

**NWX-OS-OGC-RKVL**

**Moderator: Jacquelyn McCain**

**August 7, 2014**

**1:00 pm CT**

Coordinator: Thank you for standing by. All participants will remain in a listen only mode until the question and answer session of the call.

Today's call is being recorded. Should you have any objections to the recording, you may disconnect at this time. Ms. McCain you may begin when ready.

Jacquelyn McCain: Thank you (Denisa). Hello everybody, and thank you for joining us on today's webinar on integrating motivational interviewing into practice. We're working with you today. I'm very excited, we have both pregnancy assistance fund grantees, as well as teen pregnancy prevention grantees. It's not often that we have the whole family together, so I'm very happy about that.

I will go ahead and introduce our presenters. We have a very dynamic cast, so to speak, of presenters starting with Deborah Chilcoat from the Healthy Teen Network. Deborah Chilcoat has conducted outreach and provided education and training for youths, parents and professionals throughout the United States for over 14 years.

Her focus areas include capacity building, evidence-based and innovative practices and programs, adolescent development, reproductive health and sexuality, pregnancy, STI and HIV prevention, supporting pregnant and parenting teens and their families, as well as sexually diverse youth and youth in systems of care.

Ms. Chilcoat has served as one of HTN's training and technical assistance providers for the Centers of Disease - Centers of Disease Control - that's a lot.

And our other presenter today is Ms. Alexandra Eisler. And she's also from Health Teen Network. As a Training and Technical Systems Manager, Alex Eisler's work has focused on providing training and technical assistance to schools, government agencies and other nonprofits around the country.

She's participated in several national initiatives to promote effective the sexual health education programs and programs that support parenting teens. We'll go ahead and turn it over to you Deb. And thank you so much for listening.

Deborah Chilcoat: Thanks Jackie. I appreciate it. Hello everyone. We want to definitely thank you all for joining us today, and certainly think the Office of Adolescent Health and Child Trend Setters Opportunities to share this information with you.

You know, have you ever heard I wish things were different when a young person was talking in your program? And you wonder, you know, what else can I do to support him or her.

While we really do hope that today's webinar will share some information that will both intrigue you and give you a little bit more to learn about with the

motivational interviewing so that you can then assess whether or not you think this could be something that you could integrate into your practice.

So during the webinar we're going to define motivational interviewing, also known as MI. We're going to review some of the guiding principles of motivational interviewing and putting it into practice.

Best of all, we're going to cordially invite you to spend a few minutes with us at the end of the webinar to have a really robust discussion with some of the other colleagues on the line about various ways to integrate motivational interviewing. And we're pleased, we have two guest speakers, these are your colleagues, to share with us what they're doing in their communities.

So if you're looking for a skill that can be transferred to the work that you're doing with youths, immediately after today's webinar, this is just what you need.

As a reminder, we're going to ask you to be sure that you disable any Webcam that you have plugged in so that we can make sure that the folks can focus on the slides.

As Jackie shared, both myself and Alex have been working with motivational interviewing. I had the good fortune many years ago to have been trained by a colleague who was exploring youths in the family planning clinic.

And we've also done lots of training with the motivational interviewing and evidence-based intervention. So we hope that you enjoy what we have to share. And I'll turn it over to Alex.

Alexandra Eisler: Hi everyone. My name is Alex Eisler, and like Deb I've been working in adolescent sexual health for quite a while now. And more recently we've been expanding our training repertoire to include more frequently trainings on evidence-based interventions that apply motivational interviewing, or MI, pretty frequently.

So we're excited to talk with you all about ways that you can integrate those interpersonal technique more into the work that we do. So like Deb said, we're going to have a couple of colleagues who will be joining us. And we look forward to getting started.

Deborah Chilcoat: So I know many of you on the call may already be familiar with Healthy Teen Network, but some of you may not be. So just to let you know a little bit about ourselves, Healthy Teen Network is a national membership nonprofit. And we believe that society has an obligation to support all adolescents and young adults to have the opportunity to lead healthy and fulfilling lives.

We are also the only national membership organization with an integrated focus on sexual reproductive health and well-being and also integrating data into the lives of pregnant and parenting teens.

So we work with professional and youth service organizations like yourselves to ensure that you all have the resources that you need to support and empower the youth you work with.

So together, we're going to partner to support and empower youths, including teen parents, which portions of this webinar you'll see that showing through. And so to help them lead healthy sexual, reproductive and family lives.

So we definitely intend there to be lots of it interaction, lots of audience participation during today's webinar. And the platform that we're using will definitely assist with that. So we encourage you to participate through chat boxes or the question and answer box, which you should see on your screen, probably on the left-hand side. And you can type in questions throughout the presentation.

We will take a break probably about midway, maybe a little sooner than midway, to answer some of those questions. So definitely get those fingers typing. And that there will be polls throughout webinar. So we're very interested to see what your responses are.

And then lastly, at the end of the webinar there's going to be a survey. We really encourage you to follow that link, complete the survey and we love, love seeing what you have to say and giving us some feedback. So please participate. Please participate.

And so we're going to give it a try. We appreciate knowing who is joining us today. And we're going to ask you to go ahead and type in your response in the question and answer box to what organization are you representing today.

And then we're curious, what behaviors have the community work with said that they want to change? I'm going to give you a few moments to respond. What behaviors have the teams you work with said they want to change? Excellent. Thank you very much for sharing.

So how do I quit smoking? How do I improve my relationship? Let's see, how do I stop having sex? Wait a minute, there's more there. Hold on.

((Crosstalk))

Yes there's more to that one. Okay, how do I stop having sex and being able to protect myself? Let's see, oh this is interesting. So this idea of bad decision-making. You know, maybe in their mind they want to make better choices, maybe change a partner, and that's very, very interesting.

Better communication with the mom, the mother of their child. These are great, perfect. Well, this is what we expected. We definitely thought that there would be some discussion in your program is about what the young person really wanted to change both in their lives and for themselves. So thank you all for sharing. And it looks like we got some fabulous folks out there, some familiar faces.

Okay, so just to make sure everyone is aware of what we plan on doing for the next 90 minutes or so, here are the objectives. We're going to define motivational interviewing. We're going to talk about at least two of the guiding principles, and there's many, many more, of MI.

We're going to talk about how you can incorporate at least one skill (unintelligible) and interactions with adolescents, particularly related to sexual health and parenting behaviors.

And then we're going to explain how MI can be used to enhance those interactions with adolescents, particularly related to those issues of sexual health and parenting. So I'm going to turn it over to Alex to get us started. Thanks everybody.

Alexandra Eisler: Great, thank you Deb. So we are going to now move into some of the more heavy content pieces of this. So during this section of the webinar, we're going to provide a general overview of motivational interviewing and why it's

become as well respected as it has been and gaining popularity in different fields.

So if you look on your screen you're going to see one, a copy or a picture of a cover of a book that is the most recent copy of a book called, Motivational Interviewing, Helping People Change. And it's written by William Miller and Stephen Rollnick.

And so they are considered the fathers, I guess. They're the ones who started motivational interviewing. And it came out of the substance abuse field. They were working as clinicians or psychologist (temples) in substance abuse. And they've developed at this technique, MI.

And define it in this book as it motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

And so you'll see that because it started where it did in substance abuse, we're just now starting to see it playing out in different fields. Like Deb had said, she was trained to use it in family planning. And it's been used in some other areas as well.

So this cover you see here is the third addition, most current version if you're interested in that. I'm a big fan of that book. So we're going to move along.

Deborah Chilcoat: Yes one other thing just to mention is that if you've been trained in MI a while ago, there's some updated thinking about motivational interviewing in this particular book. And we're actually going to highlight one of those pieces a little bit later.

Alexandra Eisler: That's absolutely right. So this - that version came out in 2013, so it's only a year old at this point.

Deborah Chilcoat: Right.

Alexandra Eisler: Motivational interviewing -- it is a therapeutic technique, and there's a few benefits to it we're going to go over and what those might mean for your work. So you might consider it - because one, it's very flexible. You can see at the top of the screen, we have flexibility marked.

And it can be used in several different formats. You can use it with just an individual like in a counseling session or something like that. You can also use it in a group format. You can use it in different settings. It's been used pretty effectively in clinics, and classroom settings, again in counseling settings and other learning spaces.

And it can be used over time with somebody for a very long time. It's also something that is used as just an interpersonal approach to be accomplished, or at least embodied in very short period of time as well. So it's a very flexible way of interacting with our clients and the young people that we serve.

It's person oriented. So it's used to resolve conflicts and feelings about behavior change and increase people's motivation to make a change in their behavior.

And in motivational interviewing you'll see stresses that the change comes from the person, rather than imposed from the facilitator for the other helper. So if you think about it's not about telling a young person oh, you should and shouldn't do this. It's about helping them come to the conclusion that if I do X, Y and Z it might be a healthier approach for me to take.

Deborah Chilcoat: So just like I think anybody, it's harder when someone tells you to do something to really kind of get that buy in and actually make that change on your own. It's got to really come from within.

Alexandra Eisler: Absolutely, and so that's the idea that never during motivational interviewing would someone tell a client oh, you need to wear a condom or oh, you need to pay child support or you need to go to school. It's more like how could going to school help you better achieve X, Y and Z in your life? So that's kind of the idea there.

It's also goal oriented. That's sort of in line with what I just said. It helps the client explore their feelings around changes they want to make and establish a goal. And the goal is really what sets into motion what Deb was just describing, that person coming to the conclusion that they should probably be making a change for the better.

It's also pretty realistic. Behavior change is more realistic, just as Deb said, if it's articulated by the person wanting change. As the therapist, the facilitator, the person in a position of authority tells someone to change, it's more likely that they're going to dig their heels in, right. That's sort of what Deb was getting at.

And they'll push back automatically. Then it becomes all the reason that a person might want to continue doing that behavior. And so this is a realistic way of dealing with natural human inclination to process their behaviors, right.

Deborah Chilcoat: So if I say I want to keep eating fattening food, and I just keep saying it over and over again, it's not likely that I'm actually going to try to avoid fattening food.

Alexandra Eisler: And especially if I say, Deb stop eating fatty foods. And you're like but I want, but I like fatty foods.

Deborah Chilcoat: But I want to eat more cheese. Yes, cheese is delicious.

Alexandra Eisler: Thank you for that. And then you'll see the second to last bullet there were it's marked fidelity. It's an interesting concept. And so motivational interviewing, as I mentioned, is in a lot of ways and interpersonal approach, not just a therapeutic technique.

And so it's one of those things that can enhance your program without necessarily undermining fidelity. Now of course those of you, all of you who are receiving federal funding for your programs, of course talk to your project officer or talk to the developers of your intervention if you're doing an evidence-based intervention.

But overall, what some of the research has shown is that using motivational interviewing as your general approach, the way you interact with these young people, and we'll talk more about what that looks like. That is a way that you can interact with them without undermining the work that you're already doing. It really won't do any harm.

And then finally, it requires minimal resources. It's not something you have to go out and buy a bunch of stuff to do. It's something that you do. So you can do it on the cheap kind of. And it's a low resource endeavor. And there's excellent books you can read by someone we just mentioned and videos and

online resources. We'll continue sharing these with you throughout the course of the intervention.

So you can do all sorts of things. You can role-play with your colleagues. You can get feedback. You can read these resources. It's a pretty low intensity way to approach interpersonal interactions with your young people.

Great. So like one of the things I think can happen sometimes is that motivational interviewing can get a little confused with (unintelligible) model or the stages of teens theory.

They came out roughly around the same time. And, you know, I want to just make sure that we're really clear that they're two different things. So (unintelligible) put out this cycle of change theory, the stages of change theory that says, you know, you've got different stages. And you proceed through the stages, hopefully to maintain behavior change.

You have to acknowledge that there could be a relapse, in other words kind of falling back into previous behaviors or maybe even not progressing and kind of maintaining the status quo.

So real quick, just a brief overview of the (transparent) model, just to remind us that in pre-contemplation, you know, the person has no intention of change in behavior primarily because they're not even aware that behavior needs to be changed.

But then once they're aware, there are actually moving into contemplation where, you know, if they see that there is a change that might be needed but there's no actual commitment to change. They're just kind of like maybe, you know, that's a problem for you, not for me.

Well once they kind of shift to okay, well maybe there's something more to that. They move into preparation where they actually see that there is a need for change. And they start kind of doing some things that would actually put the change into motion.

And then when they actually are ready to put their plan, their actions, the change of the behavior into motion, they move into the action stage. And this is when they're doing something about the behavior change.

You know, with luck they're able to move in to maintenance where they can sustain the change. And this new behavior actually replaces the old behavior. And so of course, smoking cessation is a simple example where, you know, hopefully somebody is able to stop smoking. And when they're in maintenance they do not pick up a tobacco product after that.

However, we also know that some of these things that - some of these behaviors are pretty enticing. And some even have levels of addiction related to them. And so relapse is a reality. And so folks might actually go back to one of the earlier stages of change.

So as you can see, there's lots of stages of change that comprise this model. And, you know, while maintaining behavior change can be really challenging, we also acknowledge that with proper support such as someone may be who is doing MI with somebody, it can actually be very, very supportive.

But we want to make sure that you're not confusing motivational interviewing with the (transtheoretical) model. Miller and Rollnick are really clear, and you'll see in the book. Abundantly clear that MI and the stages of change model, you know, they're compatible, they're complimentary, but they are

definitely not the same. So the MI is actually kind of the mechanism to move through these stages of change.

Deborah Chilcoat: All right so as Alex mentioned, MI is a communication style. And it contrasts with the directing and following style because MI is a guiding style of communication. And we just want to make sure we're really clear that we're all in the understanding of what each one of these types or style communicate - or communication styles there are.

So the first one is directing. As you know, this is a really an appropriate communication style when you're trying to provide instruction. So an example could be, you know, you athletic codes or like for instance (unintelligible) telling her defenders to move toward mid field when her team has possession of the soccer ball, especially when they're poised to shoot at the goal.

So, you know, defenders move up. That's a directive style from the coach to the players on the field okay. The next is the (following) style. And this really is appropriate for someone who is listening intently and kind of engaging, but they're not giving you advice.

The moment they start giving advice they're actually moving into a directing style. So this says kind of like, you know, listening to a young parent about the hardships of juggling school, work and parenting all at the same time. You are the ear to listen and kind of be that support person.

And then finally, the guiding style. And again, this is for motivational interviewing. And this is about supporting someone and allowing them to explore a little bit more about what's going on with them.

So for instance you could the interacting with a young mother was feeling conflicted maybe about moving out of her family home. You would use motivational interviewing to just kind of explore that with that young mother.

So we want to share a couple of scenarios, some examples as we move through today's presentation. And we need to acknowledge that change is difficult. And you have to be ready for the change.

You know, we've heard of readiness and we know that it depends on upon the context, the situation, the timing and maybe the available supports and resources around the young person to make the change.

So in our example here you're going to see that this particular young person might be at a different place of readiness for change. So let me read it out loud for you.

A young dad who is a senior in high school has the goal of being the first person in his family to graduate high school. However, he has not come to school for more than three consecutive days since his son was born three months ago.

To make matters worse, he's not turning in his assignments and he's failed his last two chemistry tests. When asked about his attendance by a guidance counselor, he says he knows he needs to do better, but it's too much to ask of him to do, "stupid" history projects. And (unintelligible) when he has, "real life" homework assignments like caring for his son.

His guidance counselor asked him if he's aware that attendance is a graduation requirements. And he replied yes. So I suspect this might be a situation that seems really familiar to most of you out there.

So we are going to see what stage of change is this young person in. We're going to do this by administering a poll. So, this particular young dad is in which stage of change? So please click on whether you think it's pre-contemplation, contemplation, preparation, action or maintenance. Okay and will close the polls in 5, 4, 3, 2, 1.

Okay. So great, 60% of you said it was contemplation. And it absolutely is because he is aware that attendance is a graduation requirement. But he's also expressed a lots of barriers, a lot of things that are going to get in his way to actually be able to come to school consistently.

So one of the things that you need to do as a practitioner of motivational interviewing is to know when to listen to the young person about their stage of readiness, or stage of change.

And the way that you do that is by listening for something we call change talk. And these are like indications that they're going to change their behavior or sustained talk, meaning that they're going to just stick with what they know. Bear with us a quick moment while we close the poll.

This is where we left off. All right, thanks for your patience. So I'm going to turn it over to Alex now to talk a little bit more about change talk and sustained talk.

Alexandra Eisler: Thanks Deb. So all right, could you go ahead and click before it.

Deborah Chilcoat: There we go. Excellent. All right.

Alexandra Eisler: So Deb mentioned change talk and sustained talk. We'll go through those quickly here. So as it sounds like, change talk is about change. And it indicates - it's when somebody is giving you signals that they're getting ready to make a change.

And that may sound a lot of different ways, but you'll hear words like I want. So like I want to stop texting and driving. Or I need to - I need to save money to buy a new car. You're going to hear words that indicate desire.

You're going to hear words that indicates there needs, maybe words around their reasons like I care about this so therefore that. My goal is, so you're going to hear these sorts of words that are going to indicate to you. They are your big flags were you're hearing somebody making their way through those stages of change that Deb just mentioned. These are the signs that let you know that they're on their way.

Sustained talk, on the other hand is the lack of a desire to change their behavior. So it's where someone's indicating that the status quo is where they're at. Or maybe they're looking to take even a step back.

And so there again you'll hear the same kind of words around like words that would indicate need or lack of need. So like I'm going to keep texting and driving. Or I'm going to keep spending money to get - before I even get paid.

So you're going to hear these sorts of things. And these are going to be the ones that let you know how someone is moving within the stages of change model that Deb was just describing.

So let's take a further look into change talk. So we're back to our young dad who Deb just walked - who Deb just read the story. And so we see that - we in our offices her in train. So if you just heard that train horn, apologize.

So you hear change talk in our young dad story. He says he needs to do better. It's that bolded and underlined there about two-thirds of the way down the page. This is his change talk.

Now on the other hand, you see in the same story followed by its, but it's too much to ask of him to do his stupid history projects and study for tests when he has real life homework assignments like caring for his son.

So we're actually hearing both. We're hearing a desire to change. He wants to do better. He says he has a goal of graduating. He's not doing very well though. And then at the same time we hear him say, but I don't know how to move forward. And it's really too much to ask of me.

So you can see these two things played out. And so I'm going to hand it back to debit to talk a little bit more about what is actually called ambivalence. You are seeing him in these two pieces of this sentence (wave of) ambivalence. Deb do you want to talk a bit about that?

Deborah Chilcoat: Yes. So this motion of ambivalence is basically when you simultaneously have contradictory feelings or attitudes about something, specifically about an object, a person or action or like a behavior.

So changing his behavior, you know, he's saying that would be a great thing. But then there's all these things getting in the way. So the words that he's expressing in the state that he is in is having some ambivalence about this.

And we want to make sure that we're really clear that when we talk about ambivalence when it comes to motivational interviewing, it's a different than maybe kind of the common or the colloquial use of the word ambivalence.

You know, this is not talking about having, you know, been torn between Mexican food and Thai food. You know, you might equally like both. And you might just be, you know, perfectly satisfied with either one of them. But, you know, those feelings are strong, but it's about needing to kind of sort through that.

And that's the point of motivational interviewing. So the facilitator or the practitioner is going to help this young person resolved that ambivalence so that there is some behavior change. So for instance another young person might say to you, yes I want to avoid pregnancy. But they're not using contraception or condoms.

So we're going to do our second poll. And see if we can sort through which statement would be most like motivational interviewing, a guiding style of communication, okay. So give me one second to get this poll launched.

All right, so the polls are open. Let me read the statement to you out loud. Lots of young dads are juggling fatherhood and school. What makes you so special? I have faith in you and hope that you make the decision to stay in school. Tell me more about the things that get in your way of coming to school every day and completing your assignments. Can you please explain to me how you have enough time to play video games but not enough time to complete your assignments? And the last one, it's your future, not mine.

Okay are you - 100% of you chose the third response. We have smart folks over here. That's funny. Okay so closing the polls. All right so the response

that really was the most guiding was the third one, the yellow response. Tell me more about the things that get in your way of coming to school and completing your assignments.

However, I will say that number two, I have faith in you. That is also kind of what we would consider MI adherent because it's very supportive. But when we're talking specifically about the guiding style, we're going to stick with Response Number 3.

Alexandra Eisler: Well and Deb, I think actually what's useful to think about with Number 2 is I have faith in you is very useful to say. But then telling them what the right decision is is actually the problem.

Deborah Chilcoat: Right because you're saying you want them to stay in school. So I think the intention was there, but then it gets a little bit too much into the directing.

Alexandra Eisler: This gets back into the drive for the change has to come from the person making the change. So if I say to someone, I know you'll make the right choice to stay in school. Then they might say well you don't understand how hard it is for me to get my stupid history assignments done and I just feel my last two chemistry tests. That's putting them at odds to maybe push back on me a little bit, just like we talked about.

Deborah Chilcoat: Yes, Number 3 it also allows for the practitioner to kind of probe a little bit deeper into the things that are hindering this young dad from being able to attend school, or at least the minimum number of days to graduate.

You know, and also trying to figure out why is it that he's not completing his assignments. But the most important thing is it's beginning to establish a trusting relationship between the young dad and the guidance counselor. One

that, you know, is built a well and could actually be a conduit to the behavior change.

You know, it's the rapport that has to be built in the beginning of the relationship that will help this young dad make the progress towards behavior change. And, you know, and hopefully sustain that behavior.

But, you know, the conversation is also beginning to identify and focus on specific behaviors that need to change. So like for example this young dad is having a really valid reason for not completing his assignment. You know, he's got a lot to do.

Maybe his guidance counselor doesn't know his daycare coverages, you know, made up of the patchwork of family and friends who might not be the most reliable or available folks.

You know, maybe he's up all night because his son has colic. Or maybe he's just wiped out and he's too tired to do those assignments. And, you know, there's lots of probable reasons for this young person not to be coming to school.

And, you know, I think it's the job of the guidance counselor to maybe employ a little bit of the MI techniques to kind of stretch out what is going on for this young dad. But, like we said, it's the young dad who has to make the change.

So, you know, in the meantime let's say that she just basically says to him, you know, we'd like to keep working - I'd like to keep working with you and figure out a way that we can help you graduate. You know, maybe that's just kind of where it's left.

The facilitator really is the folks who are responsible for the guiding style of communication. And, you know, the thing that you could keep in mind here is what Miller and Rollnick called the spirit of motivational interviewing. So I want to talk a little bit about that.

Alexandra Eisler Yes and this is useful to think about because as Deb brings up the slides about the spirit of motivational interviewing, as I mentioned earlier, really motivational interviewing can be looked at as an interpersonal approach.

And so this is just the way we come to our young people without doing any specific technique or engaging in a particular intervention, it's the spirit of our approach. It's how we embody ourselves and our care for the same people.

We want to stop here for second before we talk about the spirit of motivational interviewing and make sure we give you a chance if you have any questions to go ahead and type those in the Q and A box. It looks like we're doing okay so far.

Deborah Chilcoat Okay, so we're going to go ahead and move forward. So as Alex said, you know, this concept of the spirit of motivational interviewing is kind of like what Miller and Rollnick call, "The underlying perspective with which one practices MI." That's a direct quote from them.

You know, it's what the practitioner does when they come to the interaction. You know, it's kind of feeling with that spirit when they come to the interaction with the young person.

And the thing to keep in mind is that the spirit of motivational interviewing is alone not enough. We're going to talk about some specific skills in a little bit to help this young person achieve that behavior change.

So the question, when you're doing MI, you know, the practitioner really needs to embody the spirit of motivational interviewing, like Alex was saying. And there's four parts. So let's break down each one of these parts.

We've got collaboration, (unintelligible), acceptance and compassion. So when a facilitator or the practitioner engages with a person who is seeking to change his or her behavior, a collaboration is forged. And it's during this collaboration that both the person who wants to change their behavior, as well as the practitioner are both experts.

The person who wants to change their behavior is an expert on his or her own life, their experiences and their desire and readiness to change their behavior. If you know, they are the expert on their life.

But, so is the facilitator. They are the expert on his or her own life. But they have the additional knowledge and skill that they've gained through professional development as well as their practice.

Miller and Rollnick definitely want practitioners to be aware though that they need to avoid the habit of telling the participant what they're supposed to do. Okay, they call this the (righting) reflex. They're just going to make things right. Well, you know, the facilitator really needs to respect the person's need to arrive at the decision to change his or her behavior on their own.

So similarly, the facilitator or practitioner must accept of the person for themselves what they're doing and they're behaviors, their values, their

attitudes, their strengths, their weaknesses. They have to accept them unconditionally.

Acceptance is not the same as approval. And Miller and Rollnick want to be very clear about that. But you do have to accept them, as the old phrase goes, where they're at.

So for example, if a teacher facilitating a session on HIV/AIDS and she has a student raise their hand. And the student says I don't want to get HIV, but I refuse to use a condom during sex because it just doesn't feel natural.

The teacher can respond in many ways. And so the (righting) reflex might sound like this. You must use a condom every time you have sex or you're at risk for contracting HIV. And my gosh, you could die, okay.

However, if the teacher embodies the spirit of motivational interviewing, she might respond a little bit differently. Maybe saying something like this. So what I hear you saying is that you want to avoid HIV and you believe condoms don't feel natural.

So what I hope I demonstrated was that the second response also had a little different tone, may be something that sounded a little more compassionately. And that's the third element here, compassion.

And it may sound intuitive to most of you that compassion should be part of it. But in fact it's only recently been added to the third addition of Miller and Rollnick's book. As they write quote, "To be compassionate is to actively promote the other's welfare. To give priority to the other's needs. You know, if a facilitator lacks compassion, we venture to say that they are not embodying that the spirit of motivational interviewing.

And so finally, we've got similar to collaboration, the facilitator really has to believe that the person has what they need to make the change he or she wants to make. It's the job of the facilitator to evoke or draw out the person's strengths and their assets so that they can actually increase the motivation to change.

So that's our job as practitioners is to draw those strengths out that will increase motivation and the likelihood of change.

Alexandra Eisler: And Deb, something to think about as well, I meant to mention this because you were talking about acceptance, is that also within this newer edition of Making Motivational Interviewing, Helping People Change is acceptance has also within it has the more intense focus on autonomy as well.

Deborah Chilcoat: That's right.

Alexandra Eisler: Which not that autonomy wasn't a part of the conversation before, but it's certainly been called out more as a part of that piece where we talk about the self-efficacy of the person you're working with

Deborah Chilcoat: Because they have to believe they can make the change.

Alexandra Eisler: Well frankly, you know, it's interesting. A practitioner you and I were just recently talking to was saying that they always joke around that if they find themselves working harder for someone else's change, then clearly it's not working.

Deborah Chilcoat: Right.

Alexandra Eisler: So the autonomy, it has to be coming from the person to make the change.  
You can't do it for them. You can't do anything for them.

Deborah Chilcoat: Absolutely. Good point. Thanks Alex.

Alexandra Eisler: And I guess along with that, so you see on your screen an acronym, RED. And it's made up of roles resistance, express empathy, develop discrepancy and supports of efficacy.

And so for those of you who maybe have the known about motivational interviewing previously, this was a pretty standard piece of it. And it's actually becoming absorbed more into other parts of the motivational interviewing.

We'll still talk about it because it's still a useful mnemonic device for some folks. And the concepts have just sort of been spread out across some of the other concepts that are within motivational interviewing.

So rolling with resistance. We see this in relationship change or sustained talk, which is what I was talking about a little bit earlier. And that means that you are simply avoiding escalating a situation by reacting to it.

Instead it's sort of like if someone says I don't want to wear a condom or I don't want to pay child support or I don't want to go to school, whatever the thing is. Instead of saying no, but you have to, it's oh, okay so I hear that going to school is not a priority for you right now.

And it helps to actually de-escalate a conversation and make it a dialogue as opposed to a push and pull.

Deborah Chilcoat: It kind of sounds more like waltzing then does wrestling.

Alexandra Eisler: Sure does. It sounds like dancing, not wrestling that's for sure. Then expressing empathy you see is the next one. And that comes under - that has now been moved under compassion.

And of course, (unintelligible) to bring natural human piece of expressing compassion for folks. And it's to understand how someone is feeling or see things from their perspective.

And that helps to - it helps your client or the young person you're working with feel heard.

Deborah Chilcoat: And that's different than sympathy.

Alexandra Eisler: It is different than sympathy.

Deborah Chilcoat: Yes because sympathy is kind of like feeling bad for that person. But empathy is like really truly feeling like you could be in their shoes.

Alexandra Eisler: Yes absolutely. Developing discrepancy remains its own standalone concept. So if you were to go out and pick up a copy of that purple book that we talked about earlier, it has a whole chapter dedicated to it.

Developing discrepancy is actually a pretty useful tool for working with folks. What you're doing is your highlighting a gap between a desired behavior and that the status quo.

So I - well our young father who was not going to school or not doing very well in school, but wanted to graduate. He says I know I need to do better, but

I have all this silly homework and I'm really just trying to take care of my son.

So by developing that discrepancy, helping him see how those two things are actually pitted against each other and then using that as leverage to problem solve is really what we're looking for in developing discrepancy.

So if that young man were to say those things to me, I want to go to school. I know I need to be doing better, but I really can't get my work done. I have to take care of my son. I might say something like so it's important to you that you do well in school, but you're really struggling. And then we would use that based on his responses to me to find a solution.

Deborah Chilcoat: And what I think is really interesting to note here is that the MI practitioners that we talked to say that this particular one can be really talk because you don't want to sound sarcastic, you know, when you're trying to show both sides of what's happening here.

So this one, you know, definitely practice how you're going to develop discrepancy between the two behaviors, the desired versus the current behavior.

Alexandra Eisler: Well and so actually I think there's a really great question that I see here in the question chat box from (Amelia). What do you do if you ask a student what he or she wants in the outcome and they tell you they don't know? For example, I don't know if I want to keep this girlfriend or not. Or I don't know which job I should apply for.

Well the key there is it's not up to you to tell them because if they don't know, if you were to say you should stay with your girlfriend or not stay with your girlfriend, you are making the decision for them.

So ultimately what you do is you work with them to problem solve the situation by asking them about their goals. You know, something like I don't know if I should stay with my girlfriend. Well what are some of the reasons that you are with your girlfriend? How do those make you feel? What are some of the reasons you might consider not being with your girlfriend?

And really you're giving all the tools to this person to decide why you should or should not stay with this person.

Deborah Chilcoat: Yes, I would actually be curious even to say well, what brings this up. You know, because who knows what else is going on. I mean you might have to do a little digging. But, you know, this conversation could go anywhere.

Alexandra Eisler: Absolutely. But the key is, to answer your question (Amelia), the answer for you as a practitioner is not to say this is what you should do. That is not the appropriate response.

Deborah Chilcoat: And I think it's okay for them to say I don't know. I mean yes, you know, be patient and my gosh, this is one thing that you'll learn if you're going to start thinking about doing MI is patience is important. And making sure that you keep, you know, keep plugging away helping that person.

Alexandra Eisler: Yes. So if you advance the slides for me one more Deb. I'm sorry, the last one. I'm sorry, is supporting self-efficacy, which as I mentioned a moment ago is part of acceptance and autonomy. And did the idea here is that you are building their skills.

So similar to the question we just responded to about if they say they don't know, you don't want to do it for them, whatever the decision is. They need to work through it and be able to feel proud about making decisions and making changes for themselves.

So they'll never get anywhere. Like you said, if you are working harder at the change than they are, it's not going to be a change. So let's look at this a little bit more deeply.

So I'm going to read this scenario to you. A young mother expresses concern that her preschool-aged daughter has had several cavities already. When you ask her about the beverages she gives her daughter, (Nadia), she tells you that her daughter will only drink apple juice and chocolate milk.

Then she tells you she was angry at the dentist who told her to switch to water immediately if she doesn't want her daughter's teeth full of holes. The young mother said that she won't switch because her daughter, (Nadia), will have a fit.

So we're going to go ahead and open a poll up. And I'll go ahead and read this to you. So in the response to the story about baby (Nadia), even though we have not reviewed specific examples, I want you to try and figure out which of the following is not an example of RED, what we just talked about.

One, it sounds like you're concerned about your daughter's oral health. Two, it can be difficult to hear that you need to change the types of drinks you give your daughter. Three, I'm hearing that you are worried about (Nadia). That (Nadia) had five cavities already and you don't want to give her water because she will be unhappy. Four, I agree with your dentist. Besides, how do you

know (Nadia) won't like water? Five, it sounds like you are not interested in switching (Nadia)'s drink to water.

So go ahead and let people take a moment. It looks like there's still some of voting. Which one is not RED?

Deborah Chilcoat: All right, we'll close the poll in 5, 4...

Alexandra Eisler: Get your votes in.

Deborah Chilcoat: 3, 2, 1.

Alexandra Eisler: All right, so there was some shift in there at the end. All right, so it looks like most of you, 75% said Number 4. I agree with your dentist. Besides, how do you know, (Nadia) won't like water? That is not an example of RED. You are correct.

And the reason for that is that we're saying this is how I feel. I agree. And you need to do this thing. We're being prescriptive in that statement. You need to try water.

I saw a couple of folks say Number 5. It sounds like you are not interested in switching (Nadia)'s drink to water. That is not an example - or that is an example, I'm sorry because it's actually reflecting what she was saying.

It's simply giving it back to her what we hear her saying. She'll have a fit if I give her anything but juice and chocolate milk. I hear that you are not interested in switching to water. So we're not actually telling her what to do. We're reflecting.

So RED and the concept that it's now (subsumed) under in motivational interviewing a kind of the approach. I'm going to hand it over to Deb to talk a little bit about an acronym called (OARS). And it's a good technique for making - it's like a checklist in your brain to go through if you're trying to apply motivational interviewing.

Deborah Chilcoat: Yes and I think some of this is actually going to be similar to what you've learned before regarding communication. And the O stands for open-ended questions. Of course you want to try to ask questions that are probing and, you know, don't require a single word answer like a guest, no or, you know, have you ever ask somebody, you know, how is your day going. And they are like fine.

And even their tone tells you that there's probably more behind that statement. So maybe if you had asked a different way you could have gotten more information.

So the A stands for affirmations. And this is, you know, those statements that are going to build the rapport, that trusting relationship as well as the self-efficacy of the young person.

Reflections, Alex just mentioned reflections. And these are when you mirror or kind of parrot back or rephrase what a client just stated. And, you know, there's lots of different types of reflection. There is a very simple ones were literally you are saying the exact same thing that the young person said.

And then there's more complex types of statements. And there is great examples if you just Google complex reflections and motivational interviewing. There's some really great examples that you can take a look at.

And then finally, the S is for summaries. And this is that statement that can review everything that was just shared. Maybe there's something that needs to be clarified or even reinforced that happened during the interaction.

But this is kind of like the last opportunity until the next interaction or the next session when, you know, the practitioner as well as the young person can kind of sort through what exactly was said.

So we would like to do a role-play that will help you see how (OARS) can actually sound. And today we're going to be sharing (Kara)'s prenatal visit story. And (Kara)'s a young mother who's come to healthcare facility for, you know, prenatal care.

And during the visit the practitioner returns to a conversation that the two of them had any previous prenatal visit that had to do with (Kara)'s tobacco use, smoking.

She - we were so proud of her. She successfully quit smoking during the first three months of her pregnancy. But, you know, she's now started smoking again. And she's up to six cigarettes a day. And it's usually more because she's been under a lot of stress.

She's told you in the past that it's really tempting to smoke because it seems like everyone around her is a smoker, her mother, her dad, her brother, her boyfriend and even the folks who she works with.

So we want to share with you how (OARS) sounds any conversation. So I am going to - this is Deb - I'm going to play the provider. And Alex is going to be (Kara).

Alexandra Eisler: All right, take it away Deb.

Deborah Chilcoat: Hi (Kara). How have you been since your last visit?

Alexandra Eisler: Okay I guess. I feel like I've put on a lot of weight this month.

Deborah Chilcoat: Well according to your chart you are right on track for your weight gain. Tell me about any changes since your last visit.

Alexandra Eisler: Well I got a new phone so I can face time with my friends and my boyfriend.

Deborah Chilcoat: That sounds like a good idea. So what else is going on?

Alexandra Eisler: Well don't hate me, but I started smoking again.

Deborah Chilcoat: Well what prompted you to start smoking again?

Alexandra Eisler: Well like I said before, I feel weird not smoking when everyone around me is lighting up and having a good time.

Deborah Chilcoat: So it sounds like you're feeling out of place when you're around people who are smoking.

Alexandra Eisler: Yes. I feel bad about it because I know I shouldn't smoke while I'm pregnant. But I feel weird about the whole thing.

Deborah Chilcoat: So it sounds like you know you shouldn't smoke while pregnant and you feel weird not smoking, especially when you're around others who are smoking.

Alexandra Eisler: Yes. I mean I know it's not cool.

Deborah Chilcoat: And it sounds like it's more important for you to fit in with the people who are smoking around you than it is to avoid smoking for the health of your baby.

Alexandra Eisler: Well no, it's not like that. I just, I don't know, well yes, now that you said it that way.

Deborah Chilcoat: So (Kara), do you want to protect your baby?

Alexandra Eisler: Of course.

Deborah Chilcoat: Well so what are some things you could consider doing that would protect your baby and make you feel a little more comfortable around these people who are smoking?

Alexandra Eisler: I guess I could chew gum or suck on hard candies.

Deborah Chilcoat: You know, those are both really great ideas.

Alexandra Eisler: And I guess I could ask my friends to help me stop smoking too.

Deborah Chilcoat: Well it certainly sounds like you have a couple options to consider.

Alexandra Eisler: Yes. I think I'm going to buy a pack of gum on my way home. And I'll face time my best friend tonight and ask her to help keep me on track. But like what if I can't quit cold turkey?

Deborah Chilcoat: You know, that's really a common problem for people who are trying to stop smoking. You know, how about if you try the gum and talk to your best friend

about supporting you with not smoking. And we'll definitely talk about it at your next appointment.

Alexandra Eisler: That sounds good.

Deborah Chilcoat: Excellent. You know, I'm really glad we had a chance to talk about your smoking today. Sounds like you have a solid plan to stop smoking. And, you know, I look forward to seeing how well you're doing at your next prenatal visit. End of scene.

All right. So as you can see, when we were going through the role-play we put up the statements that where the practitioner is demonstrating (OARS). And we put the letter that corresponded with the statement up on the screen as well.

So we had lots of summary and lots of affirmations, reflections going on. And you can see that, you know, you're not going to just stick with one particular letter, one particular type of (OARS). You can actually weave several throughout the conversation.

So just again, like I said, the patient because it changing behavior takes time. And, you know, it may require a lot of interaction with this young person to see even a smidge of readiness for change.

We want to let you know that, you know, there has been growing evidence using motivational interviewing in short interventions, like for instance in the clinical setting. We know that there's typically like 15 minutes or so for a clinician to interact with the patient.

And, you know, they're starting to see some really good results. So one thing to keep in mind is that it's been our experience and what we've talked with other practitioners, it doesn't take any more time than just going in and, you know, tell me what's going on. And then just prescribing something to quote on quote "fix" the situation.

Okay so we are going to go ahead and work through a few different scenarios. And we're going to ask that you use your chat box to go ahead and respond to us. So I'm going to read a scenario. There are three possible responses. We'd like you to take a stab at which one you think is the best response.

So this first scenario, (Kevin) has an on and off again girlfriend. The relationship is very hot and cold and often stressful. He loves her and wants to be with her, but he's feeling anxious and it's making it hard to concentrate at school.

Possible Response Number 1, what would your relationship look like with her if you talked to her about not being romantically involved? Number 2, you said that the relationship stresses you out but you love her. Number 3, school is more important than a girlfriend. You should be focused on school right now anyway.

So go ahead in the chat box, take a couple of moments to pick which one. Just write 1, 2 or 3. And we'll go ahead and talk about it. So go ahead and start typing some in. All right, what do you got there?

Deborah Chilcoat: Mostly 1s and 2s.

Alexandra Eisler: Mostly 1s and 2s.

Deborah Chilcoat: Yes.

Alexandra Eisler: Just a few more people typing. 1, 2, 1, yes. So yes, there are two possible appropriate responses here, Number 1 and Number 2. So asking what the relationship would look like if they were romantically involved. Or saying, reflecting back that the relationship seems to stress him out, but he loves her. Those are both perfectly acceptable responses.

Deborah Chilcoat: Yes. So telling him to focus on school is no good.

Alexandra Eisler: It's a bit prescriptive. A little bit. All right, let's do another one. So (Lauren) tells you she's not using contraception consistently. She expressed that having a child right now would be really hard. She's also talked about wanting to have at least two kids at some point in her life.

So which one of these? Number 1, do you know how hard it would be having kids? Number 2, how would having a child change your life right now? Number 3, on the one hand you want to have a family, but starting your family now would be hard. So which of these are MI like?

((Crosstalk))

Deborah Chilcoat: I think they're on to something here.

Alexandra Eisler: I think they figured this out.

Deborah Chilcoat: Yes, Number 2 and Number 3 are the most appropriate options. So, you know, how would it change your life and also kind of doing that, you know, having a family is great, but maybe just not right now. Excellent.

Alexandra Eisler: All right, one more. So (Jen) has been breast-feeding her son on and off again since he was born. She really likes the connection she has. And it gives them, you know, a time together and it's a definitely cheaper than formula. She feels really self-conscious pumping at work though. So which of these?

What are some things that might make you more comfortable pumping at work? Breast-feeding is the healthiest and cheapest choice. You should make it a priority. That's great you been trying. It can be really hard to pump when you're not at home. All right, go ahead and use those chat boxes. Which one do you think are the most appropriate?

Deborah Chilcoat: All right, looks good out there. Actually 1 and 3 would be the most appropriate. So, you know, take these as kind of examples that you could use in your own practice. And let's see what else we might want to think about when considering MI in our practice, Alex.

Alexandra Eisler: So we're going to talk about some considerations for integrating motivational interviewing or MI into our practice. First, take a moment. I haven't seen a lot of questions come in. But I would like to check and put it out there, see folks have any questions. Give just a quick minute to type some in.

I don't see any just now. We will have the open Q and A discussion piece towards the end as well. So go ahead and keep moving.

Deborah Chilcoat: Hey (Kara), so you were asking where the chat box is. Go ahead and use the Q and A box. We're kind of using them interchangeably with this particular platform, okay.

Alexandra Eisler: Yes they're the same. So I'm sorry if that was confusing for folks. Yes just go ahead and type it in. We can see what you're writing. Same place that you're

writing 1s and 2s and 3s. So if you have questions go ahead and pump them in there. We can respond to them as they come up, okay.

All right, so moving right along. This is a resource for you all. And of course you still have access to the slides. So you can click this link later or review it at your leisure.

And so it is what's called a meta-analysis of studies on motivational interviewing. And what that means is they took a bunch of studies about motivational interviewing and looked across them to see where they effective, was there any themes and what made them effective. That sort of thing.

Essentially what it found was that across a lot of different spaces and a lot of different environments, at the very worst motivational interviewing approaches do no harm. So, and at best they may have improved outcomes.

So if you're considering using it, if it seems appealing to try it out and see how it feels, we do encourage you to take a peek at resources like this to see if it might be a good fit.

All right, so just a few ideas about ways you can integrate motivational interviewing into your practice are one, you can add it to evidence-based interventions if you're using one. Of course with the approval of an adaptation, so talk to your POs, see what they say.

And you could also embrace the spirit of motivational interviewing just in your interactions with young people. You know, they're expressing compassion, expressing empathy. It you know, making sure that those pieces are part of how you work with them.

Similarly, in the next bullet point using and becoming proficient with REDs and (OAR)s. Those are good checklists in your brain to just think about today ask an open-ended question, or was that a rhetorical question.

Deborah Chilcoat: Yes and actually in that third edition of Miller and Rollnick they have some questions that a practitioner can ask themselves to make sure that they are really inviting that spirit of motivational interviewing and using REDs and (OAR)s correctly and well.

Alexandra Eisler: That self-check is really useful. Also, along with that is listen intently for change talk and sustained talk. So are you hearing someone say yes I want to finish school? Yes I want to keep myself healthy or I have a reason to. Or now that I'm having a child, getting a job that pays X amount will help, or whatever it might be for self-check sustained talk.

These are equally useful for working with the folks that you work with to make sure that they're getting what they need and that you're meeting them where they are.

Also, from a professional development standpoint working with your colleagues to provide feedback to each other. There's nothing wrong with a good old-fashioned observation, or having some, you know, taping yourself. Having someone look at it because often it's hard to see outside of ourselves.

You may think I felt like I expressed X, Y and Z. But it could be that some way that you interact with your folks might not look the way that you thought it did. And in just a moment we will share with you some resources on how you can make sure that you are doing that well.

You can also practice the components of motivational interviewing and further accept that motivational interviewing is a lifelong practice. It is something that not only takes a while with your clients or the youths you work with. You won't see change immediately. It's going to take a while.

And similarly, practicing these skills whether you're being completely MI adherent, or you're just trying to approach your young people anymore therapeutic way. It's a lifelong practice. It's not something that comes quickly to really anyone.

So we actually want to begin the (crop) conversation among those here on the line. We're going to kick start it with the guest presenters that we've asked to share a little bit how they're using motivational interviewing in their practice.

And so (Denisa), I was wondering if maybe you could open up (Melody Richins) like as well as (Ebony Section)'s line. And while she's doing that, let me introduce (Melody Richins).

She's from the New Mexico Grads program. And (Melody), I was wondering if maybe you could share a little bit about how you're using MI in your program? Definitely talk about what success you're having.

Maybe acknowledge a couple challenges and maybe some strategies that you put into place to overcome those challenges. Definitely interested in some lessons learned, but I want to kick start it with you providing just an overview of the New Mexico Grads program.

(Melody Richins): Thanks. Can you hear me?

Alexandra Eisler: Yes go ahead.

(Melody Richins): Well I apologize. I have been unable to be on the webinar part of this. Our IT department has been working on it for an hour. And we are rural to Mexico. We're clear down on the border and for some reason we can't get the webinar part. But I'm able to participate in the verbal part, so that's good.

Alexandra Eisler: Well we're glad you're here.

(Melody Richins): So thank you. Yes I am - we are clear down in the boot hill of New Mexico, clear down on the Mexican border, very rural, very low economic status of folks down here.

The New Mexico Grads program has been in New Mexico for 25 years now. Their work with pregnant, expectant and parenting teens. We're in 29 high schools across the state. And I manage down here in the two counties that I work in, three of the high schools.

I work for Hidalgo Medical Services, which is a federally qualified health center that provides services, not only medical, dental and behavioral health, but family support. And that's where the Grad fits in.

Grad stands for graduation reality and dual role skills. That's the acronym, because our primary goals with our young parents is Number 1, keep them in school. We just have so many of our young parents who, you know, when they become pregnant or have their babies drop out of school.

Secondly we want to delay that second pregnancy. And then we just want to provide that wraparound service to provide those young families, those vulnerable families with all the support we can so they can continue in school and build a life for themselves and their children.

So the New Mexico Grad program is set up so that it works through the public schools. We have actual certified school teachers. The kids can take the Grads class and get regular school credit for them - for that class.

The classic deals with everything from prenatal to parenting to job search to employability, all those kinds of things. And so it works well for the children. And we also provide a case manager for each one of those kids, and that's the wraparound service.

And that's where we kind of use motivational interviewing the most. We here at Hidalgo Medical Services, that's just a standard method of operation with all of our, even our medical people.

Folks that come in to see our providers with chronic health conditions or anything, we learned some time ago that motivational interviewing is the best, what we found to be the best process for change for folks because it gives them power.

It gives them the ability to dream. It gives them the enthusiasm to do it. To build enthusiasm, build the self-efficacy, you know, supports buy-in. So with our young parents, probably our favorite tools or my favorite tools are of course the affirmation that you talked about and reflective listening part, but those open ended questions.

So many of our young parents have been told, they not only don't get the encouragement not only from home, but even from society. They get actual discouragement. They're told over and over, who you've ruined your life. You can't make it work. You can't do that.

And so we have to kind of help them - one of my favorite questions is what were you going to do, or what would you have done had you not become a young parent? What was your dream?

And then to help them realize that what they envision it's like okay, is that still feasible with a new set of support systems, some new resources? How can we still meet that dream because the dreams they had before parenthood are still very much achievable. And I think a part of that is what that motivational interview allows them to do.

Our favorite question is if you had a magic wand, what would you do? What do you think it would be like if? You know, where do you want to be in five years or what do you want for your child? Lots of times that will reach out to them.

What we have found is - and one of them things we are most excited about this year is, a success for us is that 78% of our young parents who were in our Grads program and our program that graduated from high school in May are going on to college or two technical school this fall.

We think that's huge because most of those kids had either previously dropped out of school or were on the verge of dropping out. And so now for them not only to finish high school to realize you know what? I can go beyond this. And so we feel like that's a real success.

We have one young lady who, her name is (Bodika). She had dropped out of school when she was a sophomore. She was told by her family you can't do it. You've ruined your life. Stay home. You know, you're done.

Through working with her, allowing her to tell us what she wanted to do, she became the first female in her family to graduate from high school. And she's of course the first female in her family to go on to college. And she is all set to go to college this fall.

I think one of the biggest things that, and it's not - it's kind of a follow-up to motivational interviewing, but if we're going to give them that opportunity to say this is what we need, we need to have done our homework and have the resources right there at our fingertips.

It doesn't do a whole lot of good for us - for them to say, you know, maybe I do want to go to college. And we say, oh that's great. Let's get together next week and talk about it because by next week somebody has shot them down again and they've come back thinking I can't do this.

So we need to be able to capitalize on it on the moment that they say, you know what? I think I want to do this. And then we need to say, you know what? Here is the counselors. Let's link you up. We know where the financial aid is. We actually have the forms for you to fill out your FASFA. We continue child care resources. Let's talk about what's available out there.

And so I think a huge piece of it is we have to have done our homework in the things that we're hoping that they will achieve. And so that when that moment arises, we don't put them off at all. We're there to act on it. And that's probably our biggest success is when we're able to do that.

This young lady and so many of the others that are going on to college, it's simply because, you know, our team support specialists had the resources available at that moment and said okay, how can I help you do that? Let's fill out some forms. Let's go talk to the counselors.

Going with them to the college or to the day care or to wherever it is that we're trying to link them to, those warm handoffs because it's scary steps for them. And especially if they're like I say, not only getting discour - not only not getting encouraged, but they're actually getting discouraged.

Woman: Yes it sounds like you guys are possibly the biggest cheerleaders for them.

(Melody Richins): They're awesome. We love our kids. And I think that - I think that, you know, relationships with everything. That's very true. Without relationships, we're not going to get anywhere. And so building those relationships.

But then yes, being there advocate all the way through. And holding their hand and helping them take those scary steps. But I think the key is when they say they want to do it is being ready to move on it at that time instead of saying oh, let's get together next week and talk about it.

Woman: Yes (Melody) the one thing that I'm definitely impressed with is that it was an organizational wide adoption of this. And I think that that's also been one of the things that's definitely been a benefit to you and your staff being able to do this and do it really well and have those resources.

So I think this is a great example of, you know, the whole organization embrace doing this.

(Melody Richins): They did. We started it actually with some funding from the CDC to deal with patients with, you know, chronic health conditions, actually diabetes because we had a very high instance of diabetes.

And so that was, you know, how are we going to help these patients wants to bring their A1Cs down. And so it started more on a medical thing. And we've realized the benefits of it. And now it's just gone - we have 11 clinics across the two counties. And so it's just gone staff wide. It's really well with our young parents.

Woman: So if you were to identify one quick challenge, what would it have been?

(Melody Richins): I think one quick challenge is is that our kids don't know how to dream. And so when exactly what was brought out on the webinar from folks is, you know, when you say what do you - what would you like to do about it. And they go I don't know. I just can't, you know.

And so I think that's the biggest challenge for us is that they don't know how to dream. They're beaten down from the get-go. You know, they're caught in this cycle of poverty and hopelessness and I've blown it kind of thing.

And so I think that's the biggest challenge. And that comes back from that reaffirming. You know, it's when we say things like well, you know, when they tell us something and we can answer them with a gosh, it sounds like you're really passionate about or you really showed a lot of determination when you whatever.

Or, you know, and when we can affirm that kind of stuff and build them up. Then they begin to start opening back up as to I did have a plan at one time in my life.

Woman: Yes and then actually it brings up for me, Doctor (Doug Carees) work that hopes and dreams are essential to be able to, you know, avoid pregnancy and make good sexual health decisions.

So (Melody), I want to thank you very much for sharing about that. And we put your contact information up on this slide. And as long as you're okay with it, we'd love people to reach out to you and be able to talk a little bit more about that.

(Melody Richins): Absolutely. I hope they will. Like I said, I can't access what's on the slide. But send me an email and we would love to - I would love to. And thank you for this opportunity.

Woman: Oh thanks.

((Crosstalk))

(Melody Richins): Great training when I'm, you know, I've been able to listen in on it. It's been great. Thank you.

Woman: Yes. So next I want to turn to (Ebony Section). She's with Planned Parenthood. And she's got a program called Teen (Rise) that she'd like to share a little bit about. (Ebony) are you there?

(Ebony Section): I am here. Can you hear me?

Woman: Yes great. Go right ahead.

(Ebony Section): Okay, well thank you for having me. (Unintelligible) Greater Orlando (unintelligible) PPP funding from the Office of Adolescent Health to replicate the safer sex intervention which is housed in the Teen (Rise) project.

The safer sex intervention is a one-on-one sexual health intervention designed to empower and inform girls ages 15 to 19 to make a better decisions about health. It is a clinic-based intervention. So we're in a clinic, and we offer one-on-one health education sessions with a female health educator so the patient can speak privately and confidentially with their health educator.

So motivational interviewing is a staple of our intervention. We actually train our health educators on motivational interviewing first before we even train them in the curriculum. We do this because we know the importance and the power of their mind. And we also want to ensure our health educator is fully competent in MI techniques so they can do it successfully.

Our training material comes from (Bill Mechulette), hope I said his name correctly. We also do record a role-play. Some of the staff have a MI conference. And we also watch videos. So we have a full comprehensive training curriculum with MI.

One of the core reasons why we want to use MI and why (unintelligible) is centered around MI is because we want to avoid preaching or lecturing to a participant. They hear that a lot in school. Sometimes they hear it from their doctors. So we want to use them and provide a comfortable environment and also be very friendly.

And motivational interviewing is quite conversational. So we use the (OAR)s and affirmations to guide participants to elicit that change talk. Get them to a stage ambivalence and also get them to a target behavior.

One technique that hasn't been mentioned is that we use say (rating) system. So for example, you say you don't want to get an STD. Tell me how

important this it is on a scale from 1 to 10, one being that important, 10 10 be an extremely important that you use a condom.

So the participant will say, let's say she says it's 6. And a health educator might have a question, well what can you do to get you to (unintelligible). And this would elicit the participants to come up with strategies or ways so she could increase her (unintelligible) and use condoms more reliable.

Also, we also ask our participants to come up with a smart plan. The safer sex intervention in six months long, so we do like a one-month, three-month and a six-month booster or follow-up session. And that's when the participant graduates from the program.

So we embody motivational interviewing spirit along the six-month intervention, meetings and text messaging, face-to-face interaction, videoconferencing and also we private message them or social media.

Our participants are unaware that we use this MI technique. However, they are pretty wise that we have them in this really cool conversation about sex. We actually evaluate our MI with something called (holler back forums).

And this is just a survey format which we analyze and it just to a feedback on how the health educators are using MI. So some of the questions are like who spoke more, you the health educator or both equally? Our goal is to have both equally because we wanted to seem like a conversation, not a one-sided conversation.

And another question we have is what does this conversation feel like to you? Does it feel like a conversation for someone you trust or a long lecture from the teacher? So we do these (holler back forums) to one, make sure we're

doing it correctly (since they're approved) and also just to ask the participant how she feels about the individual session.

In conclusion, I'll just say I'm promoting MI. It's great. I actually catch myself doing it with my friends. And I think it really, really builds (a score) and it allows (unintelligible) trust you and they feel comfortable. So it's very, very powerful.

Woman: So (Ebony), a couple of highlights from what you just shared. Number 1, good training and continuous professional development on motivational interviewing. It sounds like at some really essential.

(Ebony Section): Absolutely. I would say when I first got trained on MI, it was pretty hard because you have to change your sentence structure and a lot of different things.

It's probably like the hardest week when I first got hired. But you definitely have to find your own style to MI and really, really practice and watch videos. So it's, like you said it's a life learning experience.

Woman: And it you are changing our own behavior. So you're moving through those stages of change too.

(Ebony Section): Absolutely.

Woman: So real quick, I just want to acknowledge that yes, (unintelligible) can be a really long intervention in some people's eyes. I mean there's certainly no longer ones. But have you noticed that the use of MI has actually helped with retention?

(Ebony Section): Absolutely. We have some participants that contact us when it's not time for the meeting. So we definitely used MI. And it's, I'm going to just echo it's just we make the participant feel comfortable and ease the questions. And not like we make sure it's about using a condom. You better get on birth control.

But we also use strength-based and we affirm them and complement them. And we also are very visible on their social media and things like that. So definitely I would say MI is a big contributor to successful retention.

Woman: Now when you do your social media, do you phrase some of the things that you put out there like with (OAR)s, with open ended questions or statements?

(Ebony Section): Yes. Yes so how is everything going? Tell me anything just have you done (unintelligible)? There's just a lot of open ended questions because we want to just keep, like you said, keep the spirit going. Keep the phrases going so they're really changing their behavior.

And we also use stages of change along with MI because they complement each other very well.

Woman: Well (Ebony), I really appreciate you sharing. And, you know, appreciate you for what you're doing and same with (Melody). I mean you're doing the good work there on the frontlines. And certainly using this particular approach it sounds like that it's been really, really positive. So thank you so much.

(Ebony Section): Thank you.

Woman: Yes. And so we're going to just spend a few minutes before our time is up together, maybe just kind of talking about now that you know a little bit more

about MI folks, where do you see opportunities to maybe integrate motivational interviewing into you practice?

Maybe (Denisa) do you want to open the lines? Or I think maybe we could either open the lines or we could stick to the Q and A box.

Coordinator: It's up to you. If you would like to ask a question from the phone lines, press Star 1 and record your name clearly when prompted. Again, if you'd like to ask a question from the phone lines just press Star 1.

Woman: So we're going to be monitoring both the phones as well as the Q and A box. So again, my question is team, what are some of the opportunities you'd see to integrating MI into your practice? Folks are probably typing, typing, typing, I hope. There's some.

So (Amelia). (Amelia) asks what do you do if students seem, quote "non-compliant?" For example, if he or she does not express a desire to change their unhealthy or risky behavior, like I'm having sex and it's no big deal. You can repeat what they say, but it seems like the conversation is stuck there.

Woman: That's a tough one. You know, this whole notion of autonomy and kind of building their own self-efficacy is really important. And, you know, they certainly can't make their own pre-contemplation if they don't see a problem with what's going on.

Woman: Well and I think that there's a few different - and of course (Melody) and (Ebony), if you'd like to chime in about how you might approach this in your own work. But I think some if it is to continue asking some questions.

And you can certainly move away from the specific discussion of the quote, “issue at hand.” So if this person is saying they’re having sex and it’s no big deal, you can ask them questions like oh okay, so when you have sex, what are some ways that you make sure to keep yourself and your partner safe?

And so then say they tell you - say then they tell you they’re not using any kind of protection either. You know, say like, you know, it keeps going into a position where there’s discussion. It you can then ask question about, you know, well what have been - have any issues come up for you? Like what are some of your experiences around that? Digging deeper into that.

It could be that the person says that they have sex when they are say drinking or drugs involved. You can have conversations about that. And certainly remembering that it’s also okay if there’s some awkward silences.

But the idea is to ask open ended questions. And if someone says I’m having sex and I don’t plan to change, I hear that having sex is part of something you’re very okay with in your life. Tell me how you keep yourself safe. Tell me how you handle this. You know, what kind of care have you sought? That kind of thing can help.

Woman: Yes we hope that helps you. So somebody (else had said) (Maggie), thank you, said that for her some of the work that they do is talk about child development over the phone.

And so she’s saying that she could use MI during the kind of a difficult conversations when the child has a developmental delay. And seeing if the mother is ready to seek outside help. I think this is a beautiful example of when you could use MI.

And it also reminds me that I think it's important to mention that MI is not perfect for every situation. And so like if you're in a crisis situation, you need to manage the crisis. And you could probably ask some open ended questions, but really in that moment, maybe MI is not the perfect solution.

But you could stand by the spirit of motivational interviewing while, you know, trying to manage that crisis situation. So love this example. Thanks so much (Maggie).

Alexandra Eisler: And something I'd like to kind of point out, we didn't get too far into it because this is a, you know, pretty foundational knowledge webinar around motivational interviewing.

But something when you get deeper into it you learn about is how you reflect information back. You know, Deb was saying complex and simple reflection. One way you can reflect - there are different ways to reflect. And one way would be like an amplified reflection.

So say a young woman says she's not ready to seek outside help. You can say something like so you never want your child to seek help about X, Y and Z? And they'll respond to that.

Deborah Chilcoat: Yes because it takes it to the extreme.

Alexandra Eisler: And the idea is that you do want to take it to the extreme so that they have the opportunity to correct it. You know, that's not always the right way to approach it, but that is one way.

(Seeing myself to) (Amelia)'s question earlier, so you're okay with having sex. So you think that it's always okay to have sex with people? And they'll

say well no, you know. And then you can talk more about whatever it is that they say to you. And that can give you a launch.

And there's a few more ways to reflect information that can be really useful for starting conversations. So I encourage you to look into what that might look like.

Deborah Chilcoat: Okay so we've got one more we'll do super quick. Yes, so (Brandon). So (Brandon) said, you know, you could also use it to focus the conversation so that you can really get the person's eye on the goal, eye on the prize.

((Crosstalk))

Deborah Chilcoat: With, you know, the step status quo. So thank you all for telling us a little bit about how you might envision using MI in your practice. I'm going to move through the two other slides, which really were just prompts for (Melody) and (Ebony), which, you know, talking about those challenges and the strategies to overcome. And I'm going to turn it over to Alex to cover some resources.

Alexandra Eisler: So we'd like to leave you with a few more resources, whether you've been already practicing motivational interviewing or you're just learning about it. These four bullets here are really useful.

William Miller, as we said, is one of the original developers in motivational interviewing. This first website listed, [williammiller.net](http://williammiller.net) are resources from him. [Casa@unm.edu/wrmiller.html](mailto:Casa@unm.edu/wrmiller.html). That's also another good resource. [Motivationalinterview.org](http://Motivationalinterview.org) has - I know I used it for videos frequently if you want to see - or actually that's at motivational interviewing, with the ING is the one I have used.

Motivationalinterview.org is another resource as well. So as you get access to these slides, you can either type them in or click on the URLs when you get copies of the slides for yourselves. So we have, yes.

Deborah Chilcoat: So we have come to the end of our time together. And we of course encourage you to complete the survey and give us some feedback about the presentation today.

And then, you know, there is contact information for both myself and Alex on the very last slide that you'll see. And we absolutely encourage you to reach out to us should you have any other questions.

Alexandra Eisler: And we want to thank (Ebony) and (Melody) for sharing their insights and their time with us as well. We thank you from the bottom of our heart.

Deborah Chilcoat: And thank you to (unintelligible) and (Child Trends). We hope everybody has a fantastic afternoon. Thanks so much. Take care everybody.

Alexandra Eisler: Thanks.

Coordinator: Thank you. That concludes today's conference. Thank you for your participation. You may disconnect at this time.

END