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PATH Projects for Assistance in
Transition from Homelessness



Spotlight on PATH Practices and Programs
Motivational Interviewing

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Spotlight on PATH Practices and Programs: Motivational Interviewing



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What Is Motivational Interviewing?

Weary of trying to get people to change? Frustrated with trying to convince clients to move off the streets, take their medications, stop drinking, follow up at the clinic, eat better, and take other steps to improve their lives? The good news is that there is an alternative and more effective approach to helping others—based on the method of Motivational Interviewing.



Motivational Interviewing (MI) is “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (Miller and Rollnick, 2002). It is a way to help people talk themselves into changing.

MI meets people where they are, regardless of their readiness to change. MI is particularly effective in working with people who are not yet thinking about change or are ambivalent. These are individuals in the precontemplative or contemplative stages according to The Transtheoretical Model, commonly known as the Stages of Change Model (Prochaska and DiClemente, 1984). This model can be a useful construct to determine a person’s stage of readiness to change.

The MI approach is strengths-based. It elicits and respects consumers’ values, wisdom, and motivation to

change, rather than attempting to convince consumers to follow a particular prescribed course of action. Unlike many approaches that tend to increase client resistance, MI is effective in decreasing resistance and thus enhancing a person’s willingness to change.

The MI-consistent provider acts as a guide who is empathic and skillful in helping consumers clarify their ambivalence regarding a particular concern, and in reinforcing change statements that help people move in the direction of change. The MI counseling style is generally quiet and gentle. It’s not flashy. Providers accustomed to giving advice often will feel like they’re not “doing anything.” But, as Miller and Rollnick point out, the proof is in the outcome. More aggressive strategies, sometimes guided by a desire to “confront client denial,” easily

slip into pressing clients to make changes for which they are not ready, and thus push them away.

The concept of MI grew out of the substance abuse treatment field. Psychologist William Miller's initial explorations focused on problem drinkers in an effort to determine the most effective approach to help people with substance use disorders. He first described MI in an article published in 1983.

At the time, a confrontational, in-your-face, shame-based approach largely characterized the substance abuse treatment field in the United States. Although providers believed this approach would break down people's denial so they would come to their senses about their need to change, it proved not to be terribly effective. Clients' resistance to change tended to increase even more, both out of defiance and as a coping mechanism.

The 1991 publication of William Miller and Stephen Rollnick's seminal book, *Motivational Interviewing*, introduced practitioners to an alternative way to have a "helping conversation." The authors described such a conversation as based on the spirit or style of the counselor, along with the use of specific communication skills and techniques.

A 2002 second edition, *Motivational Interviewing: Preparing People for Change*, further refined the MI approach, discussed its spread to other areas beyond addictions, and highlighted the evolving research around MI. The Substance Abuse and Mental Health Services Administration (SAMHSA) now recognizes MI as an evidence-based practice (EBP) in working with people with various health, mental health, and substance use disorders. It is on the list of the National Registry of Evidence-based Programs and Practices (NREPP, 2010).

The following core principles are the basis of MI:

1. **Express Empathy:** When providers display genuine empathy toward consumers, they create safe spaces for consumers to share their experiences. The therapeutic relationship strengthens as consumers recognize that providers hear and understand them. An attitude of acceptance and the provision of accurate reflective statements convey empathy.
2. **Support Self-efficacy:** Often people are ready and willing to change, but lack hope and confidence in their ability to change. Providers help clients feel more empowered by affirming strengths, providing resources, acknowledging autonomy, and helping to increase hope. Outreach workers empower clients by recognizing consumers' steps toward progress. For example, an outreach worker can affirm a consumer's accomplishment of cutting back alcohol use to three times a week instead of every day by asking how the consumer was able to do it.
3. **Roll with Resistance:** In MI, resistance is primarily a product of the interaction between the provider and consumer. People are less likely to change when they feel resistant. Thus, providers want to avoid provoking resistance and instead try to diminish it. Ironically, when a provider tries to convince a client to change, the person's resistance is likely to increase, especially if experiencing ambivalence or not thinking about change. In contrast, the provider using MI seeks to elicit from the consumer the reasons he or she might want to change.
4. **Develop Discrepancy:** It is useful to help consumers examine how their current behaviors and choices fit with their values and goals. When there is dissonance between the two, consumers wrestle internally with their choices. Typically, the larger the discrepancy, the greater the importance of change. Particularly for people not yet considering change, the provider's task is to help the consumer develop self-awareness of this discrepancy.

The MI approach is valuable in fostering recovery. It is unique to other clinical approaches in the way it empowers consumers to take responsibility for their own recovery. Providers elicit consumers' internal motivation for change and become a partner in recovery, not an authority figure dictating the treatment plan. Together, consumers and providers determine goals for treatment and work in collaboration to reach them.

Motivational Interviewing And PATH Outreach

Projects for Assistance in Transition from Homelessness (PATH) providers employ a wide range of EBPs and clinical approaches in their work. Increasingly, providers embrace MI as an essential component of PATH services.

Individuals experiencing long-term homelessness often disconnect from communities that frequently push them to the outskirts of neighborhoods, literally and figuratively. This isolation creates a distrust of "systems" and a reluctance to engage in services. The techniques of MI can be especially effective in outreach because they allow workers to provide resources to individuals in a sensitive and nonaggressive manner. The methods prioritize relationship-building and allow outreach workers to engage consumers in services gradually.



The following are examples of ways outreach workers use the MI approach:

- **Ask** permission to talk with individuals instead of assuming they want to talk.
- **Create** a safe and accepting space for the client to interact.
- **Learn** what is important to the individual and address immediate needs.
- **Find** out what services the client wants and has the motivation to pursue.
- **Refrain** from pushing individuals into services they do not want.
- **Determine** the person’s stage of readiness to change a particular behavior.
- **Explore** ambivalence using open questions and reflective statements.
- **Affirm** the person’s strengths.
- **Elicit and reinforce** client change statements using MI skills.
- **Help** enhance the individual’s commitment to change.

Providers in PATH programs around the country successfully engage and work with consumers while implementing the MI approach. These providers use MI to help consumers feel comfortable accessing services. The MI approach also allows PATH outreach workers to supply necessary resources to consumers, while building therapeutic relationships. The programs highlighted in the following section display commitment to and proficiency in using this EBP.

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Examples Of How PATH Programs Use Motivational Interviewing

Bridgeway House—Elizabeth, New Jersey

Nancy Schneeloch, Program Director, Homeless Outreach and Supportive Housing

Buddy Garfinkle, Director, Program for Assertive Community Treatment (PACT)

Bridgeway’s commitment to training makes this agency an example of successful MI practice. Bridgeway provides high-quality psychiatric rehabilitation services to consumers while maintaining a commitment to



ongoing staff training. Buddy Garfinkle, PACT director at Bridgeway, explains that, “Bridgeway fosters a culture of learning in addition to practice.” They focus on EBPs in their trainings and aim to have the direct service staff proficient in each of SAMHSA’s EBPs including Critical Time Intervention, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy. Among the first EBPs used at Bridgeway, MI remains the primary method of engagement in its PATH homeless outreach program.

When Buddy first introduced MI to Bridgeway, the leadership team used the “train the trainer” model to implement the MI training. Supervisors received six to eight months of training and MI practice. The supervisors then conducted training sessions for their staff, but only after the supervisors were proficient in MI and felt confident in their own MI skills. Trainings were widespread, reaching homeless outreach providers, nurses, administrative staff, and finance staff. Bridgeway trained staff at every level so the core philosophies of MI would guide all operations within the agency. Eventually, MI became a common language throughout Bridgeway.

Bridgeway continues to support their staff with ongoing MI support. The agency conducts beginner and advanced booster trainings every quarter, MI discussions at team meetings, MI skills



assessment during supervision, and additional refresher trainings as needed. Providers also must address MI in their daily progress notes.

The comprehensive MI training yielded positive results within the agency. After implementing MI, providers reported fewer lost contacts and noticed less resistance to engaging in services. Bridgeway's providers view MI as a tool that helps them engage clients and a foundation skill that they can build on later in their careers.

SEARCH—Houston, Texas

Cathy Crouch, Executive Vice President

SEARCH is a multiservice agency for individuals experiencing homelessness. SEARCH used the MI approach to shift the culture of the agency toward the needs of consumers. Prior to using MI, SEARCH employed a clinical approach that prioritized abstinence-based treatment. Consumers received frequent drug tests and SEARCH prohibited them from engaging in services if they tested positive. This method was not effective for the population in this agency.

Cathy Crouch, Executive Vice President, felt that MI would be a more effective method for engaging consumers in services. Cathy started with a client survey asking about drug use. This survey was the first step toward showing consumers that they could be honest about their drug use without consequences, and also assessed consumers' progress in the stages of change. The results revealed that most of the consumers were in the precontemplative or contemplative stages. Cathy decided that it was time to implement MI agency-wide due to her concern that only a few consumers reached the action stage.

SEARCH turned to two established researchers to begin training the staff in MI. Carlo DiClemente is a co-developer of the Transtheoretical Model and Mary Velasquez is an internationally recognized trainer for the Transtheoretical Model and Motivational Interviewing. The agency did not have the funding or resources to develop extensive training, so Cathy relied heavily on the time volunteered by the trainers.

As SEARCH staff trained in MI, there were positive changes within the agency. Cathy explains that, "Once a staff member gets a little bit of MI skill, there's a shift in the relationship with the client.

Providers get further with the client than they ever had before." The support consumers received through the MI approach allowed consumers to talk openly about their experiences, articulate what they need, and share what is going well in their lives.

All direct service staff at SEARCH now receive training in MI. For new providers, MI training is available within the first month. Providers have additional opportunities for ongoing MI support during supervision and biannual staff evaluations. Twenty-eight case managers also coach and record sessions, then code sessions with the MI Treatment Integrity Code (MITI), an instrument designed to provide feedback to practitioners regarding their MI consistent/inconsistent statements and behaviors. The MITI is a useful tool to help practitioners continually improve their MI skills.

The MI approach became part of the culture at SEARCH. In fact, the agency amended its value statements to include the phrase "client-centered." SEARCH plans to expand their capacity for MI trainings by training nine new supervisors in MI to assist Cathy, the only MI trainer currently at SEARCH. With this added support, Cathy seeks to maintain the MI skills of providers and continue the agency's momentum toward MI practice.

Hennepin County Mental Health Center— Minneapolis, Minnesota

Paul Traugh, Manager

Susan Littrell, Social Work Unit Supervisor

Hennepin County Mental Health Center serves adults with serious mental illness and/or substance abuse in Minnesota, where they are in a unique position to access statewide MI support. Minnesota's Alcohol and Drug Abuse Division (ADAD) and the Adult Mental Health Division (AMHD) collaborate on the Motivational Interviewing Training Project. This project provided two-day MI trainings to 1,500 chemical and mental health counselors. Eight skills practice classes are also available to forty agencies throughout the state (MN Department of Human Services, 2009). Minnesota offers further MI support in the form of coaching circles, which are held as follow-ups to MI training workshops. These coaching circles reinforce MI skills and offer peer-to-peer support.



Hennepin successfully leveraged these state resources to support MI practice in their agency.

Susan Littrell first learned about MI in 1999 through an MI trainer with the Motivational Interviewing Network of Trainers (MINT). She determined that the MI approach would be beneficial to the agency and attended a two-day MI workshop in Albuquerque, NM with MI founder William Miller. Susan took the opportunity to participate in Miller's Evaluating Methods for Motivational Interviewing Enhancement Education (EMMEE) research project where she developed her MI skills.

Hennepin's providers first received MI training from Susan in collaboration with MINT trainers. Through the "train-the-trainer" model, Hennepin established MI in the agency and continues to use outside trainers and state-funded training opportunities to maintain the MI skills of providers. When new providers enter the agency, they are encouraged to attend the state's two-day MI training offered three to five times per month. Providers who are experienced MI clinicians have the opportunity to participate in state-run monthly MI coaching circles.

Within Hennepin's PATH outreach program, MI is an effective method for engaging hard to reach consumers with co-occurring disorders. Paul Traugh explains that, "We accept people where they are and help them move along instead of demanding that they have sobriety first." The outreach workers reported they were able to engage consumers more frequently using this approach. Susan and Paul also saw an increase in the number of consumers showing up for the Connections Group, where clinical staff use the MI approach to help connect individuals experiencing homelessness with mental health services.

Hennepin continues to use state resources to maintain their MI training. Moving forward, Susan hopes to provide more opportunities for her staff to participate in the state's coaching circles.

Health Care for the Homeless— Baltimore, Maryland

Mary Stewart, PATH Coordinator,
Community Health Outreach Team

Baltimore Health Care for the Homeless (HCH)

provides health-related services, education, and advocacy to individuals experiencing homelessness. The Baltimore HCH Community Health Outreach Team consists primarily of peer educators who provide HIV testing and prevention, and linkages to health care throughout Maryland. Baltimore HCH is only in the beginning stages of bringing MI to the outreach team, but they are already developing methods for supporting MI within the agency.

A workshop provided by the University of Maryland, Baltimore County (UMBC) introduced MI to Baltimore HCH. The supervisors received initial MI training through these workshops and later trained their providers. The MI approach was a natural fit for Baltimore HCH, as much of the MI training reinforced their core philosophies. For instance, providers already used the stages of change model in their clinical work, a practice often implemented in conjunction with MI. The MI trainings also fit seamlessly with the harm reduction philosophy of Baltimore HCH.

Mary Stewart, PATH coordinator at Baltimore HCH, noticed an immediate impact of MI on providers. Many providers in the outreach program formerly experienced homelessness and were eager to encourage consumers to use the methods of recovery that were successful in their own lives. Providers also felt pressure to fix problems for consumers, which created frustration for consumers and providers; MI allowed providers to understand the needs of consumers better and strengthened their relationships.

Mary also reported that the client-centered approach of MI helps consumers. She explains, "The clients are hanging in there with us. We work with some of the most vulnerable clients but they're staying around." Mary stresses that keeping consumers engaged in services is a mark of success at Baltimore HCH. Even when clients do fall out of services, providers are able to reengage clients more frequently than before MI.

Baltimore HCH benefits from the MI approach and continues to make MI part of their philosophy. Supervisors continue to receive trainings through UMBC workshops and support their providers in MI during supervision and staff observations. Baltimore HCH is now in the process of beginning the next stage of MI training, during which an MI trainer will conduct specialized trainings to each service team (e.g., outreach, counseling, case management, etc.). These trainings will cover the core values of MI, while incorporating practical use of MI for their specific roles.



Key Tips From PATH Programs

Find a Champion

Agencies need at least one individual to be the MI leader at the agency. It is especially important to have a leader to keep the momentum going and make sure that the agency meets MI goals. This champion has to be diligent in organizing initial trainings and making contacts with external MI supports. Once the initial MI trainings occur, providers can go to this person if they need additional MI resources.

Use External Resources

An on-site training from an outside trainer is generally the best method for introducing staff to MI. Agencies at the beginning stages of the MI implementation process can benefit from the guidance and consultation of someone skilled in the theory. While hiring an outside MI trainer may seem expensive, opportunities through the [PATH Technical Assistance Center](#) and [Homelessness Resource Center \(HRC\)](#) give states access to free trainings and technical assistance, including online training and resources.

Train Supervisors First

Top-down training can be useful for agencies beginning to explore MI, (i.e., training begins with supervisors or team leaders). Once supervisors are comfortable with their skills, the supervisors can train the outreach workers and support staff. This process allows the supervisors and team leaders to be mentors to the rest of the staff for MI practice.

Increasingly, agencies see the value of having everyone in the organization be MI-informed, if not MI-proficient. The spirit of MI, often described as collaborative, evocative, and empowering, and the core communication skills of MI—especially reflective listening and open questions—contribute to healthy attitudes and interactions at all levels of the organization.

Practice MI Skills

It is crucial for supervisors and providers to practice MI skills. Practice can include participating in role plays with colleagues, recording counseling sessions and listening to recordings, taking notes on MI consistent/inconsistent interactions with clients, and taking opportunities for training.

Be Patient

Implementing any new practice can be a long process. Agencies need not rush into MI. Instead, they should prioritize the quality of the MI implementation. It also takes time for staff to adjust. Remember that learning MI is a growing process for the staff, just as it is for the consumer.



Where To Go From Here?

There are many ways to further the development of MI. Some agencies are well-positioned to implement MI, while others will require a culture shift to encompass MI. For example, if an agency currently requires clients to be sober to access treatment or includes clinical treatment that uses a coercive approach, the agency will need to make substantial changes to adapt to MI practice.

Often the first step toward developing MI in an agency is to identify someone on staff who is already knowledgeable about MI to be a “champion.” If no one fits that bill, then accessing training for selected staff makes sense. It could mean seeking out funding for an MI trainer to come to the agency or sending staff to MI training workshops. Such trainings are often available through state-run institutes; university faculty members; [MINT](#); [SAMHSA’s PATH Technical Assistance Center](#) and [HRC](#); and other organizations and individual trainers.

It is important to emphasize that learning MI is a process. It takes time and practice. One workshop, no matter how high-quality, does not produce an expert, or even proficient, MI practitioner. However, it can provide a first step. Receiving skillful feedback and coaching over time by someone who can observe a provider’s practice (or tapes of it) is usually the most effective way to learn the MI approach. With enough practice and diligence, nearly any agency can implement MI.



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Resources

<http://casaa.unm.edu/mi.html>

<http://www.motivationalinterview.org>

<http://motivationalinterview.org/training/trainers.html>

http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf

Websites

Center on Alcohol, Substance Abuse, and Addictions

This website contains information on the MI method, training resources, and assessment tools.

Motivational Interviewing

This site is the official MI website. Founder William Miller contributes to this site with other members of MINT. It contains basic information on MI, a database of MI resources, and links to training opportunities.

Motivational Interviewing Network of Trainers (MINT)

This webpage contains a directory of MI trainers who participated in Miller and Rollnick's Training of Trainers workshop.

Motivational Interviewing Strategies and Techniques: Rationales and Examples

This quick tips document outlines the primary skills for MI practice.



Videos

<http://www.youtube.com/watch?v=cj1BDPBE6Wk>

William Miller's Psychotherapy Video: Motivational Interviewing

From Psychotherapy.net

William Miller addresses the use of MI to change addictive behaviors.

<http://www.youtube.com/watch?v=6EeCirPyq2w>

Facilitating Change across Boundaries

From Columbia University's Teachers College

William Miller speaks about the development of MI.

PATH Link:

<http://pathprogram.samhsa.gov/Resource.aspx?id=47906>

Digging for Treasure Together: The Spirit of Motivational Interviewing

An inspiring account of a provider gaining trust by using MI principles.

Webcast Recording:

<http://center4si.na6.acrobat.com/p81641190/>

PATH Link:

<http://pathprogram.samhsa.gov/Resource.aspx?id=47974>

Guiding People toward Change: The Spirit of Motivational Interviewing

This webcast provides insight into the philosophy and foundation of MI. The presenters, Ken Kraybill and Steven Samra, discuss the benefits of incorporating MI into an organization and services.

PATH Link:

<http://pathprogram.samhsa.gov/Resource.aspx?id=32840>

Motivational Interviewing: Open Questions, Affirmation, Reflective Listening, and Summary Reflections (OARS)

This HRC resource page on MI provides basic information about the principles of communicating using MI.

PATH Link:

<http://pathprogram.samhsa.gov/Resource.aspx?id=47908>

People Know When We Believe in Them: The Four Principles of Motivational Interviewing

Ken Kraybill addresses the essential principals of MI.





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