



WISCONSIN DEPARTMENT
of HEALTH SERVICES

**Motivational Interviewing
Implementation Project in
Community Forensics:
Training Report for
State Fiscal Year 2022**

Training in an evidence-based practice is one of several drivers of successful implementation (Fixsen, Naoom, Blase, & Wallace, 2005). The purpose of this report is to describe the design, delivery, and evaluation results of a statewide motivational interviewing (MI) virtual training as part of the MI Implementation Project in community forensic services. Also reported are the results of a listening session with case managers that immediately followed training. The report concludes with a summary of findings and recommendations for project implementation teams and coaches to consider.

Training Design

Content of a two-day training was based on the essential components, processes, key concepts, and skills of MI as described by its founders (Miller & Rollnick, 2013) and as codified in the Wisconsin Department of Health Services (DHS) MI Practice Profile. It was important for training content to be based on the essential features of MI to ensure alignment with established fidelity standards. Day one featured the relational foundation of MI and focused on the engaging process, related key concepts, and person-centered use of core MI skills. Person-centered use of core MI skills (OARS) included drawing out client perspectives and experiences (engaging Open Questions), identifying and highlighting client strengths (Affirmation), and careful listening to accurately understand client experiences (Reflection, Summarizing). Day two focused on the technical component of MI with focusing and evoking processes, related key concepts, and directional use of OARS skills. Directional use of OARS skills involved drawing out and responding to client language of change during change conversations (cultivating client change talk) while strategically handling the language of no change (softening client sustain talk). Emphasis on cultivating change talk and softening sustain talk was particularly important because these active ingredients of the MI method predict successful client behavior change when done with fidelity (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003; Glynn & Moyers, 2010; Magill et al., 2014; Miller & Rollnick, 2013; Miller & Rose, 2009).

According to the National Implementation Research Network, effective training should be skill-based with opportunities for practice and feedback in a safe environment (Ward, Metz, Louison, Loper, & Cusumano, 2018). Training was designed to be highly experiential, interactive, and skill focused. Use of Zoom functions (for example, breakout rooms, polls, and whiteboard) were used to maximize case manager participation, discussion, and practice. Stated goals of the training were: change your perspectives on routine case management in order to consider integration of MI, deepen strategic use of core MI skills, and consider how to deepen integration of MI into routine case management practice. A materials packet for each day was created based on all training content and activities. These materials guided the training process and case managers were asked to print out the packet and have it handy for each day.

DHS created a supplemental facilitator materials packet for co-trainer use. Co-trainers were assigned specific parts of the training to lead, then met prior to training to coordinate and practice parts.

Training Delivery

The virtual training was delivered on April 7, 2022 (Day One) and April 19, 2022 (Day Two) by the lead DHS trainer and five co-trainers across contracted agencies: Alyssa Fisher and Tony Stapel (Adult Care Consultants), Jeanne Louthier (Journey Mental Health Center), and Brittany Taff and Jo Cantrall (Wisconsin Community Services). Co-trainers were MI coaches in the project who self-selected to provide training and three were members of the MI Network of Trainers. Highlights from each training day are presented below.

Day one highlights (the relational foundation of MI):

- Case managers completed a poll identifying MI engaging process perspective shifts that were most comfortable and most challenging. Most case managers (68%) identified being comfortable with the perspective, “Engaging is what happens during the first 3-4 minutes of EVERY encounter;” the most challenging perspective shifts were: “Letting go of assessment and fact-gathering questions” (52%); “More listening than asking” (32%); and “Rapid engagement with MI spirit and skills is possible” (24%).
- Case managers were presented with standard MI self-assessment survey items related to the MI engaging process. Case managers were very familiar with the self-assessment items because it is completed monthly as part of project participation. The survey asks case managers to self-assess MI practice by responding yes/no on MI engaging process items: Did you spend the first few minutes of the encounter in the engaging process? Did you offer at least one reflective listening statement for each question asked? Did you look for strengths and affirm at least one specific client strength? Did you emphasize client choice or personal control? In the training, case managers were asked via an anonymous poll to estimate the frequency (percentage) that these MI engaging activities occur among case managers statewide. Poll results showed case managers estimated 50% to 75% completion, yet actual aggregate results of these self-assessment items range from 93% to 99% frequency. The discrepancy between perceived and actual use of MI for engaging was briefly explored. It was pointed out that individual case managers may be less likely to routinely use MI for client engagement if there is a belief that other case managers in the agency or statewide are not using MI to engage clients as part of routine practice.
- In a activity designed to learn skills, case managers identified many strengths seen in clients, including: hard working, survivors, determined, honest, resilient, resourceful, self-aware, caring, and motivated. Case managers then created an affirmation for selected each strength then

shared with the large group. The activity concluded with the invitation for all to look for strengths every day in every client encounter and offer a specific affirmation. Case managers discussed the potential for program-wide impact with this single skill identified several positive impacts, including: increased client self-efficacy, increased client motivation for change, better achievement of goals, and clients feeling better about themselves.

- Much of the focus on the relational foundation of MI was spent on developing the most important skill: reflective listening. Case managers engaged several practice activities related to the four-step model of forming reflective listening statements and the supplemental reflective listening cheat sheet that has been used for years in this project. Three highlights:
 - The point was made that decades of research consistently shows that skillful reflective listening is a predictor of successful client change outcomes. Case managers discussed why this finding exists and shared these insights: skillful listening fosters connection, comfort, and a sense of safety to explore change; when people feel heard they feel valued and are more likely to engage; if you're not listening you're NOT going to get very far with clients.
 - In a poll, nine listening roadblocks were presented (directing, warning, advising, persuading, agreeing, analyzing, probing, reassuring, sympathizing) and case managers were asked to anonymously identify the top two or three listening roadblocks present in their everyday work. The top two listening roadblocks identified were directing and advising.
 - How to increase reflective listening in routine practice? Case managers brainstormed this question with these ideas: let go of the questions you want to ask; take your time; take a risk with educated guesses about clients' underlying meaning; avoid the question/answer trap; tell yourself it's okay to take a little time and pause; make a decision to listen every day and going into every client encounter.

Day two highlights (the technical component of MI):

- Case managers completed a poll to identify the focusing process perspective shifts that presented the greatest challenge in practice. The most challenging was, "Balance your priorities with the client's priorities, negotiate the agenda" (49%) followed by "Maintain focus on change target" (32%), and "Use agenda map to identify change targets" (24%).
- Case managers also identified change targets that are commonly addressed with clients during services: mental health, substance use, medication adherence, showing up for services, relationships (family, friends), and employment. It was pointed out that MI has been tested and proven to be effective with most of these (and many other) change targets that are commonly addressed in community forensic services (see [MI research reviews by change target](#)).

- Most of the day was spent in the MI evoking process. Evoking is the key process for having effective change conversations with clients. Case managers completed a poll to identify MI evoking process perspective shifts that presented the greatest challenge in practice. Results showed the most challenging perspective was, “Letting go of assessment/fact gathering questions” (47%). As one case manager commented about the finding, “we like to gather information and fix things.” Other perspective shift challenges included, “Resisting the righting reflex” (39%), and—similar to the focusing process—“Maintain focus on the change target” (32%).
- Case managers practiced developing evocative open questions to proactively ask for change talk.
- Case managers practiced directional use of reflective listening for responding to client change talk and responding to client sustain talk.

Training Evaluation Results

At the conclusion of each training day, case managers completed a confidential evaluation administered via electronic survey. This evaluation has been used over the years by DHS and has consistently shown to have good inter-item consistency and psychometric reliability. The evaluation comprised seven items asking case managers to rate their experiences with the training using a 1-4 response scale: poor (1), fair (2), good (3), excellent (4). The eighth item asked, “Would you recommend this training?” and case managers responded using a 0 (not at all recommend) to 10 (highly recommend) scale. This item represented the well-established Net Promoter Score (NPS)¹ and ranges from -100% to +100% reflecting the difference between case manager promoters (scores of 9 and 10) and case manager detractors (scores of 0-6). An NPS of 50% or higher is the benchmark of a successful project.

Case manager evaluation completion rate was about 60% and 75% for each day, respectively. As presented in **Table 1**, Day 1 average results for evaluation items ranged from 3.2 to 3.5 with an NPS of +7%; Day 2, average results ranged from 3.4 to 3.7 with NPS of +23%.

¹ Net Promoter Score: https://en.wikipedia.org/wiki/Net_Promoter

Table 1. Case manager average results (using 1-4 scale) showed favorable experiences in both days of MI training, however, net promoter scores did not reach the +50% benchmark.

Training Evaluation Item	Day 1 average result (N = 15)	Day 2 average result (N = 26)
1. How would you rate the content of the workshop?	3.2	3.6
2. How would you rate the usefulness of the experiential and skill practice activities?	3.4	3.5
3. How would you rate the facilitators on presentation clarity, knowledge, and preparation?	3.4	3.7
4. Please rate the extent to which stated workshop objectives were met.	3.3	3.6
5. How would you rate the scope and depth of the workshop?	3.3	3.5
6. How would you rate the usefulness of this workshop to your work?	3.5	3.4
7. How would you rate the accompanying materials and handouts?	3.3	3.4
8. Would you recommend this training? (Net Promoter Score, NPS)	NPS = +7%	NPS = +23%

Finally, case managers were asked to make written comments regarding three questions. Responses are reproduced below.

- What was most useful in this training?
 - Reviewing the traps and getting more training on the engagement process.
 - Examples of making reflections complex.
 - The agenda map and softening sustaining talk.
 - Practicing skills.
 - Learning how to recognize [all the types of change talk] and hearing different case manager's responses and/or ideas.
 - Getting a different perspective that is helpful to me when utilizing MI.
 - Good review and I learned a few new tools.
 - Material and tools shared to assist with cultivating and attending to change and sustain talk with participants.
 - Easy to follow handout.
 - The breakout rooms.
 - Being able to participate in the breakout groups and hearing what other would say something and how they implement reflections.
 - Hearing and learning others' perspectives.
 - Being collective w/ all the agencies.
 - Meeting with a wide variety of people from all over the state.
 - Learning from my peers.
 - Teamwork!
 - I have been attending MI trainings for about 10 years. Out of all the DHS MI trainings I have attended, this was by far the best one. I like the mix of presenters and the way content was presented and practiced.

- What is one way you can improve your MI practice?
 - Use it daily!
 - Just try to use it more.
 - Practice!
 - Utilize more reflections.
 - Reflections at a 1:1 ratio for questions to reflections.
 - Improve my reflections.
 - Using a variety of MI reflections.
 - Slowing down and doing more reflection while working with participants.
 - To focus on using the skills while meeting with clients. I could bring a cheat sheet with me.
 - Review of book provided and continue thriving at MI adherence and use of skill practice in sessions.
 - Bring paper versions of agenda maps with to meet with participants.
 - EPE (Elicit-Provide-Elicit) with the addition of the agenda map.
 - Focusing more on evoking change talk.
 - Being able to connect better with change talk.
 - Cultivating change talk by the way I word my responses and questions.
 - Meet sustain talk head on.
 - By continuing to listen for change talk and being able to utilize that and collaborating with planning.
 - By continuing to attend trainings, meeting with my MI coach, as well as continue to implement it in sessions with clients.
- What are your suggestions for improving future MI training?
 - Maybe shorten the training and make it into a 4 hour a training over the course of two days. It's too much information to sit through for an eight-hour day.
 - Offer a half day refresher every 6 months.
 - More breaks, it was a long day.
 - Have coaches in the breakout groups to give feedback!
 - Continue using several presenters and activities.
 - Have it geared toward our clients.
 - More good examples to learn from.
 - Have us come prepared with examples from our own participants and not having role-playing anymore. Having it be discussion based in the break-out rooms instead of role-playing was more useful.
 - Provide feedback on how it is benefiting the clients based on statistics or something similar.
 - Share it with Opening Avenues to Reentry Success/Conditional Release Program agents at Department of Corrections and make it a point of emphasis.

Listening Session

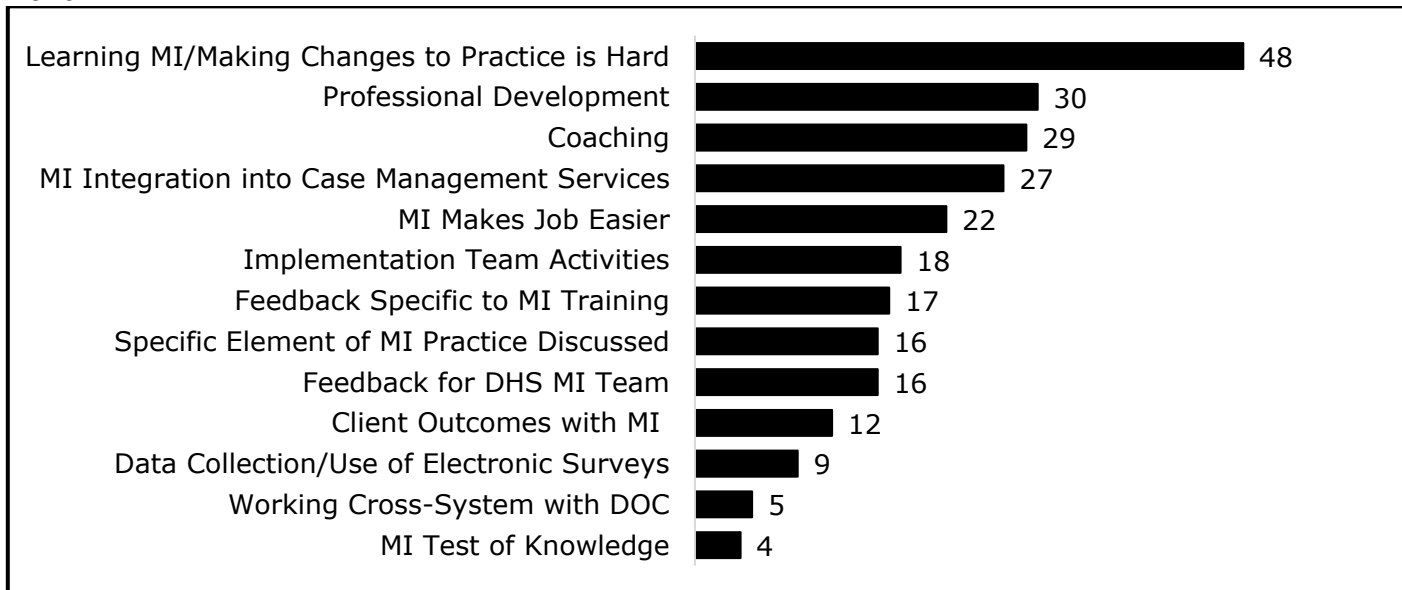
Understanding the perspectives of multiple stakeholders is essential for the success of an implementation project (Metz & Bartley, 2020). One of the most effective ways to understand a group's perspective is to purposefully listen (Marshall & Søgaard Nielsen, 2020). In the MI Implementation Project, case managers represent a critical stakeholder group because to implement MI successfully into routine services, new ways of working must be engaged. Case managers have a uniquely important perspective because they are the group being asked to make changes to practice.

At the conclusion of the second day of training (April 19, 2022), the DHS MI Implementation Team (Katie Martinez, Elsa Floyd, Erin Graf, Scott Caldwell) hosted a listening session with case managers. Approximately 35 case managers were randomly assigned to Zoom breakout rooms to form groups of 8-10. Each breakout room included a trainer to facilitate and a DHS team member to take notes. For 45 minutes, case managers provided perspectives on three key project questions: 1) What has been rewarding or beneficial about learning/integrating MI into case management services? 2) What has been challenging or difficult about learning/integrating MI into case management services? and 3) What are some improvements that could be made in the MI implementation project? Trainers used open questions to draw out case manager responses with reflective listening to demonstrate understanding. Confidentiality of responses was assured. Notes were carefully taken. Efforts were made to note case manager responses word-for-word.

Following the listening session, notes for all breakout rooms were compiled into one document totaling 10 pages of single-spaced bullet points of case manager responses. Responses were then reproduced into a spreadsheet with each row containing a case manager response by key question. The DHS MI Implementation Team carefully reviewed all responses, generated an initial list of themes, then refined the list to these 13 themes: learning MI/making changes to practice is hard, coaching, professional development, MI integration into case management services, MI makes job easier, implementation team activities, feedback specific to MI training, feedback for the DHS MI Implementation Team, specific element of MI practice discussed, client outcomes with MI, data collection/use of electronic surveys, working cross-system with the Department of Corrections, and MI test of knowledge. Representative examples of case manager responses for each theme are presented in the **APPENDIX**. In the spreadsheet, each theme was identified as a column heading and the team reviewed all responses again—this time coding for the presence of themes by noting a “1” if the theme was present or “0” if the theme was not present. Many case manager responses touched on more than one theme and were coded accordingly.

Listening session results showed 157 total responses by case managers for the three key questions. On average, each case manager response contained 1.6 themes with range of 1 to 5 themes. As depicted in **Figure 1**, the most frequently mentioned theme was that learning MI and making changes to practice is hard; this theme occurred in 48 case manager responses (30.5% of total responses).

Figure 1. During the listening session, the most frequently mentioned theme by case managers was that learning MI and making changes to practice is hard.



Further analysis was conducted using statistical software to examine the frequency of themes within each key question. Some themes occurred at a significantly higher frequency than other themes. A statistically significant difference in frequency of themes was assessed when the probability (p) difference due to chance was less than 5 out of 100 (that is, $p < .05$). As presented in **Table 2**, for the question regarding rewards or benefits of MI, the most frequently mentioned themes (compared to all other themes) were related to client outcomes, MI makes job easier, and professional development were mentioned by case managers. For the question regarding challenges or difficulties with MI, the most frequently mentioned themes were related to learning MI is hard, MI integration, and data collection. And for the question regarding project improvements, the most frequently mentioned themes were client outcomes, professional development, feedback on MI training, and data collection. Analysis also showed a statistically significant positive correlation ($r = .16$, $p = .05$) between themes of learning MI/making changes to practice is hard and MI integration into case management services such that the frequency of comments regarding learning MI/making changes to practice is hard was related to the frequency of comments regarding MI integration into services.

Table 2. Some themes were mentioned frequently by case managers.

Key Question	Most Frequently Mentioned Themes*
What has been rewarding or beneficial about learning/integrating MI into case management services?	<ul style="list-style-type: none"> • Client Outcomes • MI Makes Job Easier • Professional Development
What has been challenging or difficult about learning/integrating MI into case management services?	<ul style="list-style-type: none"> • Learning MI/Making Changes to Practice is Hard • MI Integration into Case Management Services • Data Collection/Use of Electronic Surveys
What are some improvements that could be made in this MI implementation project?	<ul style="list-style-type: none"> • Client Outcomes • Professional Development • Specific Feedback to MI Training • Data Collection/Use of Electronic Survey

*These themes were statistically significant ($p < .05$) in frequency of occurrence compared to all other themes within each key question.

Summary and Recommendations

There are several important findings from the MI training and listening session that followed. First, case managers evaluated the two-day training favorably. Although training did not meet the net promoter score benchmark, overall average evaluation results were 3.3 and 3.5 (1-4 scale) for day one and day two, respectively. In the written comments, case managers noted that particularly useful were the opportunities for practice, the practical materials/tools, and coming together statewide to learn with other case managers. Second, the delivery of training by several co-trainers was well received. Third, it was noted during training that many case managers seemed to struggle with conceptualizing how to integrate MI into routine case management services. Case managers identified these challenges: how to replace assessment/fact-gathering questions with asking engaging and evoking open questions, how to do more listening than asking, how to do collaborative agenda setting, how to maintain focus on a single change target, and how to let go of the “righting reflex” (directing or advising) during change conversations. While such challenges were explicitly invited during the start of each day as stated training goals, the challenges were amplified by case managers during the listening session. The most frequently mentioned theme during the listening session was that learning MI and making the requisite changes to practice is hard. Indeed, MI is not easy to learn (Miller & Rollnick, 2009), yet figuring out how to integrate MI into routine services is essential for successful implementation because it’s the only way clients can experience the anticipated benefits of this evidence-based practice (Fixsen et al., 2005). Fourth, expressed valuing the professional development opportunities and ongoing coaching in this project (these themes were second and third most frequently mentioned during the listening session). The value of ongoing learning is highlighted by MI training research that consistently shows when

training is followed by routine coaching, learning MI to fidelity is much more likely to happen compared to only attending a training (Hall et al., 2016; Miller et al., 2004; Schwalbe, Oh, & Zweben, 2014). Finally, case managers provided a wealth of ideas for ways to improve the MI Implementation Project; many of these ideas form the basis of the recommendations below.

Based on the findings in this report, the following are recommended for each stakeholder group.

- **DHS MI Implementation Team:**

- Future MI training should comprise shorter sessions spaced over time with content featuring case examples from the Wisconsin community forensic services population. Consider offering statewide training twice annually so that new case managers can more quickly receive initial training. Continue inviting trainers from each agency to co-train.
- Continue to work out the bugs of the data system with focus on point of electronic survey completion. Document and disseminate lessons learned and best practices for how to ensure efficient and effective survey completion.
- Work with agency teams to design and execute an evaluation that will examine client outcomes of MI. Report findings to case managers and other key stakeholder groups.
- Work with agency teams to continue building the implementation drivers that directly support case manager integration of MI into routine practice.
- Relatedly, work with coaches to develop a measure that will assess case manager MI integration into routine practice. Consider ways incorporate such a measure into a revised test of knowledge. Test should move away from rote memory to examine case manager understandings of MI.
- Consider opportunities for cross-system collaboration with the Department of Corrections in this implementation project.

- **Agency MI implementation teams:**

- Continue to meet regularly to assess, plan, implement, and improve project drivers.
- Consider developing the best practices for the staff selection regarding hiring, onboarding, and initial training of new case managers. All exposure to MI within agencies should align with how MI is described in the DHS MI Practice Profile to ensure consistency.
- Continue developing the coaching service delivery plan with attention to standardizing MI coaching across coaches and being judicious about the frequency of peer reviewed practice samples.

- **MI coaches:**

An important reminder in this report is that learning MI is not easy. Consider focusing coaching sessions on helping case managers to

conceptualize, plan, and execute integration of MI into routine services. This is the ultimate goal of implementation. There are several activities and tools to guide this work: help case managers resolve ambivalence about getting MI into routine services (Getting Ready for MI); explore the requisite perspective shifts and practice changes for successful integration (Integrating MI activities); coach how to document MI in case notes (MI Documentation Review); coach how to apply MI with a challenging client (Case Consultation); and assist case managers to develop an integration goal for each quarter with monthly review (MI Implementation Plan).

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APPENDIX

Example Case Manager Responses by Theme and Key Question

Key questions were rewards and benefits of MI [1], challenges of learning and implementing MI [2], or project improvement ideas [3].

Theme	Example Case Manager Responses by Key Question [1, 2, 3]
<p>Learning MI/Making Changes to Practice is Hard</p>	<p>[1] Programs have come so far with MI, but it takes work. It's a struggle using MI, but it works.</p> <p>[2] The MI tapes, the frequency, can be challenging (depending on case load). You're not going to get a good tape. Not representative of my skills.</p> <p>[2] Sometimes I wander, so focusing is difficult for me sometimes.</p> <p>[2] Learning it has been overwhelming.</p> <p>[2] I struggle about how to approach sustain talk and discord.</p> <p>[2] How to motivate them on things that aren't negotiable. If they don't do it they're being revoked so how to use MI with that?</p> <p>[2] Responding to sustain talk is awkward, figuring out what to say in these cases on the spot is difficult. Running into brick wall.</p> <p>[2] We're practicing a technique in real time in an open environment, and we can't control the individual. How do we move from engagement to focusing?</p> <p>[2] With some clients it is like pulling teeth and very difficult to have basic conversation much less change conversation.</p> <p>[2] Can miss opportunity for change talk when out on home visit alone. Case managers can feel like on an island when out in the field.</p> <p>[2] Have to remember taking a little bit of time. Easy to turn into fact gatherer and problem solver. Making sure in back of mind and bringing it forward to front of mind.</p>
<p>Professional Development</p>	<p>[1] What's rewarding is being able to develop MI skills and the experience of working with individual client of different needs, strengths, and challenges and being able to gain experience of using MI based on what the client is dealing with. You like MI that it's been helpful in your interaction with clients. You get that from feedback from one way or another as feedback from them that this approach is different.</p> <p>[1] Ability to collaborate with clients as a team. My old job was more about gathering facts or getting a task done. MI is more of learning who the client is.</p> <p>[1] Learning the new way to communicate and assist them into solving their own problems. I'm always learning but have been doing MI for 6 years and still have a lot to gain.</p> <p>[2] Unlearning the assessment/fact-finding. Having to find more creative ways to do that.</p> <p>[3] DHS maybe mix up test of knowledge or bring in new questions. Just memorizing things is not challenging enough.</p>

Coaching	<p>[1] Coaches put a lot of work into it. They change things up, keep things interesting. I think our coaches do a great job.</p> <p>[1] Coaches are passionate about MI and really get us thinking about it and help us process our MI work (tapes). Being coached is essential to me.</p> <p>[1] It's beneficial with all the practice we get. Monthly meeting with my coach and focus on one goal to build up our knowledge rather than take it all which can be easily forgotten. It helps integrate with clients and comes out naturally. Keeps our knowledge straight and have good practice. You're not alone with help of coach and colleagues who assist you in EBP. It may not seem natural but with continued practice it's getting closer where it's flowing in conversation. When that happens, you see it working.</p> <p>[1] One on one coaching sessions has been the most beneficial for me. Can target MI skills to a specific client which is very helpful. We can see ourselves being effective in a client contact and this reinforces confidence for us. Skills practice within group are also beneficial.</p> <p>[2] It's hard trying to schedule 1:1 coaching sessions, but it pays off.</p> <p>[3] Limiting the listening and scoring of tapes to MI coaches and not with peers.</p> <p>[3] Our agency is trying to make coaching more standardized across coaches and I like that and hope it continues.</p>
MI Integration into Case Management Services	<p>[1] Get to what clients want to focus and work on.</p> <p>[1] Great appreciation for MI. It's part of our routine and it's used in all sessions; it's part of how we operate.</p> <p>[1] Helpful to include the client's response to MI sessions in case notes and when they are open to reflections. Can compare my notes over time and see differences between sessions. [1] Sometimes its ok to just reflect, we aren't always planning on a goal.</p> <p>[1] MI fits nicely into doing the QPN's with clients.</p> <p>[2] Difficulty with using MI with people with cognitive difficulties, brain injuries, or actively delusional. [2] Challenge to use MI with people who are very concrete have one-word answers.</p> <p>[2] Clients don't buy into it.</p> <p>[2] Challenging when there are cognitive impairments or language barriers. Difficult to do when needing an interpreter.</p> <p>[2] CR clients are more difficult to use MI and be client centered. They need to be compliant with court orders, which is not MI. It's difficult to let them be where they're at. If they don't make a choice than I will. CR clients must comply with treatment. It's a weird line, it's not about choice.</p>
MI Makes Job Easier	<p>[1] Using MI can get to motivations a lot more quickly. MI is rewarding when you see it work.</p> <p>[1] MI is a good way to avoid "working harder than the client." You are putting the ball in their court.</p> <p>[1] Learning how to utilize agenda map. It sets the stage for sessions, priorities for my visits, staying organized, clients take ownership for what they want to address.</p> <p>[1] Gets away from "20 questions" to get much further with people.</p>

Implementati on Team Activities	<p>[1] The agency team has helped so much with focus on MI.</p> <p>[1] Seeing where we were – how far we’ve come. Especially in the last two years getting more organized. Being able to communicate better between DHS and all the case managers at our agency about what is expected and what we are looking for. Looking back has provided a perspective to your group to see how far you’ve come – not alone with your agency but with the help of DHS. The team is more connected than what it used to be. It is evident compared to today versus the past.</p> <p>[1] In working with some new staff, it’s been useful how my agency has set it up.</p>
Feedback Specific to MI Training	<p>[2] New staff, constant revolving staff. Everyone is at a different level. It’s hard to have everyone on the same page, especially when new people have not received the DHS annual training. We’re thinking about better follow up with new case managers on MI once they complete new employee orientation/onboard.</p> <p>[3] Much rather do training once every 6 months instead of once every year. Targeted training with theme. My first MI training and I’ve been here over a year.</p> <p>[3] From coach’s standpoint, it’s hard to have coaching sessions and teach MI before case managers receive initial training. Offering training more often would be good. Maybe not a full day, but afternoon.</p>
Feedback for DHS MI Team	<p>[2] CR clients who have been in the program for years have developed routines that work for them. Why change what’s not broken? They have been at base line for so long that it’s just conversations around maintenance of what’s working for them.</p> <p>[2] Some of the people that has been at agency for long time, they tend to complain a lot about having to their tapes, this and that so that can get frustrating. This can bring negativity and people can feed off that which is a struggle at our monthly meetings. Personally, what I find it difficult as a new case manager, it’s overcoming in working through that uncertainty that clients sometime are really ambivalent and it’s hard and frustrating because you’re doing everything you’re supposed to, and we have to keep a calm face and work through it. I understand you’re trying to put your best foot forward, but it doesn’t take away the fact it is tough when you are working with your clients.</p> <p>[2] Drop down on the self-assessment survey for target behavior is too limiting. It doesn’t represent some of the things we address.</p> <p>[3] I think we’ve talked about this in past MI meetings, it has gotten better, but the confusion with paperwork – what’s due and what the document is for. It’s hard to keep track of everything – it seems like a lot. We have the PDSA, implementation plan, data so it’s like what is due, what is this document for, is this one of our goals, who does document go to. Most of the time I lost and depend on the coaches to figure it out. It’s a lot of pressure on coaches. Having a guideline that tells us document is for, when it’s due, and who it goes to. If we are questioning the purpose of document, and we ask ourselves who it for is. How do we effectively use it in our agency when don’t know when it’s due or how it is connected? We need more guidance on forms. What are our takeaways from these forms – not feeling it’s another paperwork to complete for DHS by a deadline.</p>

Client Outcomes with MI	<p>[1] Using MI for specific clients, I see progress in them, change and goals being reached.</p> <p>[1] There have been solid wins with clients... "this really worked" – good outcomes as a result of MI that probably would not have happened with practice as usual.</p> <p>[3] We don't get feedback from clients on how we're doing. That data is really important to me in adjusting what I might do. We should ask clients about how they feel about case manager as a guide in their change.</p> <p>[3] Is MI working for clients and how are we measuring that to see if it's effective? For example, more MI leads to less recidivism and more successful completions.</p> <p>[3] If it's an evidenced based program, lets measure the effectiveness.</p>
Data Collection/Use of Electronic Surveys	<p>[2] One thing that is really irritating to me is I feel we are continuously trying to get our surveys to count. Time after time no matter what we do, they just don't. We try many things even our data for this quarter - our surveys are still down even though we know we submitted them. That's one of the things that is extremely frustrating. We are doing the work and we are putting our efforts to make sure our numbers are good, but something is not working. All those quality assurance efforts are being recognized there are some technological kinks that you probably tried to problem solve and, in many ways, but it's not being resolved. There have been discussions on this issue and DHS has a person who is the go-to when there are any issues.</p> <p>[2] We've been having issues with scoring and doing the questionnaires at the end of coaching sessions. Don't know why, but surveys are not being recorded. It's a huge frustration. Data doesn't reflect what we're doing. [our coaches] follow up with us. People are asked 2-3 times to complete the survey and we're already doing so much with MI. We're doing the damn surveys. This is not on us.</p> <p>[2] Implementation with the surveys need to redo several times. Hopefully, this link can be fixed.</p>
Working Cross-System with DOC	<p>[1] Really helpful when agent is on board. One case manager has experience with DOC agent that trains it and did an amazing job with client.</p> <p>[2] I have done so much "damage control" with DOC and MI. Sometimes the agent is not really buying into it for one reason or another. I don't think they have the understanding for MI or the respect for it.</p> <p>[3] DHS have conversation with DOC on MI being emphasized with agents – at least that specialize in OARS/CR.</p>
MI Test of Knowledge	<p>[3] The Test of Knowledge is not beneficial. I have memorized it and I can answer it without even think about it. I am able to get a 100% on it without even knowing it. But knowing it and implementing are two different things!</p>