# **FLORIDA CERTIFICATION BOARD**

# **Supervision Key**





The successful application of knowledge to practice is one of the most-needed and desired outcomes for behavioral health professionals, and others, involved in providing services offered to individuals. While individuals themselves will determine to what extent learning is operationalized, effective supervision is necessary for this to be maximized.

# **Motivational Interviewing**

# Framework and Use of this Supervision Key

This **Supervision Key** is designed as a *companion guide* to the **Motivational Interviewing for Behavioral Health Professionals** course. The **Supervision Key** is not intended to be a comprehensive approach to supervision, but is designed to explore and support course content with the professional as it relates to practice and service delivery.

You, the supervisor, can use this Supervision Key to explore

- general understanding of the course;
- interest in individual sections of the course; and
- concerns about individual sections of the course.

You may also use the Supervision Key to

- clarify any boundaries and/or limitations in using the course information;
- clarify course information, as it relates to behavioral health professionals' openness to the spirit of Motivational Interviewing (MI) and the skills needed to effectively incorporate MI techniques in everyday practice; and
- make preliminary determinations of the degree to which learners and their organizations have incorporated Motivational Interviewing techniques that have been proven effective for persons with behavioral health conditions.

Please consider the timing and frequency of course-related supervision. Sessions should occur

- soon after the staff member completes the course; and
- at subsequent intervals to assess how course material has been used in practice.

## Intent of the Course

Behavioral health practitioners spend a significant portion of their time working with individuals to influence positive change. Conversations around lifestyle changes are common whether you are an addiction counselor, a mental health therapist, a case manager, a nurse, or a peer specialist. Motivational interviewing (MI) is a method of helping individuals become less ambivalent about changing behavior. It uses powerful strategies and techniques to facilitate this process.

This course illustrates specific MI strategies for engaging individuals in the change process and enhancing motivation for change. Engagement methods and strategies are taught, stressing the critical aspects of motivating and empowering individuals to recognize their own needs, strengths, and resources for taking an active role in changing their lives for the better.

## Implementation of Motivational Interviewing

Treatment providers and staff members at all entry points in behavioral health services systems have opportunities to influence and effect changes in an individual's motivation to change. Motivational Interviewing highlights specific skills and deliberate approaches that require training, coaching, and practice in order to be implemented most effectively. As a supervisor, it is important to implement motivational approaches in your practice. By modeling motivation techniques and providing opportunities for skill practice with feedback, supervisors can help learners become more aware of various motivation strategies and teach effective ways of using them.



Module 1 introduces the learner to the foundational concepts, principles, and processes in Motivational Interviewing (MI). It presented specific styles and techniques that are used to engage individuals in the change process and resolve the common issue of ambivalence surrounding change.

Now that your staff members have taken the course, there are three basic steps to guide the transfer of learning into practice.

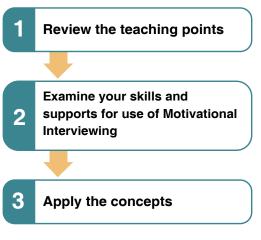
### 1. Review the Teaching Points

Your first supervisory action is to "check the learning" to gauge the level of comprehension among course takers and determine if clarification or additional education is necessary.

You may begin a dialogue using the list of teaching points and prompts (questions) below.

ASK - What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?





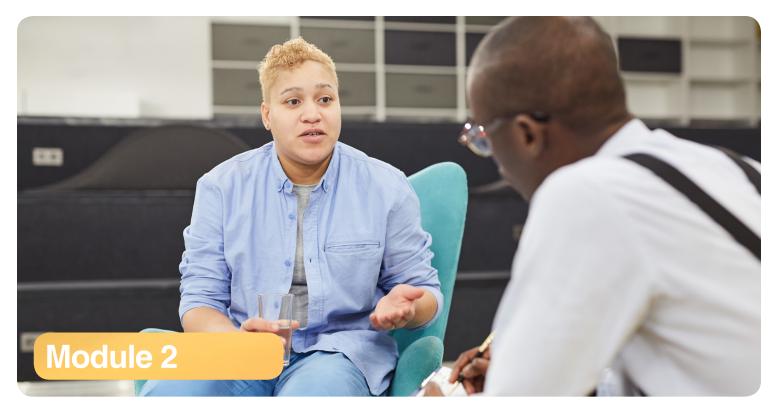
lm	po	rtant Module 1 Topics	Questions to Reinforce Learning	
	Overview of Motivational Interviewing			
a.	sub	as a style of interaction to facilitate change, began in stance abuse treatment in the early 1980's as a shift from ng confrontation as an intervention strategy.	What are the main fundamental differences between using a confrontational approach versus MI?	
b.		ocuses on increasing engagement and empowering viduals.	What naturally occurring dynamic is MI addressing? What are some competing motivations that may lead to an individual	
C.	MI i	s both strengths-based and client-centered.	being reluctant to change harmful behaviors?	
d.		uses a specific set of skills to convey empathy, enhance tivation, and encourage clients to consider and plan change.		
e.	bac	nas been found to be effective in clients from diverse kgrounds and settings and seems to fit well with concepts of ural competency.		
W	hat i	is Motivational Interviewing?		
		scribed as a "conversation about change" - intending to en an individual's own motivation and commitment to change.	What concepts of MI are likely to be appealing to an individual?	
a.		s a person-centered approach to address ambivalence about nge.	Since "motivation to change" by itself is not sufficient to bring about desired changes, what else is necessary to make them happen? Explain why.	
b.	part	s a collaborative, goal-oriented style of communication with ticular emphasis on the language of change.	What can service providers do to change how they address ambivalence with persons seeking services?	
C.		connects motivation to change with commitment.		
d.		bivalence is simultaneously wanting and not wanting nething or the wanting of two (or more) incompatible things.		
e.	thar	important to understand and address ambivalence, rather n simply interpreting an individual's behavior as denial or stance.		
"S	pirit	" of Motivational Interviewing		
a.	Mor	re than technical, MI is characterized as a "spirit" or "way of	What is meant by the "expert role?"	
b.		ng" with others. attitude of acceptance of the individual is essential.	What does the analogy "dancing" versus "wrestling" during a session	
C.		Spirit has four key elements.	imply?	
	•	Work collaboratively and avoid the "expert" role	What is autonomy?	
	•	<b>Respect</b> for the individual's autonomy, potential, strengths, and perspectives	Describe how a "problem-solving" approach by a professional can actually hinder recovery.	
	•	<b>Compassion</b> by keeping the individual's best interests in mind	Describe how a "problem-solving" approach might actually be sought by an individual receiving services.	
	•	Evocation, meaning the best ideas come from the individual		
Pri	incip	les of Motivational Interviewing		
a.		rr fundamental principles translate the spirit of MI into a set of avioral strategies:	What is meant by "accurate empathy" and how does it differ from empathy?	
	•	<b>Express empathy.</b> This is the basis for individuals to be heard and understood. Accurate empathy is sought here.	What type of listening skill is most used here and why?	
	•	<b>Develop discrepancy</b> . Explore the individual's own inner "discomforts" to promote self-realization. Promote self- arguing for change.	What is meant by "change talk" and how is this facilitated? Which of the four principles focuses on hope and the belief that change is possible?	
	•	<b>Support self-efficacy,</b> that change is possible. This embodies a strengths-based approach.		
	•	<b>Respond to sustain talk</b> (that favors the status quo about the target behavior for change) and discord (in the relationship between the individual and the practitioner).		

Im	portant Module 1 Topics (continued)	Questions to Reinforce Learning		
Pro	Processes of Motivational Interviewing			
a.	Four key processes of MI are Engaging, Focusing, Evoking, and Planning.	What comprises "engagement"?		
b.	First key process: Engagement entails working on trust and rapport, before working towards change.	How does MI address the at-times seemingly different and incompatible goals between a practitioner and an individual?		
	• Desires or goals. Identify and confirm them.	How are current priorities tied to the likelihood of engaging in services?		
	<ul> <li>Importance. Understand his/her current priorities.</li> </ul>			
	Positivity. Promote a positive experience.	Since hope is considered an internal dynamic, how can a practitioner facilitate this?		
• Expectations. Ensure the service-delivery process is clear.				
	Hope. Promote that change is possible.			
Mo	tivational Interviewing and Culture			
a.	Understanding how a person views the world is at the heart of MI.	What are some of the elements of MI that promote its effectiveness across cultures?		
b.	Studies show MI's effectiveness across cultures and diverse populations.	Why might some individuals expect the practitioner to assume the role of an "expert?"		
C.	Some individuals (from more traditional cultures, older generations, etc.) may expect the practitioner to provide direction and assume the role of the "expert."	What strategies might be used to address this?		
d.	The practitioner relies on the person they are working with to help them understand their cultural values and framework.			
e.	The guiding style of communication used in MI is where the practitioner explores the behavior "alongside" the individual.			

Once you are confident that the staff member has a general working knowledge and understanding of the teaching points, it is time to explore a little deeper. This is an opportunity to clarify values and practices that are rooted in and support Motivational Interviewing. It is also a good time to ask reflective questions that are intended to support individual practitioners' efforts to translate Motivational Interviewing principles into their daily practice.

### Areas of Discussion:

- How is autonomy supported in behavioral health services? Conversely, how is autonomy not supported in behavioral health services?
- Discuss the types of barriers to autonomy that have historically affected persons with behavioral health conditions and how they potentially impacted their recovery.
- What are some significant threats to active engagement of clients into behavior change actions? How can behavioral health professionals change this?
- Ask the learner to identify specific examples when they have engaged in the "expert trap".
- Explore the MI principles and processes that most appeal to the learner.
- Explore the MI principles and processes that the learner is not as comfortable with.
- Which populations are less likely to have their autonomy both recognized and respected?
- Ask where and how the learner sees MI principles and processes being used in the organization.



Module 2 reviewed the Motivational Interviewing (MI) skills and strategies for working with an individual that help in identifying a clear focus for change. Creating a shared agenda helps focus the session and sets the foundation for the MI processes of evoking and planning. Additionally, the Stages of Change as proposed by Prochaska and DiClemente was explored as they relate to MI and help guide people forward on the path of change.

# 1. Review the Teaching Points

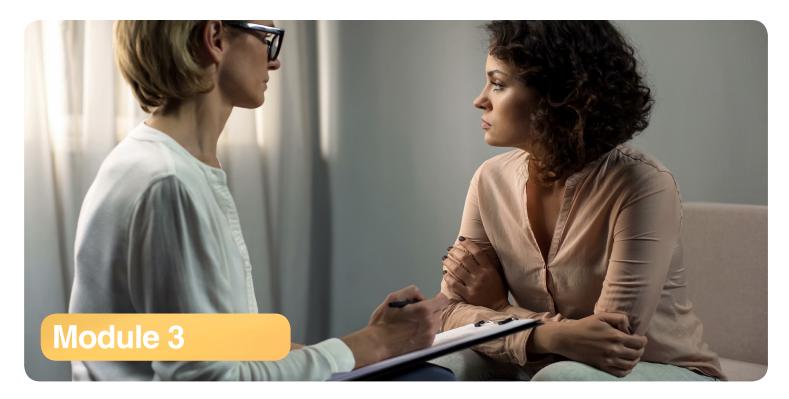
Im	portant Module 2 Topics	Questions to Reinforce Learning
Ag	enda Mapping	
a.	Structuring. This entails a meta-conversation about what the overall focus for working together will be and what the immediate topic should be.	What is the purpose of asking permission of the individual to have a structuring conversation?
b.	Menu of Options. Discuss/list all the possible options for change.	Ask the learner to describe an Agenda Map and how it could be laid out.
c.	Listing of the various options can be done using a visual tool, utilizing circles on a piece of paper to depict a "map" leaving some blank.	Why is it important to have a menu of options ready to share?
d.	When dealing with dual (or multiple) roles, it is important to work towards shared goals.	
e.	The need for the practitioner to bring up difficult topics will occur.	
	<ul> <li>Ask permission to discuss the topic (very powerful if it can be presented in a manner that suggests exploring it to see if it has any connection/effect on one of the individual's already targeted concerns).</li> </ul>	
	Ask the individual to look for connections.	
	Normalize the behavior of concern.	
	Offer concerns with transparency/without judgment.	

Im	portant Module 2 Topics (continued)	Questions to Reinforce Learning
Th	e Transtheoretical Model for Change (TTM)	
a.	Designed to assist behavioral health professionals guide individuals through a process of change. In relationship to MI	Ask the learner to summarize each of the stages of TTM.
	• MI is not meant to be a comprehensive theory of change.	How is the use of TTM beneficial to the practitioner?
	• TTM is not an essential part of MI.	Describe the benefits of the "running head start" technique.
	• MI and TTM are complimentary processes.	
b.	TTM involves a series of stages.	
	<ul> <li>Precontemplation (need to resist being directive),</li> <li>Contemplation, Preparation, Action, and Maintenance</li> </ul>	
	<ul> <li>Relapse is not a stage, but described as a return to an earlier stage and/or behaviors.</li> </ul>	
c.	"Getting a running head start" is a technique to explore ambivalence, by asking about reasons to stay the same and then asking if there are any possible downsides in doing so.	
Fo	cusing Process	
a.	A clear sense of direction sets the foundation for eliciting change talk and planning.	Identify at least three main sources of focus (from the MI course) that target behaviors can come from.
b.	Identify the target behaviors that individuals want to change and	Identify any other potential sources.
	check to see if these align or differ from the practitioner's ideas of what should change.	Why might there be different and even competing target behaviors?
C.	Sources of focus can come from the individual, the setting/ agency, and the practitioner. The individual remains the primary source; however, the setting/agency and practitioner can greatly help in clarifying an initial focus.	
d.	Singular or multiple issues/desired target behaviors to change can be overwhelming.	

The content of Module 2 highlighted the second key process of MI – **Focusing** and strategies to assist with this. This is a good time for both the learner and supervisor to gauge the learner's current familiarity and comfort level with using Focusing strategies.

# Areas of Discussion:

- How would the practitioner introduce the idea of doing an "Agenda Map" with an individual?
- What skills does the learner believe would help them bring up difficult/sensitive issues with an individual who has not yet verbalized them?
- Explore the learner's practice in identifying target behaviors for change. Discuss experiences where the target behaviors of change were primarily identified by the agency/setting in which they worked.
- Select a current individual with whom the learner is working. Review the targeted areas for change. Explore how the behaviors were identified.
- What stage or stages of TTM is the learner most comfortable working with? Have they used MI in conjunction with TTM? If so, how?
- As a result of reviewing the material in this module, what identified concepts or practices does the learner desire to incorporate into their skill set?



Experienced behavioral health professionals are well-versed in a variety of client-centered theories and techniques similar to Motivational Interviewing (MI). However, MI is a process that involves the application of specific core skills to elicit change talk and evoke motivation to change. Module 1 introduced **Engaging**, Module 2 introduced **Focusing**, and Module 3 introduced **Evoking**. Module 3 examined the process of evoking motivation for change and provided opportunities to apply key MI skills to do so.

# 1. Review the Teaching Points

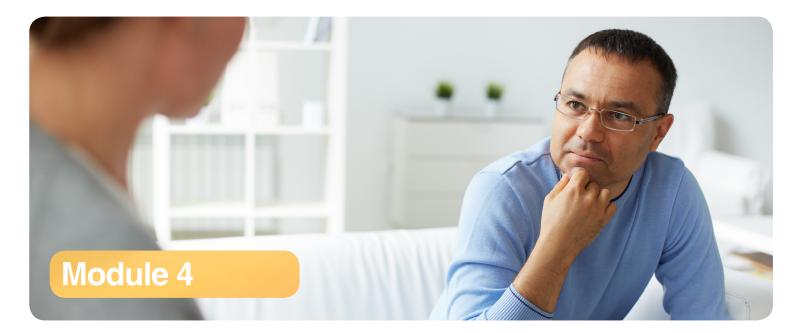
Important Module 3 Topics			Questions to Reinforce Learning
Eliciting Change Talk			
a.	car	ategies are needed to move past "sustain talk" (why someone n't or won't change) towards the pro-side of ambivalence or ange talk."	Ask the learner to give an example of how to use an Importance Ruler and a hypothetical response.
	•	Ask Evocative Questions that are open-ended.	Then ask the learner to give an example of how to use a Confidence Ruler and a hypothetical response.
	•	Use <b>Importance/Confidence Rulers</b> . Explore both importance and confidence and the intersection of the two numbers usually indicates readiness to change.	Now explore the intersection of these two numbers and what this might indicate.
	•	<b>Querying Extremes</b> is asking the individual to verbalize their vision of the extreme. This might include asking what the "best" and "worst" things that could happen for any action or inaction.	What is the intended value of the use of Querying Extremes?
	•	<b>Looking Back – Looking Forward.</b> Evoking an individual's recollection of the past or vision of the future may influence momentum to change.	
	٠	Goals/Values Discussion.	
	•	<b>Elaboration</b> questions recognize change talk and tries to further or strengthen it.	

Im	portant Module 3 Topics (continued)	Questions to Reinforce Learning
	oking Process	
a.	Evoking is the "heart" of MI and what makes it unique.	What is "evoking" attempting to clarify in regard to a behavior
b.	This phase spends time learning "why" the behavior change is important.	change?
C.	Here is where the desire to change is now connected to the motivation to do so, which is critical to do before moving into planning.	Identify and explain why ambivalence is the key task in the evoking process.
d.	Resolving ambivalence around change is a key task of the evoking process.	
Tec	hniques of the Motivational Interview (OARS)	
a.	OARS refers to four primary communication skills	What does OARS stand for?
b.	OARS: Open-Ended Questions	Describe cash OARC drill
	<ul> <li>Based on subsequent information from the individual, not on the practitioner's opinions, judgment, or values</li> </ul>	Describe each OARS skill. Do the skills need to be used in any particular order?
c.	OARS: Affirmations	What are examples of reflective statements?
	Statements that acknowledge the individual's strengths,	What are examples of reflective statements?
	abilities, intentions, and positive attempts at change or actual change	What should the practitioner be cautious about when using an Amplified reflection?
d.	OARS: Reflections (various types)	
	<ul> <li>Simple – a repeat or rephrase that provides no additional meaning</li> </ul>	
	<ul> <li>Complex – provides more meaning about what has been said or not yet said. May be called "continuing the paragraph"</li> </ul>	
	<ul> <li>Double-Sided – allows the individual to hear both sides of their ambivalence</li> </ul>	
	• Amplified – an overstatement of what the individual said	
e.	OARS: Summaries	
	Essentially "long reflections"	
	<ul> <li>Used to ensure a shared understanding of the perception of the situation</li> </ul>	
f.	Informing and Advising	
	• There are ccasions when it is appropriate for the practitioner to provide information or be directive. This is always done with permission from the individual.	
	• Elicit-Provide-Elicit is a tool to guide giving advice and information.	
Re	cognizing and Responding to Change Talk	
a.	<b>Change talk</b> is any discussion of the desire, ability, reasons, need, and commitment or taking steps to change.	Ask the learner to define "change talk".
	<ul> <li>Eliciting change talk is the key task of the evoking process.</li> </ul>	Identify and explore the DARN acronym.
	<ul> <li>It draws out the individual's own concerns and perspectives.</li> </ul>	Identify and explore the CAT acronym.
b.	<b>DARN-CAT</b> is used to generate questions to elicit different kinds of change talk.	What is the major difference between the DARN indicators and CAT
	DARN is used in preparatory change talk.	in regards to the change process?
	<ul> <li>Desire and Ability to change, Reasons and Need for change</li> </ul>	
	CAT is used to mobilize change talk.	
	<ul> <li>Commitment to change, Activation of change, and Taking steps to change</li> </ul>	

The content in Module 3 highlighted the third key process of MI – **Evoking** and offered strategies to assist with this. This is a good time for both the learner and supervisor to gauge the learner's current familiarity and comfort level with these strategies.

#### Areas of Discussion:

- Have the learner give specific examples of each of the four primary communication skills outlined in OARS. Crafting responses based on the information from an existing client would be helpful here.
- Discuss where and when Informing and Advising might be used. How does this differ from the earlier-mentioned "expert trap?"
- The supervisor and learner can view the video Motivational Interviewing in an Integrated Setting together and discuss. <u>https://vimeo.com/109546082</u>
- Ask the learner to write down examples of questions for each aspect (or letter) of DARN CAT.
- Have the learner practice using both an Importance and a Confidence Ruler. Note how clear the instructions are presented. Ensure that follow-up questions are effectively used.
- The supervisor and learner can view the video MI: Building Confidence that demonstrates how to use a scaling ruler technique to build confidence together and discuss. <u>http://www.youtube.com/watch?v=Cfl4d-qQ-co</u>
- What specific strategies in this module is the learner most familiar with? Have they used?
- What specific strategies in this module is the learner not as familiar?
- Explore the integration of these MI skills in the learner's current job roles. Discuss any perceived variations or differences in individual or group settings.



Module 4 examined the essential components of the Motivational Interviewing (MI) process of **Planning**. The process starts with assessing whether the person is ready to move into change planning. The following steps involve strengthening commitment (when needed) and developing a realistic change plan that includes the what, when, and how of change. The module concluded with a brief section on what it takes to learn and become proficient in MI.

## 1. Review the Teaching Points

lm	portant Module 4 Topics	Questions to Reinforce Learning		
Pla	Planning Process			
a.	An MI session may not always include a planning process, when the individual is not ready to develop and/or willing to implement a change plan.	What are some reasons that an MI session might not include planning?		
b.	The change plan is evoked from the individual and practitioner suggestions should emphasize that suggestions were derived from what has worked for others.	What are the three primary questions the practitioner should consider before undertaking a planning process? If an MI session does not appear to be headed towards "planning",		
c.	Three key questions to guide the planning process:	what should the practitioner make sure they avoid doing?		
	What will help this person move forward?	How can a practitioner introduce suggestions?		
	<ul> <li>How do I evoke, rather than prescribe, a plan?</li> </ul>			
	<ul> <li>How am I retaining a sense of curiosity about what will work best for this person?</li> </ul>			
As	essing Readiness to Change			
a.	Signs of readiness to act on a change.	What are some signs that an individual is ready to act on a change?		
	Increased change talk	How is "resolve" expressed and how is this a sign of readiness to		
	Decreased sustain talk	change?		
	Resolve	Ask the learner to clearly identify the four steps involved in "testing the		
	More questions about change	waters."		
	Envisioning			
	Taking steps			
b.	"Testing the waters" is a four-step process to determine readiness.			
Ne	gotiating a Change Plan			
a.	Brief Action Plan (BAP)	Ask the learner to identify the intent of the three question types in a		
	Assist individual to create an action plan they are confident in	BAP. What does SMART stand for in planning?		
	Utilizes action planning and self-efficacy	What should be done as the plan to change is put in writing?		
	• Three skills:	what should be done as the plan to change is put in whiting:		
	<ul> <li>SMART (specific, measurable, achievable, relevant, and time-bound) planning</li> </ul>			
	<ul> <li>Eliciting a commitment statement</li> </ul>			
	<ul> <li>Follow-up</li> </ul>			
b.	Establish a Plan, Gaining Commitment and Assuring Confidence			
	• Outline specific steps the individual will take to make the change.			
	• Put the plan in writing and get it confirmed by the individual.			
c.	Practice Implications			
	• A common challenge is writing a "treatment plan" (agency and/or funder requirement) when the individual is not ready to pursue changes (still in precontemplation or contemplation). May utilize both a "change plan" and a traditional "treatment plan."			

Im	portant Module 4 Topics (continued)	Questions to Reinforce Learning
Mc	oving Forward with Personal MI Skill Development	
a.	Conduct self-assessment items to know if one is using MI.	Identify two ways (utilizing supervision) that best develop MI skills.
	Use empathic listening to understand the individual's     perspective and to promote a collaborative relationship	What is coaching and how is it used to promote MI skill development?
	• Have a clear focus in the form of one or two change goals	What are the five fundamental tasks of MI that require some level of
	Actively evoke the individual's own motivation for change	mastery in order to develop overall skill in MI?
b.	MI is an ongoing practice that is best developed through guided practice and feedback. Coaching is best accomplished based on direct observation or through the use of recordings.	Discuss why these tasks are central to overall MI skill development.
C.	Menu of learning tasks (the highlighted tasks are fundamental to MI and require some mastery prior to developing the other skills):	
	Understanding the "spirit" of MI	
	<ul> <li>Skill and comfort in reflective listening and client- centered OARS skills</li> </ul>	
	Identifying change goals	
	<ul> <li>Exchanging information and providing advice within an MI style</li> </ul>	
	Recognizing sustain talk and change talk	
	Evoking change talk	
	Strengthening change talk and not amplifying it	
	Developing (promoting) hope and confidence	
	Timing and negotiating a change plan	
	Strengthening commitment	
	Flexibility in integrating MI with other clinical skills	

The content in Module 4 highlighted the fourth key process of MI – **Planning** and offered strategies to assist with this. This is a good time for both the learner and supervisor to gauge the learner's current familiarity and comfort level with these strategies.

### Areas of Discussion:

- Discuss specifics on how the learner will know when to move into the planning process.
- Select an individual who is currently receiving services and have the learner identify any/all readiness to change signs.
- Check for the learner's thorough understanding of sustain talk and change talk.
- How will the learner handle an individual's vision of a targeted behavior (like substance use recovery) if it differs from their own?
- Have the learner review an existing recovery or treatment plan for evidence of each of the SMART planning principles. If some are not evident, discuss how the plan could be revised to include them.
- Identify and explore the five fundamental tasks of MI that require some level of mastery in order to develop overall skill in MI.
- Explore the integration of these MI skills in the learner's current job roles. Discuss any perceived variations or differences in individual or group settings.

# Apply the Concepts

The critical juncture in training and supervision takes place when staff members have an opportunity to apply the knowledge and build skills in the field. Below are some considerations and suggestions for supervisors to discuss with staff members to promote the development and use of their own MI skills, as well as further development of the use of MI within their agency.

- Discuss overall staff training and coaching needs related to the utilization of MI within the agency. Identify any differing needs unique to a specific department or location.
- Using both Importance and Confidence Rulers, assess with the learner "where they are at" in regards to developing/ further developing their MI skills.
- As a supervisor, review your own competence in MI to assess your ability to promote, teach, and coach staff in MI.
- Offer specific and ongoing training that teaches and promotes an understanding of the principles of MI. This training
  promotes a consistent application of person-centered recovery principles, practices and supports that are inclusive in
  MI.
- Develop professional development plans among staff that identify learner-specific MI skills for development. Ensure that those MI skills that require mastery in order to develop others are appropriately and adequately addressed first.
- Assign the learner to "shadow" someone (if available) providing MI. Review their reactions and ask them to compare/ contrast any differences noted from other types of interviewing styles.
- Review existing treatment/service plan templates to assess the level of MI they promote. Ensure the plans clearly
  identify the individual's ongoing involvement in the change process and affect a plan of action for any areas that need
  revisions.

# Summary

MI is an evidence-based practice that is widely-used in behavioral health services for helping people to resolve ambivalence about change by evoking motivation and commitment. Each MI engagement method and strategy seeks to empower the individual, in lieu of reliance on the practitioner/agency (wherever possible) particularly in the identification of desired/needed targeted behavior changes.

MI skill development is not a one-time learning event, thus it is beyond the scope of this Motivational Interviewing Course to teach proficiency in MI skills. It is intended to provide an overview of MI principles and practices. MI skills are best developed when the learner has access to supervision that values and supports self-assessment, while also providing guided practice and feedback.

# Resources

Amerhein, P.C. (2004). How does Motivational Interviewing work? What client talk reveals. *Journal of Cognitive Psychotherapy: An International Quarterly, 18,* 323-336.

Hohman, M. (2012). Motivational Interviewing in Social Work Practice. New York, NY: The Guilford Press.

Miller, W. R. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change, 3rd Edition*. New York: Guilford Press.

Rosengren, D. B. (2018). *Building Motivational Interviewing Skills: A Practitioner Workbook. 2nd Edition.* Guilford Press: New York.



This course and many other online, free courses are available at <a href="http://fcbonline-ed.mrooms3.net/">http://fcbonline-ed.mrooms3.net/</a>

These courses are supported by the Florida Department of Children and Families Office of Substance Abuse and Mental Health.