



---

ADVANCING INTEGRATED HEALTHCARE

# Best Practices in Team-Based Care: Motivational Interviewing for Cancer Navigators

**Nelly Burdette, PsyD**

**Director, Population Behavioral Health**

July 16, 2024

*\*This deck was originally created for Rhode Island Health Care Association (RIHCA) and has been adapted for the Care Transformation Collaborative of Rhode Island (CTC-RI).*

*Care Transformation Collaborative of RI*

## CTC-RI Annual Conference – Oct 31, 2024

Register here: <https://bit.ly/CTCRIConference2024>

## Nurse Care Manager/Care Coordinator Glearn Training

Call for applications due July 26, 2024:

<https://www.surveymonkey.com/r/ZJ69J6W>

## Moms PRN ECHO [Call for Applications due Aug 22](#)

## Clinical Strategy Meeting: July 19, 2024

MassHealth & New York SDOH Waiver

Email Michelle Mooney to join: [mmooney@ctc-ri.org](mailto:mmooney@ctc-ri.org)

## September 13 - PCP Specialist Forum: Improved Patient Care and Lower Costs

Through Better Primary Care-Specialist Alignment: [https://ctc-](https://ctc-ri.zoom.us/meeting/register/tZUqdeCqrT0sGN0bQMf5VdMBLCx9PRh0zl2F)

[ri.zoom.us/meeting/register/tZUqdeCqrT0sGN0bQMf5VdMBLCx9PRh0zl2F](https://ctc-ri.zoom.us/meeting/register/tZUqdeCqrT0sGN0bQMf5VdMBLCx9PRh0zl2F)



# Housekeeping

- Today's session will run for a total of 60 minutes.
- Please enter your name and organization in the chat box.
- Participants should remain muted until the end of this webinar. We will open-up the lines during the Q&A portion of the session.
- If you have questions during the webinar, please type them into the chat.
- This session is being recorded and will be made available for future viewing.

# Disclosures and Certificate of Attendance

- Continuing education credits are available to individuals who complete the entire activity and submit the post training evaluation.
- The AAFP is has reviewed and deemed “Best Practices in Team-Based Care: Motivational Interviewing for Cancer Navigators,” acceptable for AAFP credit. Term of approval will be from 7/16/24 to 7/16/25. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP’s partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).
- Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/Team-based-Care-CME-evaluation>

# Meet Our Presenter



## Nelly Burdette, Psy.D

**Director, Population Behavioral Health, Boston Medical Center**

**Senior Director, Integrated Behavioral Health, Care Transformation Collaborative Rhode Island**

Dr. Nelly Burdette is a clinical health psychologist in the field of integrated behavioral health, with a career spanning 15 years of groundbreaking achievements. Throughout her career, Dr. Burdette has seamlessly transitioned between leadership, program development and hands-on clinical practice, demonstrating her versatility and dedication to improving healthcare outcomes in underserved populations.

Dr. Burdette serves as the Director of Population Behavioral Health at Boston Medical Center, where she leads a team focused on achieving quality goals in behavioral health and health equity across Massachusetts. Her expertise extends to integrated care settings, where she works with oncology patients from an integrated care framework. Dr. Burdette also serves as the Senior Director, Integrated Behavioral Health at the Care Transformation Collaborative of Rhode Island (CIC-RI) where she spearheads initiatives aimed at transforming systems of care, shaping policy, and training the healthcare workforce to embrace evidence-based integrated behavioral health practices across the lifespan while also providing training and practice facilitation around high-functioning health care teams and psychological safety.

*Disclosures: Dr. Burdette has no conflicts of interests to disclose.*

# Objectives

- 1) Describe best practices for cancer navigators and motivational interviewing from research with focus on health equity
- 2) Identify approaches cancer navigators can utilize with a diversity lens within motivational interviewing
- 3) Practice connecting stages of change to motivational interviewing with real-play for cancer screening

# Best practices for cancer navigators and MI in bridging health equity

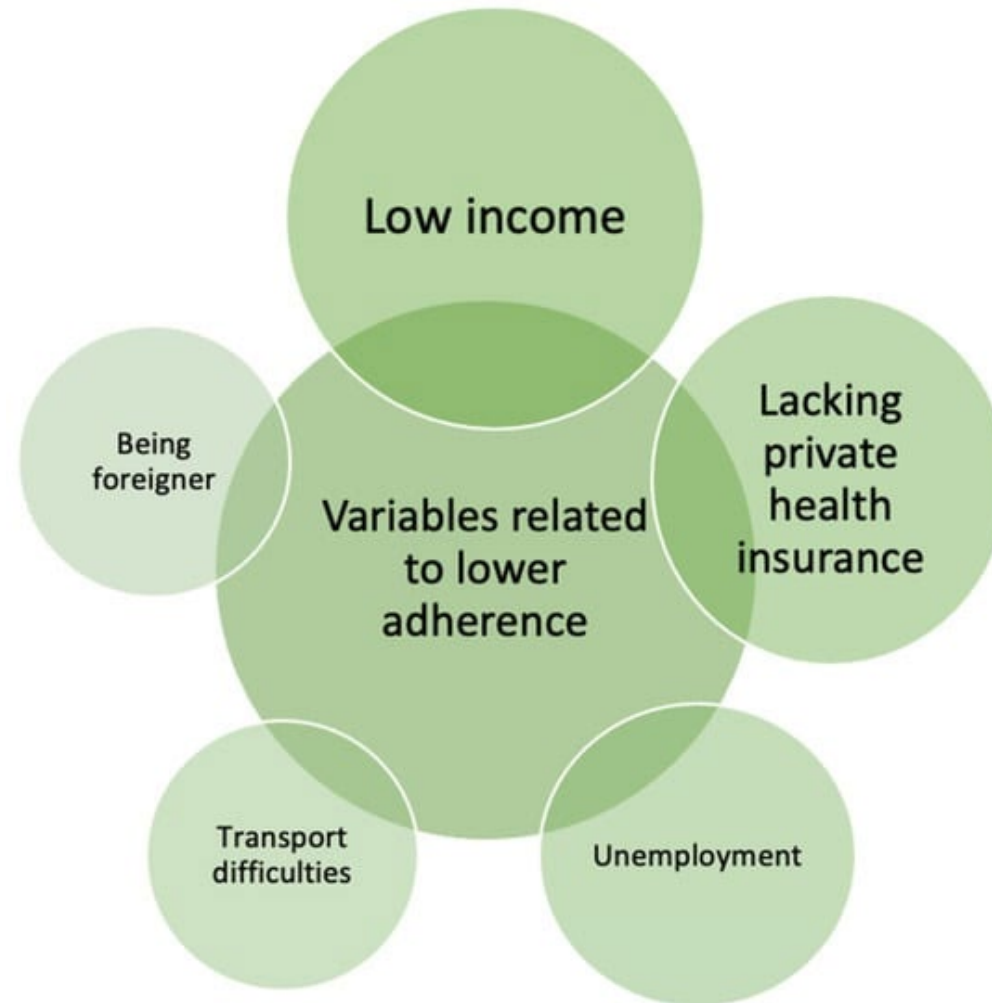
# Meta-analysis shows how to approach changing rates of cancer screening multi-dimensional <sup>2</sup>

## ■ Scope of the issue (US)

- Not all average-risk individuals are motivated to undergo cancer screening.
- Use of cervical cancer screening declined from 85.4% to 81.6% between 2005 and 2015
- Breast cancer screening uptake dropped from 66.5% to 64.3% over the same period
- Previous studies revealed that various educational interventions designed to **improve people's knowledge** about cancer and screening are effective
  - But, not all of these educational interventions have led eventual increase in cancer screening uptake.
  - Bottom line: **Solely improving knowledge and changing health beliefs may not be enough to bring about change**, especially when the barriers to screening for average-risk individuals are not simply due to knowledge deficit.
- Challenges:
  - lack of knowledge,
  - personal health beliefs,
  - low self-efficacy or
  - a lack of motivation for cancer screening



# SDOH and cancer screening adherence has known challenges <sup>7</sup>



# Motivational Interviewing (MI) essential for Toolbox as applied to Cancer Screening <sup>1</sup>

- MI is a valuable resource that can be implemented to **influence behavior** and **change in cancer control** and **prevention** research.
- MI has been applied in various health promotions and behavior changes in cancer prevention, including:
  - Promotion of mammography and CRC screening
- MI is a **highly effective, goal-oriented** method for **enhancing internal motivation** to **change a behavior**.
- Rather than **inciting fear** or **simply providing well-intentioned advice**, MI seeks to **explore** and **resolve ambivalence**.



“What if we don’t change at all ... and something magical just happens?”

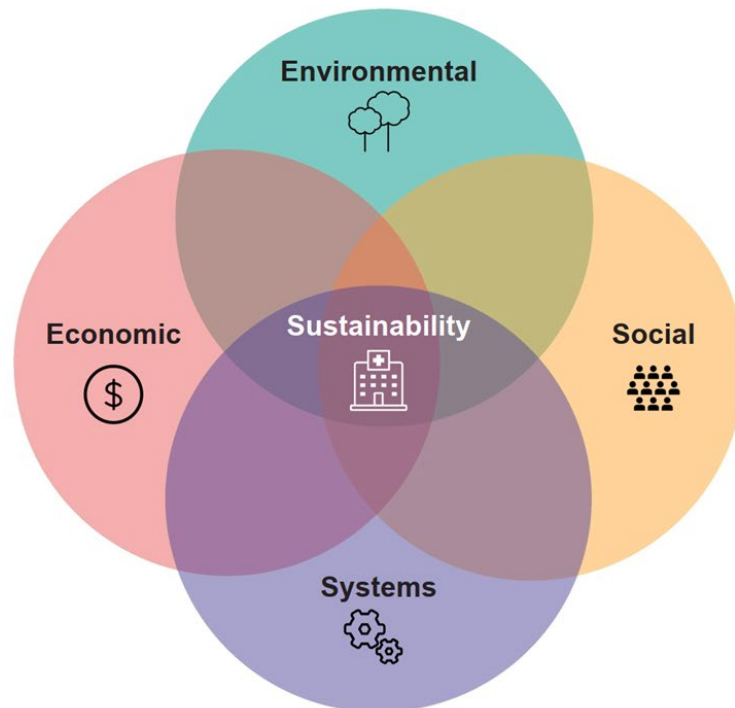
# Research results highlight no single intervention consistently led to cancer screening success

- Meta-analysis (2020) results<sup>2</sup> :
  - Six randomized controlled trials used MI to enhance cancer screening uptake or intention were included in the review.
  - MI that used a **face-to-face** and **telephone-based approach** or were used together with a **tailored or reminder letter** enhanced the participants' uptake of **breast and cervical cancer** screening and their intention to undergo future cervical cancer screening.
  - **Mixed results** were observed in the effectiveness of **single-contact** MI on **colorectal cancer** screening.
- No intervention consistently produced successful results in cancer screening uptake among all minority adults<sup>6</sup>
  - **Hosting a home health party** (n = 2) used solely with **Hispanic** populations where a group of family and friends gathered in one's home to learn about cancer and cancer screening or having **regular contact with a PCP** (\*Regular contact was defined as for at least three visits per year) had most success across all minority adults
  - Utilizing a minority population's **native language** was a successful intervention strategy, as well as patient navigation in all of the studies that adopted it (n = 5) when employed by:
  - Patient navigation, consistently improved screening by ensuring longitudinal support throughout the **knowledge acquisition, cancer screening, and follow-up processes** for:
    - African Americans
    - Asian Americans
    - Latinx Americans

# Healthcare disparities in cancer care are ripe with opportunities for MI <sup>6</sup>

- **Educational differences** may be correlated with observable population-based variance in cancer screenings with path of causation may be relatively direct:
  - Education in general is related to health literacy.
  - Those with lower levels of education may not have knowledge of the linkages between cancer and cancer screening
- **Miscommunication** between patient and provider due to low English proficiency, translator utilization, and language discordance is another barrier to cancer screening in racial/ethnic minorities
  - Patients that are part of a racial minority population may not seek out cancer screening services due to **distrust** in providers and the healthcare system due to **discrimination, bias**, or other previous unpleasant experiences
- **Future-based assumptions:** Decreased knowledge about cancer or cancer-related programs, as well as **fear of pain related to cancer screening services**
- **Ignorance is bliss:** Despite having knowledge of the benefits of cancer screening, various racial/ethnic groups may worry about **receiving** their results and the **ramifications** that accompany a positive test.
- **Advancing Age:** According to the National Cancer Institute, advancing age is the highest risk factor for cancer. **Older adults** and **socioeconomically disadvantaged** populations have been found to also have increased barriers affecting uptake of breast, cervical cancer, and lung screening <sup>1</sup>

# MI Sustainability is going beyond the one and done approach



- Think about sustainability when building anything new:
  - **Social Sustainability:** Do you have a peer group that you can ask questions of? Do you meet a regular cadence to practice skills and review challenges?
  - **Environmental Sustainability:** Are you using digital tools and/or virtual options when able to limit resource struggles?
  - **Economic Sustainability:** Are the costs of the training and supervision needed offset by the results/outcomes? Are the needs of patients financially able to be navigated?
  - **Systems Sustainability:** Do supervisors have the training and expertise to routinely ensure fidelity to the models being used? Do leaders verbalize support and buy-in for the approach being used?



# MI approaches with a diversity lens

# Motivational Interviewing key principles applied to cancer navigators

- Key Terms
  - **Motivational Interviewing:** a personal technique to motivate change by **exploring areas of uncertainty** and using the **person's own beliefs to fuel change** <sup>6</sup>
  - **Ambivalence:** is natural as the participant comes to terms with unhealthy behaviors/values they hold and understanding contradictory behaviors helps the participant to accept a collaborative discussion and express change talk. <sup>8</sup>
- Motivational interviewing involves four processes centered around **patient autonomy** <sup>2</sup>:
  - **Engaging:** development of a therapeutic relationship with the client that facilitates the collaborative work, practitioner listens to the client, and they reflect on their experience together.
  - **Focusing:** aims to clarify the goal and counselling direction and helps to initiate a conversation about behavioral change.
  - **Evoking:** practitioner explores the client's ideas and ambivalence without judgement and helps the client build a reason for change.
  - **Planning:** assistance is given to the client to help them plan how to change their behaviors, and the client is encouraged to commit to the change. This 'planning' process is optional and should be implemented when the client is ready and the time is right.
- These processes concern the flow of conversation between the client and the motivational interviewing practitioner.

# Rowing with OARS <sup>5</sup>

Insert cancer screening for drinking (as needed)

Insert nicotine for alcohol (if relevant)

Table 3. OARS: The basic skills of motivational interviewing	
<p><b>Ask Open-ended questions*</b></p> <ul style="list-style-type: none"> <li>• The patient does most of the talking</li> <li>• Gives the practitioner the opportunity to learn more about what the patient cares about (eg. their values and goals)</li> </ul>	<p><b>Example</b></p> <p>I understand you have some concerns about your <del>drinking</del>. Can you tell me about them?</p> <p><b>Versus</b></p> <p>Are you concerned about your <del>drinking</del>?</p>
<p><b>Make Affirmations</b></p> <ul style="list-style-type: none"> <li>• Can take the form of compliments or statements of appreciation and understanding</li> <li>• Helps build rapport and validate and support the patient during the process of change</li> <li>• Most effective when the patient's strengths and efforts for change are noticed and affirmed</li> </ul>	<p><b>Example</b></p> <p>I appreciate that it took a lot of courage for you to discuss your <del>drinking</del> with me today</p> <p>You appear to have a lot of resourcefulness to have coped with these difficulties for the past few years</p> <p>Thank you for hanging in there with me. I appreciate this is not easy for you to hear</p>
<p><b>Use Reflections*</b></p> <ul style="list-style-type: none"> <li>• Involves rephrasing a statement to capture the implicit meaning and feeling of a patient's statement</li> <li>• Encourages continual personal exploration and helps people understand their motivations more fully</li> <li>• Can be used to amplify or reinforce desire for change</li> </ul>	<p><b>Example</b></p> <p>You enjoy the effects of <del>alcohol</del> in terms of how it helps you unwind after a stressful day at work and helps you interact with friends without being too self-conscious. But you are beginning to worry about the impact <del>drinking</del> is having on your health. In fact, until recently you weren't too worried about how much you <del>drank</del> because you thought you had it under control. Then you found out your health has been affected and your partner said a few things that have made you doubt that alcohol is helping you at all</p>
<p><b>Use Summarising</b></p> <ul style="list-style-type: none"> <li>• Links discussions and 'checks in' with the patient</li> <li>• Ensure mutual understanding of the discussion so far</li> <li>• Point out discrepancies between the person's current situation and future goals</li> <li>• Demonstrates listening and understand the patient's perspective</li> </ul>	<p><b>Example</b></p> <p>If it is okay with you, just let me check that I understand everything that we've been discussing so far. You have been worrying about how much you've been <del>drinking</del> in recent months because you recognise that you have experienced some health issues associated with your <del>alcohol</del> intake, and you've had some feedback from your partner that she isn't happy with how much you're <del>drinking</del>. But the few times you've tried to stop <del>drinking</del> have not been easy, and you are worried that you can't stop. How am I doing?</p>
<p>* A general rule-of-thumb in MI practice is to ask an open-ended question, followed by 2–3 reflections</p>	



# Rolling with Resistance means recognizing you, not the patient, should do something different <sup>9</sup>

**Table 1. Four categories of patient resistance behavior**

<p>Arguing: Patient contests the accuracy, expertise or integrity of the provider (eg, challenging, discounting, or expressing hostility)</p> <p>Interrupting: Patient breaks in and interrupts the provider in a defensive manner (eg, talking over or cutting off the provider)</p> <p>Negating: Patient expresses unwillingness to recognize problems, cooperate, accept responsibility, or take advice (eg, blaming others, disagreeing, making excuses, claiming impunity, minimizing, or exhibiting pessimism, reluctance, or unwillingness to change)</p> <p>Ignoring: Patient ignores or does not follow the provider (eg, exhibiting inattention, remaining silent, being nonresponsive to questions, or sidetracking the discussion)</p>
--

*(Adapted from Chamberlain et al. [3].)*

- It is normal to have contradictory feelings about making behavior change
- MI is a method of communication for exploring and resolving ambivalence.
- When using MI we explore the patient’s ambivalence
- Patient resistance is a signal that the MI practitioner isn’t fully understanding or approaching the issue in a way that the patient is ready to hear
  - MI practitioner needs to change the approach when experiencing resistance

# Rules to live by for MI when staying the same vs changing weighed out <sup>3, 4</sup>

## MOTIVATIONAL INTERVIEWING

<b>R</b>	<b>RESIST</b> telling them what to do: <i>Avoid telling, directing, or convincing your friend about the right path to good health.</i>
<b>U</b>	<b>UNDERSTAND</b> their motivation: <i>Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.</i>
<b>L</b>	<b>LISTEN</b> with empathy: <i>Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.</i>
<b>E</b>	<b>EMPOWER</b> them: <i>Work with your friends to set achievable goals and to identify techniques to overcome barriers.</i>

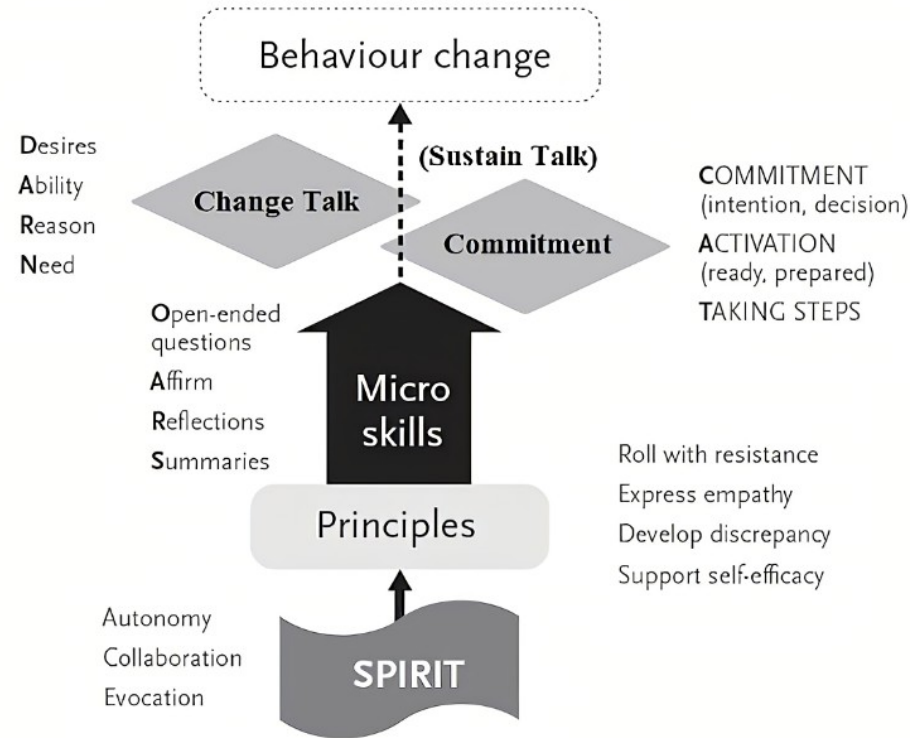
Thinking About The Costs and Benefits of Change		
What specific behavior change are you considering? _____		
	STAY THE SAME	MAKE SOME IMPROVEMENT
BENEFITS	I like:	I will like:
COSTS	I don't like:	I won't like:

Create some ideas and reflections for each of the four boxes above. This will help clarify your thoughts about what you want to do next.

Change talk entails willingness to make a behavior change but may also be accompanied with **sustain talk** - providing reasons as to why they may want to remain the same. While sustain talk should be expected by the CHW, it is also important to **strategize a response which shifts the conversation back to change talk** and their readiness to change. <sup>8</sup>

# Framework for MI has a clear path but not usually a straight line

## The Framework of Motivational Interviewing



Source: MINT Training, Centre for Addiction and Mental Health.

## MI and Healthcare disparities in cancer screening require different approaches based on outcome interested in changing<sup>6</sup>

- **African American males** have demonstrated **higher levels of mistrust** in the American health care system than is the case with African American women.
  - This mistrust is more dominant at the level of the **health care provider** rather than the health care institution
  - Consider how to identify and acknowledge mistrust without a clear idea of what next steps should be when utilizing MI.
  - Order of operations: Mistrust of the system will need to be addressed before cancer screening can be.
- Settings:
  - **Faith-based organizations** important distribution sites for health information but screening interventions decreased
  - Consider setting as having 2 different purposes: relaying health information vs increasing screening intervention
- While White Americans', African Americans', and Latinx Americans' first cause of death is heart disease, this is not the case among Asian Americans.
  - Cancer ranks as the **number one cause of death** among **Asian Americans**.
  - Patients were more likely to obtain a mammogram if they had resided in the USA between 3 and 15 years
  - Consider race and time residing in the US as important acculturation variables that may require different MI interventions.

## MI adherence by CHWs improves over time and is achievable <sup>8</sup>

- MI has traditionally been performed by clinical professionals in the fields of mental health and substance abuse prevention vs CHWs do not typically have a clinical background or a college degree
- Training included: apply MI to address ambivalence towards making healthy behavioral changes, including utilization of the health resources provided to them
- Participants engaging in MI choose to discuss a resource/health behavior change that is important to them but in which they feel ambivalent.



CHWs emphasize the **person's autonomy** in an effort to provide an encouraging conversation rather than a directive monologue focused on fixing or creating solutions that the participant did not create themselves.

- To maintain MI adherence, CHWs **first ask permission before offering advice or information.**

If given permission, they share information and then check in with the participant on how they received that information and whether it is something they would like to further consider.

**Confrontation and persuasion are avoided**, as they are usually met with **resistance** from the participant and can soften change talk

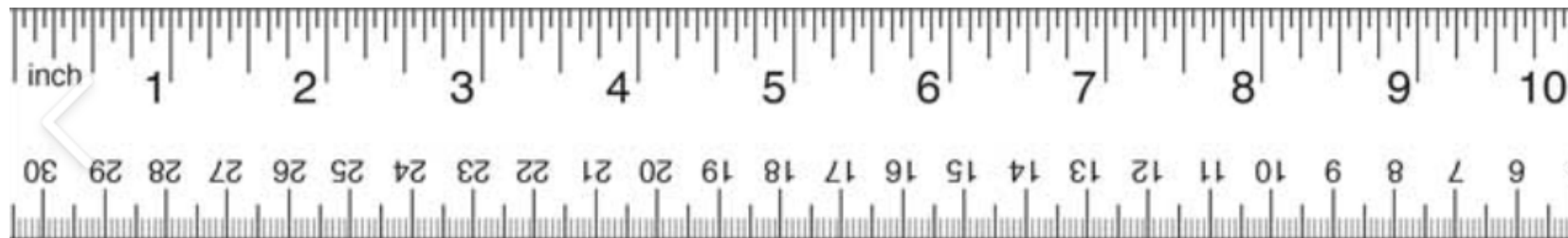


**People are the undisputed experts on themselves. No one has been with them longer, or knows them better than they know themselves.**

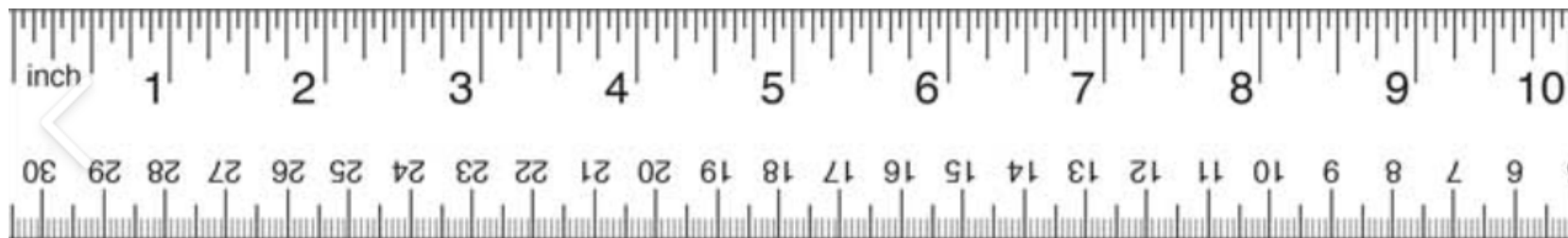
William Miller & Steven Rollnick, 2013

# MI Tools – Confidence Rulers for Measurement of Change

ON A SCALE OF 1 TO 10, HOW **IMPORTANT** IS IT FOR YOU RIGHT NOW TO CHANGE?



ON A SCALE OF 1 TO 10, HOW **CONFIDENT** ARE YOU THAT YOU COULD MAKE THIS CHANGE?



- **Confidence Rulers**
  - Help engage and create care plans that **patient is ready/confident in achieving**
  - Help target interventions
  - Allow encounters to be more
    - patient centered
    - efficient
    - focused on change talk

# Working the MI Ruler

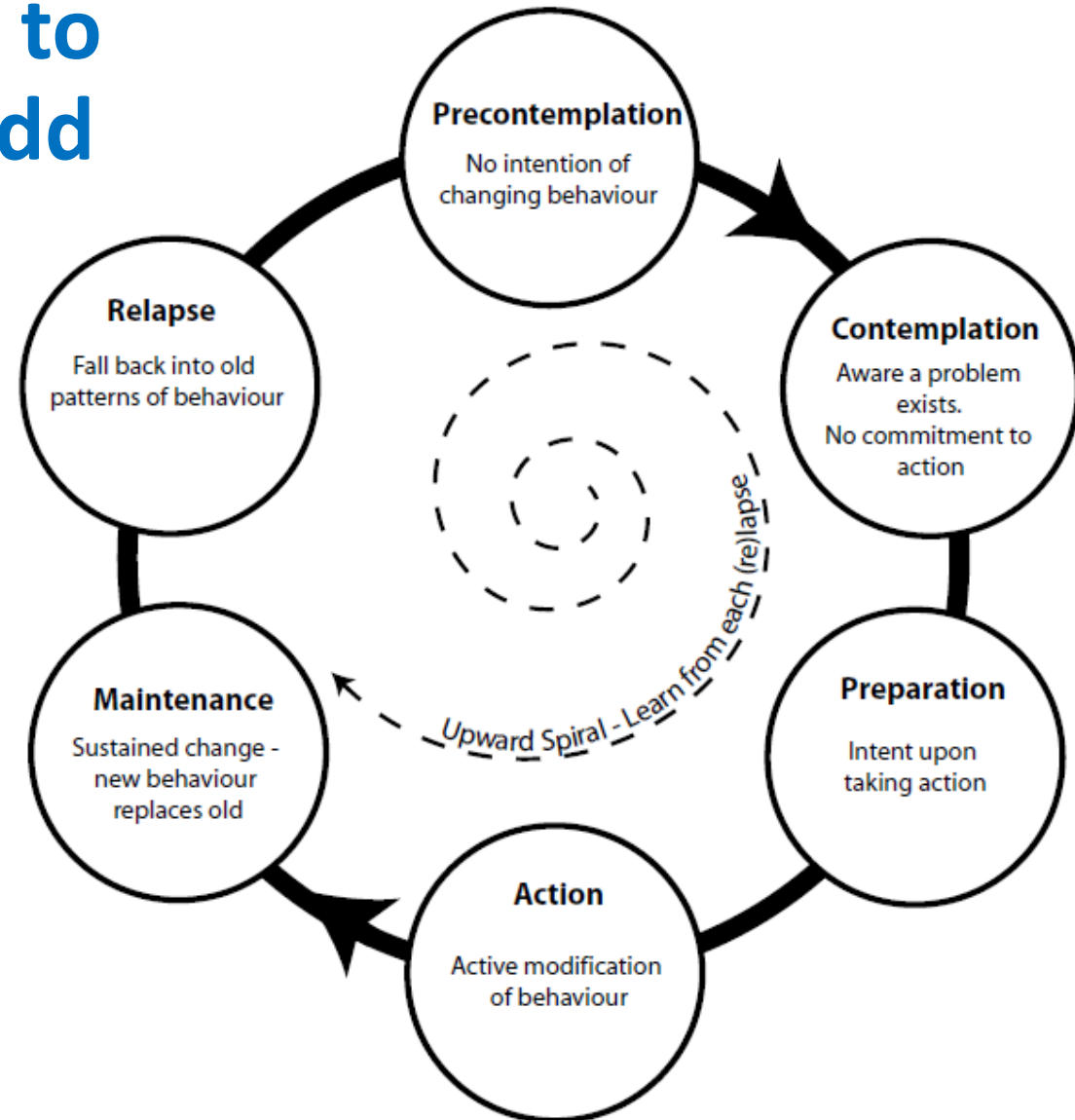
- If either the importance of confidence scales are less than a 7, this is a red flag to change the goal
- Questions to consider asking patient:
  - How did you decide you were a 5 and not a 4?
  - What would it take for you to move from a 5 to a 6?
- Microsoft Word - Ten Strategies for Evoking Change Talk ([motivationalinterviewing.org](https://motivationalinterviewing.org))
  - And why are you at \_\_\_ and not \_\_\_\_\_ [lower number than they stated]?
  - What might happen that could move you from \_\_\_ to [higher number]?
  - Instead of “how important” (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to (commitment).
  - Note: Asking “how ready are you?” tends to be confusing because it combines competing components of desire, ability, reasons and need.





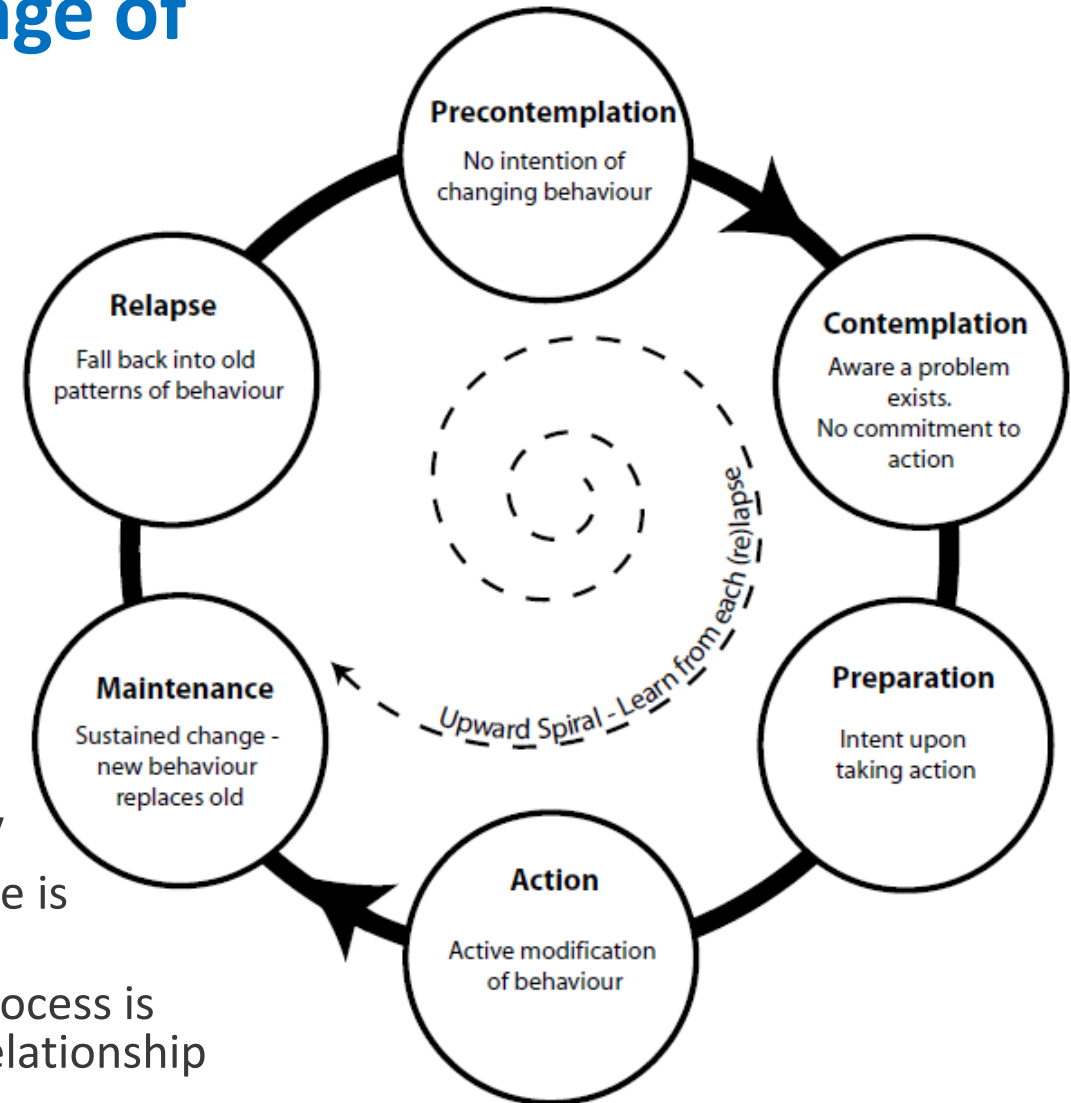
# Stages of change + MI

# Stages of change connected to motivational interviewing add important layer



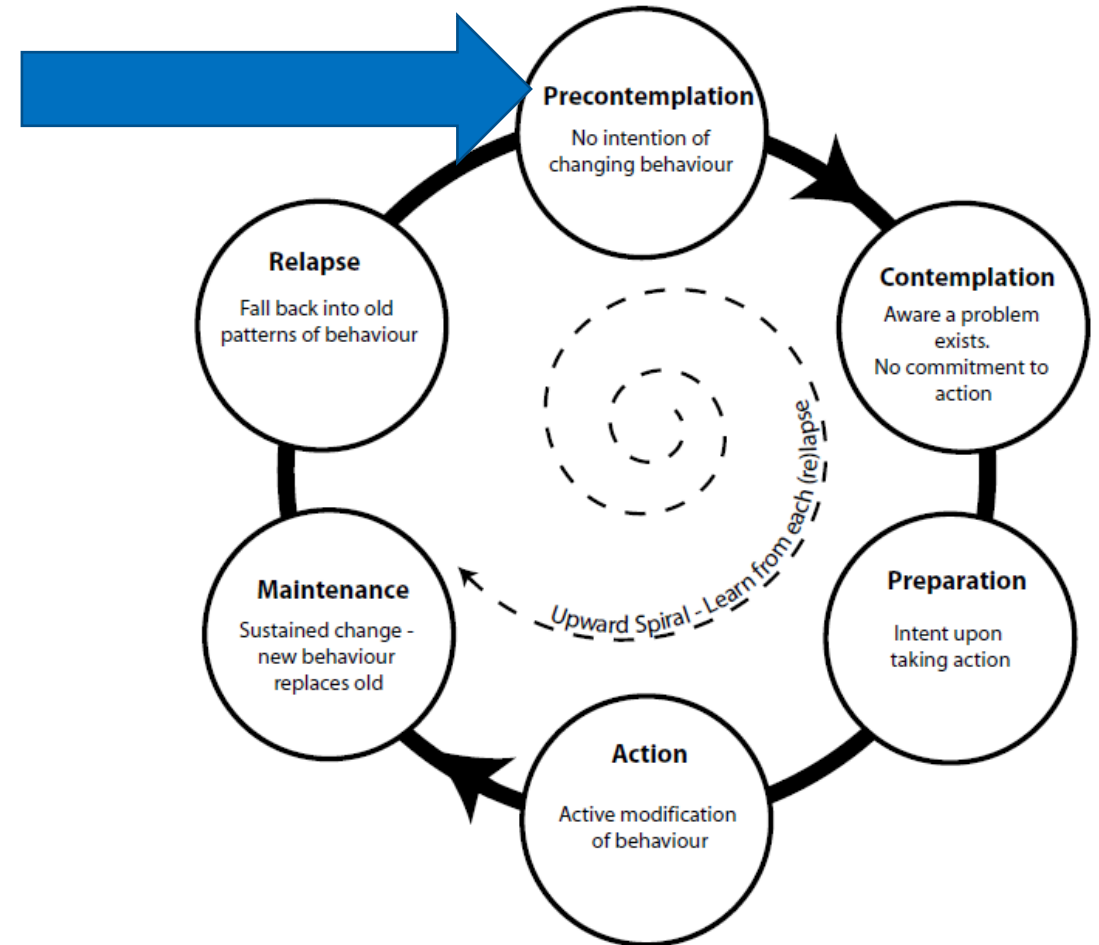
# Balancing out the cancer navigator's stage of change with the patient's

- Still stuck?
  - Which stage are most patients in?
    - Pre-contemplation or contemplation
  - Which stage are most motivational interviewers in?
    - Action
  - Balancing out your stage of change as motivational interviewer with the patient's stage of change is key
    - Pay attention to any indicators that your stage of change is impacting your patient's stage of change negatively
    - Meeting the patient where they are at in the change process is critically important to establishing a positive working relationship



# Precontemplation

- Precontemplation: Have no intention of changing
  - How cancer navigators can help:
    - Better understand the reasons why you're not ready
    - Be more aware of the positive and negative sides of changing
    - Feel less defensive about not changing
    - Look more openly at the possibility of making some small changes
    - Learn what thoughts and actions will help you move on to the next stage, **when you are ready**

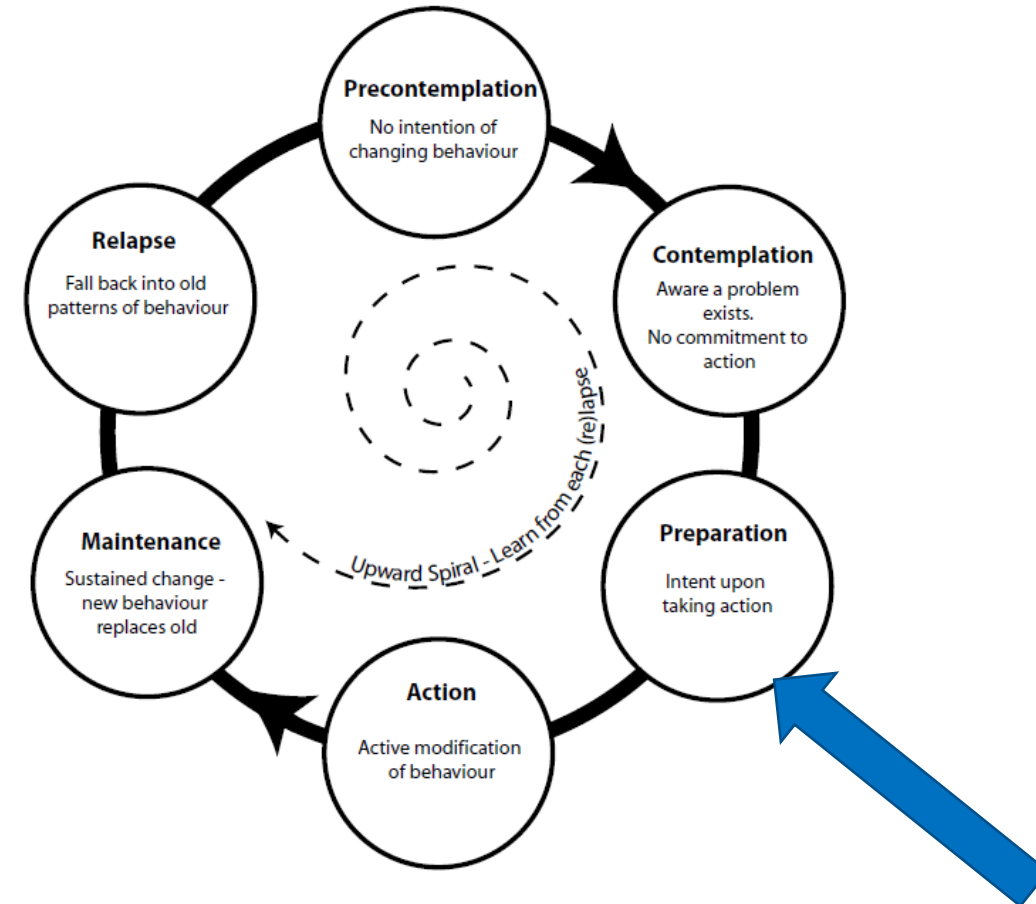


# Contemplation

- Contemplation: seriously thinking about possibility of changing
  - How cancer navigators can help:
    - Better understand what you need to get ready
    - Take an honest look at the positive and negative sides of changing
    - Identify the information and skills you'll need to begin to change
    - Learn what thoughts and actions will help you move on to the next stage, **when you are ready**
    - Begin to take small steps toward change
    - Recognize and reward all of your successes
  - **Real play**
    - Break into pairs of 2.
    - One person plays the patient and one plays the patient navigator.
    - Patient: Ambivalent about getting cancer screening

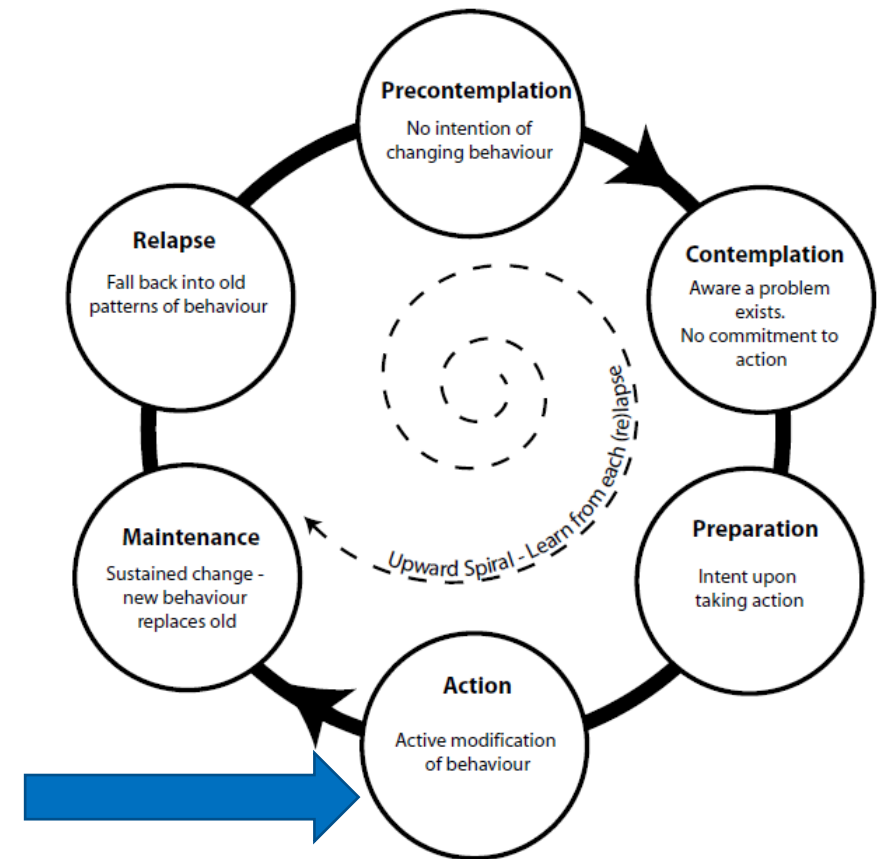
# Preparation

- Preparation: getting ready to start changing within 30 days
  - How providers can help:
    - Make a promise to start the change and develop strong plan of action
    - Cope with any special challenges you might have
    - Take small steps necessary to get ready to begin to change
    - Get support for change from others
    - Look forward to seeing yourself in a new way “taking control of X” vs. “letting X control you”
    - Recognize and reward all of your successes



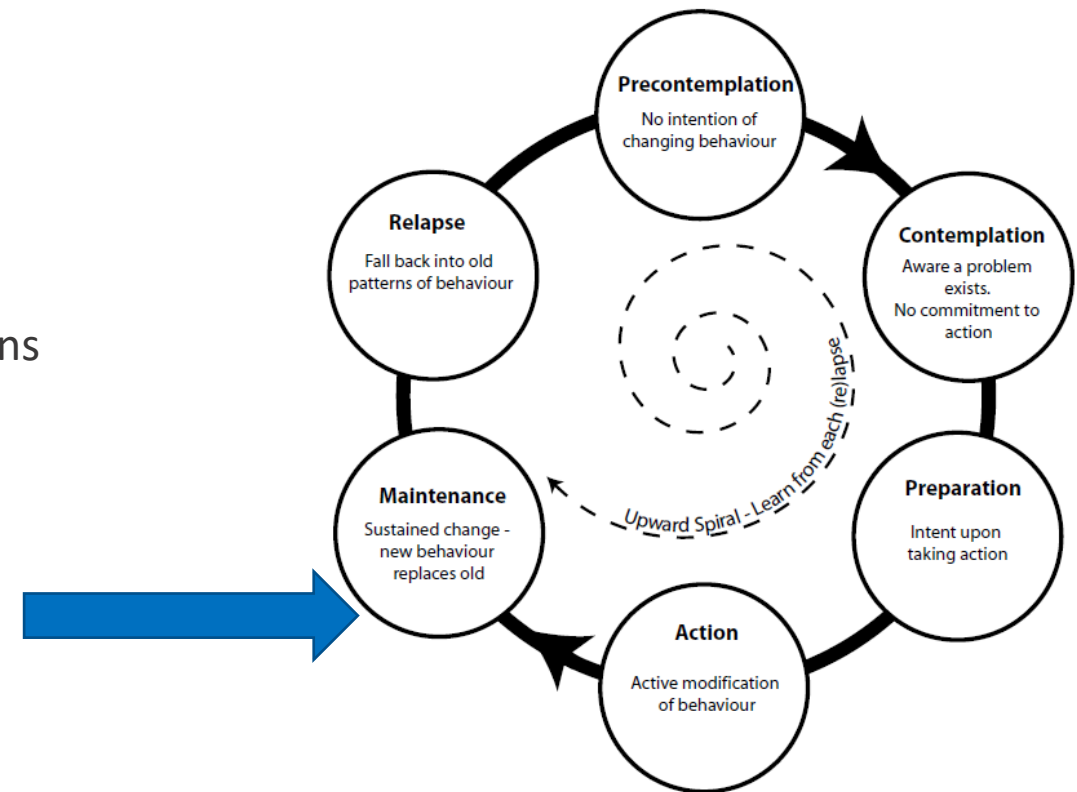
# Action

- Action: Started the change
  - How providers can help :
    - Strengthen your promise and firm up support to change
    - Manage stress better so you won't give in to temptations
    - Begin seeing yourself as someone who is “taking control of X” vs. “letting X control me”
    - Recognize and reward all of your successes



# Maintenance

- Maintenance: has made the change for at least 6 months
  - How providers can help:
    - Manage stress better so you won't give in to temptations
    - Increase patients' belief in ability to resist temptations surrounding the change
    - Continue seeing yourself as someone who is "taking control of X" vs. "letting X control me"
    - Recognize and reward all of your successes







**Ability is what you're capable of doing.  
Motivation determines what you do.  
Attitude determines how well you do it.**

Lou Holtz

# Take aways



- MI through a diversity lens is an effective bridge for cancer navigators to increase motivation for patients to engage in cancer screenings.
- Learning about MI and its' applications to stages of change in cancer screening is not a “one and done” process and repeated efforts to meet the patient where they are at are critical!
- Buy-in from a leadership level to ensure MI training and supervision occurs as a part of onboarding new staff as well as assessing competencies of staff is vital from a sustainability perspective.



# References and Resources

# References

1. Adegboyega A, Aleshire M, Wiggins AT, Palmer K, Hatcher J. A Motivational Interviewing Intervention to Promote CRC Screening: A Pilot Study. *Cancer Nurs*. 2022 Jan-Feb 01;45(1):E229-E237.
2. Chan DNS, So WKW. Effectiveness of motivational interviewing in enhancing cancer screening uptake amongst average-risk individuals: A systematic review. *Int J Nurs Stud*. 2021 Jan;113:103786. doi: 10.1016/j.ijnurstu.2020.103786. Epub 2020 Oct 2. PMID: 33091749.
3. Garry Welch, Gary Rose, Denise Ernst; Motivational Interviewing and Diabetes: What Is It, How Is It Used, and Does It Work?. *Diabetes Spectr* 1 January 2006; 19 (1): 5–11. <https://doi.org/10.2337/diaspect.19.1.5>
4. Guiding principles of Motivational Interviewing Image sourced from: <https://ahihealth.org/event/the-plattsburgh-patient-experience-providing-care-from-anew-lens-motivational-interviewing-part-1/>
5. Hall K, Gibbie T, Lubman DI. Motivational interviewing techniques - facilitating behaviour change in the general practice setting. *Aust Fam Physician*. 2012 Sep;41(9):660-7. PMID: 22962639.
6. Liu, D., Schuchard, H., Burston, B., Yamashita, T., & Albert, S. (2020). Interventions to Reduce Healthcare Disparities in Cancer Screening Among Minority Adults: a Systematic Review. *Journal of Racial and Ethnic Health Disparities*, 8(1), 107-126.
7. Ponce-Chazarri L, Ponce-Blandón JA, Immordino P, Giordano A, Morales F. Barriers to Breast Cancer-Screening Adherence in Vulnerable Populations. *Cancers*. 2023; 15(3):604. <https://doi.org/10.3390/cancers15030604>
8. Portillo EM, Vasquez D, Brown LD. Promoting Hispanic Immigrant Health via Community Health Workers and Motivational Interviewing. *Int Q Community Health Educ*. 2020 Oct;41(1):3-6. doi: 10.1177/0272684X19896731. Epub 2020 Jan 10. PMID: 31924133; PMCID: PMC7347455.
9. Scales, R. & Miller, J.H. (2003) Motivational techniques for improving compliance with an exercise program: skills for primary care clinicians. *Current Sports Medicine Reports*. 2: 166-72.

# Want a deeper dive into motivational interviewing?

 **UMass Chan**  
MEDICAL SCHOOL Center for Integrated Primary Care

 **CIPC**  
UMASS MEDICAL SCHOOL

<https://umassmed.edu/cipc/continuing-education/MotivationalInterviewing/>

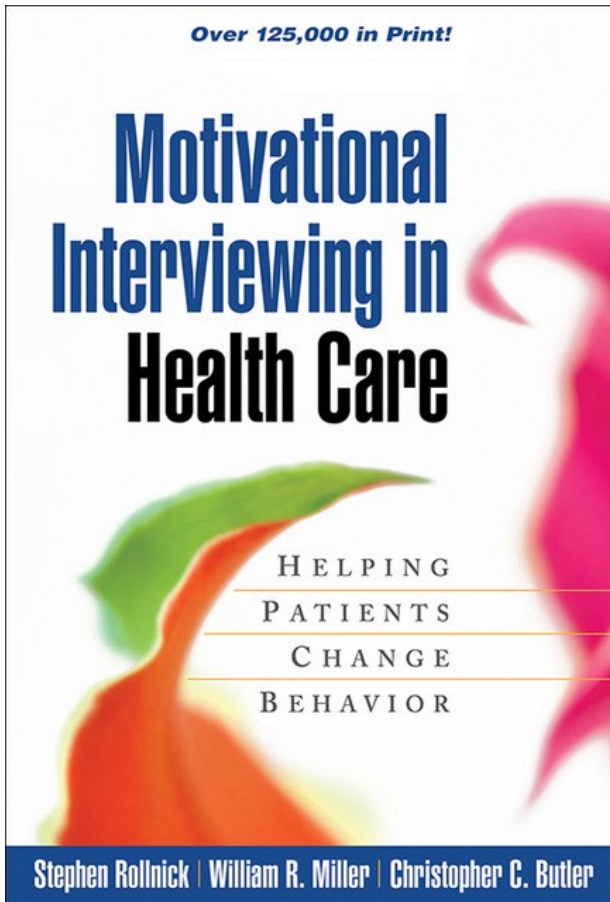
## Certificate of Intensive Training in Motivational Interviewing

*online training with active practice for health care professionals*

**This course is designed for individuals in healthcare fields who want to:**

- Encourage patients to set and achieve goals for health maintenance and disease management
- Facilitate tobacco cessation
- Engage patients in active (non-pharmacological) management of chronic pain
- Address issues of problematic alcohol, opiate, and other drug use
- Improve patients' medication adherence
- Promote engagement in other evidence-based behavior change approaches, such as Cognitive-Behavioral Therapy

Our Certificate of Intensive Training in Motivational Interviewing is a semester-long course grounded in the principles detailed in William Miller & Stephen Rollnick's, *Motivational Interviewing, 3rd ed.* The course explores the skills critical for healthcare providers to support patients trying to achieve goals for health behavior change.



# And even more resources

## MI Information and Training

- [MI Guidance Documents](#)
- [Creating an MI Learning Community \(full document\) \(summary\)](#)
- [MI Trainings](#)
- [Founder Trainings \(Miller & Rollnick\)](#)
- [MI Glossary \(English/Spanish/Portuguese 2024\)](#)

## Info about MINT

Want to know more about Motivational Interviewing or MINT?

- [I want to reinstate my MINT Membership](#)
- [Creating an MI Learning Community \(full document\) \(summary\)](#)
- [Become a member of MINT](#)

## MINT News

[Non-Ethical Practice of MI - ColleenMarshall](#) - 17 May  
Find older blog posts [here](#)

## MI in the News

- [How motivational interviewing can enhance restorative supervision - Nursing Times - 19th February 2024](#)
- [\(PDF\) The effect of motivational interview persons with diabetes on self-management and metabolic variables - ResearchGate - 5th February 2024](#)
- [Motivational Interviewing Approach Does Not Reduce BMI in Children - Physician's Weekly - 30th January 2024](#)
- [\(PDF\) Significance of motivational interviewing in public health - ResearchGate - 29th January 2024](#)
- [Motivational interviewing approach does not reduce BMI in children - Medical Xpress - 29th January 2024](#)

## Latest MI Research

- [From the Classroom to Entrustment - The Development of Motivational Interviewing Skills as an...](#)
- [Corrigendum to "Feasibility and acceptability of motivational interviewing to promote..."](#)
- [Individual differences in motivation to change in individuals with eating disorders: A...](#)
- [Development and Evaluation of a Measure of Drinking Behavior in Response to Acculturation...](#)
- [Applications of motivational interviewing in adolescent solid organ transplant - 4 Mar](#)

[More Recent MI Research Articles](#)

## Other Resources

1. [What's New in MI-4?](#) (Miller & Rollick, 2023)
2. [What Makes Helpers Helpful?](#) (Miller, 2021 video 1 hr. presentation)
3. [MI-TRIP](#) (Archived former MINT Journal)
4. [Books](#)
5. [MI Controlled Trials \(Jan 2023\)](#)
6. [Multimedia](#)
7. [Popular Press\\*](#)
8. [Recent MI Research Articles\\*](#)
9. [Youtube videos\\*](#)
10. [Vimeo videos\\*](#)
11. [Bill Miller: Taking the Lower Place: MI and Social Dominance \(MINT Forum, Oct 2017\)](#)





# Thank you and Questions

# CME Credits

(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:  
<https://www.surveymonkey.com/r/Team-based-Care-CME-evaluation>
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event





# THANK YOU

Debra Hurwitz, MBA, BSN, RN  
dhurwitz@ctc-ri.org

 [www.ctc-ri.org](http://www.ctc-ri.org)

 [ctc-ri](https://www.linkedin.com/company/ctc-ri)

