease state of addiction. We know that substance use disorders are prevalent, and we know that oftentimes people don't seek specialty treatment for their substance use for a variety of reasons. That could be because of stigma or limited provider resources. I have worked in a lot of rural communities where there just isn't access to treatment providers or there's one treatment provider that's available in the community, and people are really reluctant to go because everyone will know that -- they will see their truck outside and will be on-site for treatment, and they will feel shame around that. So there's a lot of reasons why people don't go to treatment. And in this case, or in your case, you know, you often -- like I mentioned, you have built rapport with many of the clients that you see, and you have an ongoing relationship with them. So you have the opportunity to really build the rapport and talk ongoing about behavior change. So it's a little bit of a -- you have kind of a benefit in the population that you are working with in terms of the relationships that you probably already have with many of the folks that you work with.

Then we talk about risk factors. Of course, many folks with substance use disorders are also burdened by other issues. We talked

yesterday about trauma or environmental health issues or physical health issues, and so the opportunity to really intervene and to encourage behavior changes is an important one, and to also recognize that there are many other things that are going on with these folks that we work with.

So again I mentioned I am going to talk briefly about the Brief Negotiated Interview, and the Brief Negotiated Interview was first developed in 1994 by Dr. Edward Bernstein and Judith Bernstein out of Yale University with Stephen Rollnick. So it really is built off the foundation of Motivational Interviewing and Stephen Rollnick's work, and it was really designed for use in the emergency department. What I appreciate about the Brief Negotiated Interview is the opportunity to have this conversation within the context of the healthcare setting, so really motivational interviewing integrating it into the language and culture of healthcare. That's really what the Brief Negotiated Interview was designed to do.

So in my experience in training, many healthcare providers, what I have learned is that is the Brief Negotiated Interview sort of dissects it into four steps that are easily applicable in sometimes hectic situations such as the emergency department or, you know, trauma settings, so it just kind of breaks it down into a language that really can be adaptable across different provider populations. And it was later defined and tested for hazardous drinking, so it's really been trialed in a variety of contexts. The Brief Negotiated Interview is typically a short conversation, five to seven minutes, and it incorporates brief feedback and advice using Motivational Interviewing techniques.

So I mentioned how you will hear we talk about both Brief Intervention as well as Motivational Interviewing, and in the context of this presentation, we're talking about having a Brief Intervention or a brief conversation and sort of weaving Motivational Interviewing principles throughout the conversation. And you will also hear me go back and forth between intervention and conversation. And the reason being is because I have actually trained healthcare professionals that were -- they didn't actually necessarily like the term "intervention." It came with a negative connotation, often because of what we see in the media, for example. I don't know if you all have seen that show Intervention, but it can be offputting to some. When I was working in Colorado, we changed that language to talk, it's just a brief conversation, for example, about substance use and what behavior change can look like for the client we are working with.

So just making it sound a little bit more of a friendly term.

So the components of the Brief Negotiated Interview; there are four, and we are going to talk through each one.

The first is to raise the subject. In this case, we will talk about substance use, for example. And for raising the subject, the

goal here is to really establish rapport, which if it's the first time you've seen a client, you know, that will be really important step, but chances are you already have an ongoing relationship, so you will just work to keep building that rapport with the client. And you can raise the subject in this step as well, and you can just simply talk about -- you know, ask permission. Would it be okay with you if we talked about your substance use, or would it be okay with you that we talked about your diabetes maintenance or whatever it may be.

The second step is to provide feedback. This is where you are really going to provide education around the impact that the negative behavior may be having on this person's health and well-being

So again, in the case of substance use, you might review healthy drinking guidelines, for example, and how a person's use may compare to national guidelines or recommended moderate guidelines. You may educate a person about the importance of adherence to medications, for example. So there's an opportunity here just to educate and to also elicit feedback with a client that you are working with to see how they are sort of resonating with the information that you are providing.

It's -- you know, it's also an opportunity during this feedback stage to just open it up to see if the client has any questions for you regarding the path that they are on in terms of behavior change. Chances are they could be experiencing a little bit of ambivalence. On the one hand, they may enjoy the current behavior that they are involved in, and your goal here is to kind of explore that a little bit with them and really to meet them where they are at in that change process.

The third step that you will see here is to enhance the client's motivation. This is really when you are going to be using your Motivational Interviewing skills, which we will talk a little more about, and to discuss their readiness to change. Again, they may be feeling really ambivalent and not ready to engage in the conversation, and that's really our job to just accept where they are at in that change process.

So we talked a little bit about each step. I skipped the fourth step, which is to negotiate and devise or develop a plan. So you really want to walk away from the conversation if the client is in a place where they are ready to make a change with some kind of change strategy, and that could be anything from I am going to reduce my drinking from 14 drinks in a week to 12 drinks in a week. We kind of celebrate those baby steps even if we think that might not be quite enough. We just meet the clients where they are at. Or it could be something like I am going to be sure to take my meds on time and be pretty consistent with that. Or I am going to use a condom every time I engage in sexual activity. Whatever it is you are working on with clients around change.

Again, an example for raising the subject, it's really a good opportunity to ask permission. What that's going to do when asking permission is just going to be to help establish rapport. To really show that you are meeting the client where they are at and you are asking their permission, again, to really show that you are appreciative of where they are at.

And it's also important, if this is something, for example, if you hadn't asked about substance use, for example, in your intake before and this is a new process of something you are going to do, you want to talk about the importance of why this is part of your workflow so that, you know, the client doesn't feel like they are singled out. So for example, if it's you are screening everyone for alcohol use, for example, you may say we are talking with all of our clients about this. It's just part of the care that we provide here. So it's just a good opportunity to kind of normalize that this is just part of the care that you provide.

I did put this standard drinking image in here because I think it's important to know that what we may think might motivate a client, for example, the recommended drinking guidelines, may not be what motivates them. So although in that second step that we talked about in terms of providing feedback, it can be something -- we have to really find what that carrot is for the client. So although this is really important information, the recommended drinking guidelines, it may not be very relevant or may not resonate with the client you are working with. So the goal, the opportunity with the Brief Intervention is to identify whatever that carrot is that's meaningful for them and to work around that in terms of encouraging behavior change.

Another step is to explore the pros and cons. We talked a little bit about the ambivalence that many people face when they are making any kind of behavior change so your goal here is to explore the pros and cons of a certain behavior and to tip the balance towards the more positive behavior. So one way to do this is to simply ask the client, tell me some of the things you enjoy about your alcohol use. Chances are the client will list things that they enjoy, such as the taste. It helps me socialize. It's the way I relax at the end of a workday. And then a follow-up question is tell me some of the things that you don't enjoy about your alcohol use. Also, chances are they will have something to share with you that they see as not so positive. For example, I don't feel as productive at work or I'm having relationship issues with my partner. We tend to argue when we are drinking together. Whatever it may be, your goal is to really tip the balance into the more positive activity.

So I am sure that you all have seen the stages of change that's listed here. So the stages of change is a theoretical perspective that's been around for many years, and it explores the cycle in which a person typically goes through when they are experiencing behavior

change. So the precontemplative stage. The goal here for the provider is to really raise awareness around the possible negative impacts that a behavior may be having on the client's health and well-being.

The contemplation stage. This is where the client is probably thinking, well, maybe I could make a change. I am not sure how I can do that because, for example, all of my friends enjoy drinking and substance use and it's part of our party culture. I don't know what else I would do if I didn't engage in this activity. So the contemplation stage is, again, where you are going to explore the ambivalence, so really looking at the pros and the cons of each side. So there's a lot of different activities that you can use in this stage. There's worksheets that you can have the pros and cons of quitting something and also the pros and cons of continuing something. So you are helping explore that ambivalence with the client.

In the determination stage, this is really where the client is feeling -- you know, you have tipped the balance with them or they have done it on their own and they are already thinking about concrete change and what that may look like for them and also how that may impact their lives and what might look different for them. So then at this point, you are just really identifying options and exploring what that new direction might look like for the client and what barriers they may encounter with the change.

In the action stage, typically a person in this stage has already set out a goal for themselves, and you are just helping them to monitor their goals and making sure that they have everything they need and they feel confident that they can maintain that goal. So a good strategy here is just to affirm. It sounds like you are only going out one night a weekend instead of both nights in a weekend, for example, if you are talking about substance use, you know, and that's a step in the right direction. So just affirming so that the client feels confident in their decision.

In the maintenance stage, a person for this stage, really the client is already maintaining. They might have -- you know, they have been successful with their change process. So the goal here is just to encourage their continuation on this path. Then the recurrence or you've also probably seen this as -- this is kind of part of the process, recurrence is when someone might have relapsed. We are moving away from that term, but recurrence is they have taken a step back. So this is just part of the process, and it's an opportunity to reflect on what may not have worked or what happened for them to get into this stage and how do we avoid that going forward. It's really an educational opportunity.

As you are looking at doing the Brief Intervention and engaging Motivational Interviewing, you will have the opportunity to listen for change talk. And change talk is just an indicator to you that

the person is really thinking about change and what that might look like for them. So the stems for change talk are typically I really want to, I need to, if only I could, I will, or what is important is ...

So these are good indicators for you to just pick up on and to reflect. It sounds like you notice this is impacting your life. What would you like to see different, for example? It's a good opportunity for you to kind of explore what a new direction might look like for a client.

My slides got a little bit mixed up.

The second step in the Brief Negotiated Interview, I mentioned providing feedback, and this is a good opportunity, again, just to provide some education, so simply just to provide education to the client about how their health and wellness may be impacted by a certain behavior. So you will see here some examples specific to substance use. At this level of risk or at this level of consumption, you are at an increased risk for health and other consequences such as increased blood pressure, for example, or poor adherence to medication, whatever it may be, and again, thinking about what those motivating factors might be for the client and really using those in your conversation. Again, I just put in the drinking guidelines. However, these may or may not be something that is motivating to the people that you are working with.

So I think, again, it's important just to recognize. And you will be able to do this because oftentimes you will have had a relationship with the people you are working with refer I can assume, and that you may know what would resonate with somebody versus what might not.

So then motivation Motivational Interviewing. If you have ever taken a Motivational Interviewing course, they can be one- to two-day training sessions, and what we like to emphasize when talking about the Brief Negotiated Interview is that you don't have to be an expert in Motivational Interviewing to have that brief conversation. The goal here is just to be knowledgeable of some of the skills inherent in Motivational Interviewing so that you can use them while having the Brief Intervention, but also to stay within the spirit of MI. And when we talk about the spirit of MI, that really is about respecting the autonomy of the client that you are working with.

So just respecting where they are at in their change process and respecting their autonomy, which is their ability to make a change. It's really up to them to engage in behavior change.

And also focusing on the intrinsic motivation, which we talked a little bit about. What is it that motivates this specific client, and what -- you know, picking up on that to encourage the change process as you have your conversation.

So when we talk about Motivational Interviewing, the goal, again, is to resolve some of the ambivalence that a person may be experiencing in their change process. It's very patient or client

centered. So it's about meeting the client where they are at and building a partnership with them to encourage behavior change. There are critical components to Motivational Interviewing and skills that we will get into in just a moment, but one of the tools that you can use to sort of assess where a client is in their change process are the rulers or the scales. And clients have -- we've seen this with pain scales, for example, and so this is usually not new in terms of measuring. It also gives a nice visual for the client in terms of gauging where they are at in their change process.

I have seen in clinical practice oftentimes the providers may have printed out like a laminated ruler, for example, or a pocket card they will take with them, and they will use these to engage in conversations. So you can ask questions like on a scale of 0 to 10, how ready are you to reduce your drinking, for example? 0 being you are not ready to make a change at all, 10 being you are very ready and engaged in this change. A follow-up question might be how confident are you that you can make a change in your drinking? And then how important is it to you? So these are just easy ways to kind of gauge where the person is at.

So the next few -- my slides are going bonkers. I apologize. I don't know.

The OARS. So you will see in one of my slides -- maybe, if we can get there -- the OARS are the open-ended questions, affirmations, reflections, and summarize summaries. So these are important skills that you can use. I will just talk about them since my slides are not cooperating. The first of the OARS is open-ended questions, and so this, it seems pretty self-explanatory, but this is often one of the skills that I see most challenging for folks. The goal of the open-ended questions is really to provide a safe environment with the client and, again, to build a trusting relationship so that they feel comfortable sharing with you. It also, it's a strategy for you to really open up and learn more about the client that you are working with and to understand sort of what their world looks like. So you can say things like tell me more about your health concerns. Tell me more about how this impacts you in your day-to-day life. What do you do to protect yourself from sexually transmitted diseases? What has worked for you in the past? What has not worked so well for you in the past? So it just kind of opens up that dialogue.

The next skill is affirmations. Again, this is just affirming sort of autonomy in that it helps to build confidence with your clients around the change process. And it also shows that you are empathetic and that you have empathy for the client. So you can affirm past decisions. You can also work to build self-efficacy in this stage by providing affirmation. One example of an affirmation is you have been successful cutting down your drinking. Or in the past you quit using a drug. It sounds like you were successful in that, in that quitting that behavior. So those are examples of

affirmations.

Reflections. These are -- the main goal with reflections is to demonstrate that you are an active listener, so reflecting can be simply reflecting exactly what the client said to you back to them. It can also be reflecting feelings. So you are feeling concerned because you engaged in this activity for a long time and you are starting to see negative impact, for example. We reflections, you can also reframe a statement back to the client to see if it might elicit some kind of thoughts for them. So you can invite them to feel or imagine something a little bit different. So an example of that would be if somebody says to you, a client says to you, you know, I just can't quit smoking. I just -- I am never going to be able to quit. A provider could say back to that the idea of quitting is very hard for you.

You can't imagine your life without tobacco, for example. And then the person might say, oh, no, I can imagine my life without tobacco. I just don't know how I am going to quit and be successful at that. So that's just one example of rephrasing. And the nice thing about rephrasing or reframing is that you may or may not have it right. You may have guessed wrong when you are reframing or rephrasing back to the client. And they will be sure to point that out to you. But as they do point that out to you, you may learn something new about them that you wouldn't have otherwise. So I really like that skill of just reframing in another way rather than just reflecting exactly what they said to you. So as you have more practice with this, that's just something that can be tried.

There's other reflections. There's double-ended reflections. As you learn more about Motivational Interviewing or maybe you already have and you incorporate these in your practice already, but there's all kinds of reflections and the skill that you use here is just basically to get at what really is the client's struggling with or really to explore more about what their world looks like and their current behavior, how it's impacting them.

And then the last skill we will talk about today are summaries. So this is a good way to wrap up your Brief Intervention with the client, so just to summarize with them the conversation you had, how you heard it, then to ask do I have that right? Is there anything that I missed? And so that's a good way, again, to just show that you've been listening and also to reiterate maybe the client has set a goal that you are able to just reflect back to them and sort of come to a commitment that you hopefully will be able to follow up with the next time that you see them.

I have also seen in this stage that you can sign, for example, a goal statement or document it in an EMR if you are using that and you are documenting with an EMR. You can actually document the client goals so that the next time they are seen by a provider, they can check in. The last time we saw you, you made a goal to cut down

your marijuana use. How is that going for you? Have you had any challenges? What have those challenges been? That type of follow-up.

Then the last stage again is just to negotiate and advise a goal. So this is an excellent opportunity to just sort of reflect on the conversation, you know, how have you felt about this conversation, what are some of the things that you are going to take from our conversation and, you know, act upon right away? What's going to be challenging for you? Then to, again, arrange for follow-up if you are in a setting where you are able to do that.

So I do have -- I don't know if this is going to work, but we are going to try it -- short video on Brief Intervention in a primary care setting. This will incorporate all the skills that we just talked about. And so we are going to take a look at this, and then I will open it up for discussion about operationalizing Brief Intervention.

(Pause in speaking)

>> Did you all lose video?

>> I can still see Brie. Did anyone have any questions?

>> BRIE REIMANN: Oh, no, I just had a video. I don't know if it was playing for everyone or not, but that's okay.

>> Oh, no, I don't see that video.

>> BRIE REIMANN: Did anyone on the phone see the video?

>> No.

>> BRIE REIMANN: No. Okay.

So I just wanted to take a few minutes to understand a little bit about how you see Brief Intervention working in your setting or if you've already engaged in Brief Intervention and Motivational Interviewing what's working for you, what you are struggling with. So I just wanted to open it up for a brief conversation around these operational questions that you see here.

So the first one is how do you see this kind of intervention fitting into your workflow? Or if it already is sort of a routine part of your practice, if you wouldn't mind sharing how this works for you in your setting.

>> Well, for me, I feel like one of the -- can you hear me?

>> BRIE REIMANN: Yes, thank you.

>> I feel like one of the problems that I've had implementing Brief Interventions is that so many of my clients -- it's more geared towards clients who have early substance use disorders, where so many of my clients are severely impacting and constantly in and out of hospitals and maybe have a lot of cognitive stuff going on secondary to their substance use. So I found it really difficult to use it regularly and with most of my population that I usually work with. I feel like it requires more, you know, presence than a lot of my clients are able to bring to the table. So I don't know if you have any suggestions for that.

>> BRIE REIMANN: I am so glad you said that because I think that you know, I don't want to assume, but I imagine most of the folks on the phone feel that same way, that it's just, you know, the population that you are really seeing may be sort of beyond the point where a Brief Intervention might be beneficial. It doesn't mean you can't have the conversation, but really, the research, we don't have the research that suggests that a Brief Intervention even encourages engagement in specialty care, for example. You know, in looking at the literature in the many years I have been doing this, there's kind of a debate around whether or not the Brief Intervention is really an opportunity to or effective in motivating somebody to go to treatment, for example. We don't know if that's effective.

>> Right.

>> BRIE REIMANN: So I think it's -- it has its time and place, and it doesn't mean you can't use the Motivational Interviewing skills, but you are exactly right. As I mentioned before in the slides, it really is most beneficial with folks that are at that at-risk or earlier on the continuum stage.

>> Thank you.

>> BRIE REIMANN: Anybody else want to share about how they are using Brief Intervention, even in the context with, you know, a higher risk population?

Okay. I have more questions that we can ask. Let's see. So I'm curious to hear about how you currently train your workforce in Motivational Interviewing, if this is something that is kind of a routine part of your training of your workforce or, you know, what that looks like because I know that Motivational Interviewing training is typically -- it can be fairly intensive. So if anyone would like to share about their workflow training. Does anybody train on Motivational Interviewing?

>> Well, we do, but we have -- part of our project, we have a consultant that comes in and gives -- we have an upcoming training for Motivational Interviewing, and just kind of -- it's a one-day training where we actually just do a recap and discuss any scenarios that went wrong or where, you know, we felt like it wasn't appropriate, and the consultant speaks about various scenarios with the case managers, and really, it's more kind of like keeping up-to-date on any changes. Yeah.

>> BRIE REIMANN: That's great. I think you brought up a good point, just sort of Motivational Interviewing requires kind of that ongoing -- you know, it's not like a one training and then you are a Motivational Interviewing expert for life. It requires ongoing training and -- to ensure fidelity. So the fact that that's woven into your workflow is wonderful.

And there is -- online, there's several certified Motivational Interviewing trainings. I think it's the Mint Institute that you can go online and identify like a consultant that's an expert in MI

to come on-site and do training. But it is important just to think about how you -- ongoing, the expense that it is, and how you want to routinely train staff in Motivational Interviewing and what that looks like for you.

I have also seen folks that build in sort of like video, where they video Motivational Interviewing skills between staff to kind of check in and ongoing to see how the skills are maintained, so that's also an option.

>> Right.

>> BRIE REIMANN: And it sounds like -- I didn't hear where you were from. I was just hearing about your training. But it sounds like Motivational Interviewing is just kind of a core of what you provide. Is that just kind of a skill you look for in everyone?

>> Well, we're at CTM, and it's more -- well, it's more or less mental health provider in downtown Brooklyn. So we have providers on-site who provide culturally competent and therapy to predominantly Hispanic, black, African American, Caribbean clients, so Motivational Interviewing is a big part of what we are looking for as an agency for our client group because our client group responds well to it. Our client group is really high need. A lot of people get -- you know, are coming out of prison. We get a lot of referrals from hospitals of individuals just coming out of psychiatric units. So it's definitely high need, and we don't want to -- it can be quite an alarming experience to be out in the community under those circumstances.

>> BRIE REIMANN: Great. Thank you for sharing.

>> You're welcome.

>> BRIE REIMANN: Would anybody else like to share about how they use Motivational Interviewing successfully or not successfully?

Okay. We have about ten minutes left, so I want to make sure we have adequate time for questions, so at this point, I would like to open it up for questions, and feel free to either type those in the Chat box or since we are all unmuted, we can just have conversation as well.

Okay. It doesn't sound like there are any questions, so I just wanted to wrap up by thanking everybody for joining. Sorry that we weren't able to see the video that was embedded in the presentation, but I do want to encourage you, there are a ton of videos, and usually what I do is I have my favorites kind of marked in YouTube in terms of Motivational Interviewing within healthcare settings, and so there's a few that you can view, and also use it as training resources some of the best training resources that I've seen I actually found online (background music) those forms I mentioned before between the pros and cons, and all of you are able to download for free. So thank you very much, and I hope you all enjoy the rest of your meeting.

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