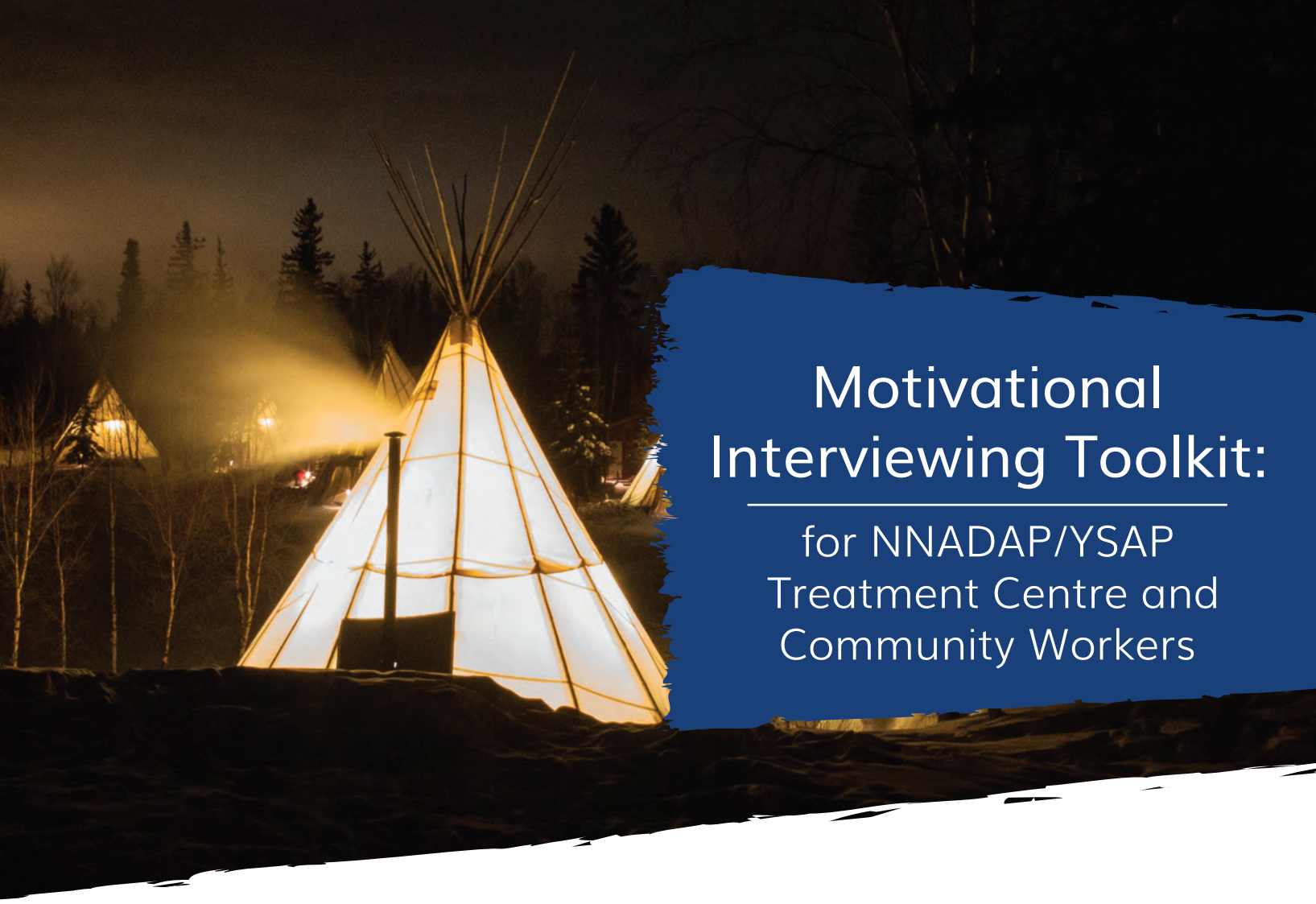


Motivational Interviewing Toolkit:

for NNADAP/YSAP Treatment Centre and Community Workers

THUNDERBIRD PARTNERSHIP FOUNDATION

TABLE OF CONTENTS

Purpose

This project responds to system-level needs related to practical and culturally relevant strategies as highlighted in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada.*[1] As noted in the *Honouring Our Strengths* Framework, skills associated with Motivational Interviewing are intended to respond to the needs of people at high risk for negative consequences linked to substance use. Their risky behaviours may put themselves or others at risk and result in a range of negative consequences that include, but are not limited to: violence, injuries, sexual victimization, school dropout, domestic abuse, gang involvement, driving while intoxicated, suicide, needle sharing, HIV infection, having a child with Fetal Alcohol Spectrum Disorder (FASD), job loss, family break up, child apprehension, and community crime.

Motivational Interviewing skills are key components of an effective approach to secondary risk reduction in:

- community-based supports
- outreach
- risk assessment and management
- screening, assessment, referral, and case management

People who are well placed to provide Motivational Interviewing services and supports include community-based mental health and addiction workers, cultural practitioners, social service workers, maternal child health home visitors, FASD mentors, law enforcement workers, correctional workers, off-reserve outreach workers, staff at urban Indigenous friendship centres, and a wide range of community and social supports (e.g., family members, Elders, teachers, and friends).

1 - Health Canada, *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* (Ottawa: Health Canada, 2011). The HOS was developed in partnership with the Assembly of First Nations (AFN) and the National Native Addictions Partnership Foundation (NNAPF).

As of June 2015, the National Native Addictions Partnership Foundation (NNAPF) changed its name to the Thunderbird Partnership Foundation, a division of NNAPF Inc. For more information, visit www.thunderbirdpf.org.

The objective of this toolkit is to provide NNADAP/YSAP and broader Community Service Providers with the key principles of Early Identification and Brief Intervention. This toolkit will use the principles of Motivational Interviewing to offer practical, hands-on descriptions and examples for working with clients who have an alcohol and/or drug problem.

Motivational Interviewing

While there are many approaches or "Brief Therapies" for brief interventions, this guidebook focuses on Motivational Interviewing (MI). MI is an active, client-centred approach to working with people developed by William R. Miller and Stephen Rollnick.[2] MI focuses on the mixed feelings (ambivalence) an individual may have about change. It is a collaborative conversation between the client and the counsellor and it uses the client's own values and concerns. As well as being client-centered, MI is also a strength-based approach.

As a stand-alone approach, Motivational Interviewing can be used as an effective brief approach and completed in just a few sessions. However, MI can also be used effectively to work with individuals at any time along with other approaches. Treatment effectiveness is increased when it is used in this way. If you work with people in addictions or mental health, or want to help a person make changes to a healthier lifestyle, MI techniques are effective skills to acquire.

One way of defining Motivational Interviewing is:
"a style of behaviour change counselling developed by Miller (Miller, 1983). It is defined as a directive, client-centered style of counselling that helps clients to explore and resolve their ambivalence about changing. Principles include understanding the client's view accurately, avoiding or de-escalating resistance, increasing the client's self-efficacy and their perceived discrepancy between their actual and ideal behaviour (Miller and Rollnick, 1991). Techniques include listening reflectively and eliciting motivational statements from clients, examining both sides of a client's ambivalence and reducing resistance by monitoring client's readiness and not pushing for change prematurely. MI has been clearly demonstrated to work with both dependent and problem substance misusers, and in all age groups (Dunn et al, 2001).There is substantial evidence that MI is an effective substance misuse intervention when used by clinicians who are non-specialists in substance misuse treatment, particularly when enhancing entry to and engagement in more intensive substance misuse treatment (Dunn et al, 2001). There is no evidence to support the idea that more treatment results in better outcomes, and several sessions of MI may be regarded as an appropriate length of intervention (Dunn et al, 2001).[3]"

Motivational Interviewing seems to be a good fit for Indigenous groups with substance use problems. Feedback across the United States is that MI is consistent with Native American culture and can be adapted or modified to take the local culture into account.[4]

MI is described below from an Indigenous point of view:

> *"I believe that the concept of MI is already within our culture. In Navajo it's with the beauty way or positive way of thinking. I think Indigenous cultures, native cultures, we have it in our culture already ..." "I believe we have the state of the art, but then we get our degrees or our training and then the Western culture confuses us ..."*
> Navajo female participant[5]

2 - William R. Miller and Stephen Rollnick, *Motivational Interviewing: Preparing People for Change (Applications of Motivational Interviewing),* 2nd ed. (New York: Guilford, 2002).

3 - C. Dunn, L. Deroo, and F.P. Rivara, "The use of brief interventions adapted from motivational interviewing across behavioural domains: a systematic review," *Addiction* 96 (2001): 1149–1160.

4 - Kamilla L. Venner, Sarah W. Feldstein, and Nadine Tafoya, Native American *Motivational Interviewing: Weaving Native American and Western Practices: A Manual for Counselors in Native American Communities* (Albuquerque: University of New Mexico, 2006).

5 - Venner, Feldstein, and Tafoya.

Motivational Interviewing is considered a brief therapy (1– 4 sessions) that can be effective on its own and/or it can also be used to prepare clients for treatment.[6] MI has been shown to improve the effectiveness of other treatments. The counsellor can use MI as one or two sessions before the client begins a more intense treatment program. Using MI before treatment can double abstinence rates in comparison to a treatment program without MI.[7] MI has been blended with Cognitive Behavior Therapy (CBT)[8] so that sessions begin with MI and then switch to CBT while the principles of MI are maintained.

Venner, Feldstein, and Tafoya posit that MI might be easy for you, the counsellor, if:

- You are culturally competent and a good listener
- You honour and hold a deep respect for clients
- You are warm and caring with clients
- You feel comfortable acting as an equal with clients
- You believe it is important to be genuine
- You believe that the answers and motivations lie within the client
- You accept and expect that clients will disagree with you and challenge you
- You understand that making a decision to change is often difficult
- You know that the process of change does not usually go smoothly and often includes needing to retrace steps in the process
- You appreciate how complex people's lives and motivations can be
- You are sensitive to the clients' verbal and nonverbal behaviour and are willing to change your behaviour to see if that will help the client
- You are willing to take responsibility for your part in decreasing or increasing a client's movement toward change in their drinking (not all of the responsibility)

Some of the ideas behind MI are:[9]

- Motivation for change honours the wisdom within the client instead of trying to force a therapist's wisdom upon a client.
- The client is seen as a person rather than a problem. The client identifies and processes his or her own feelings about change. Some tribes take this level of respect to new heights and call clients by their clan relation such as sister, uncle, etc.
- The counsellor provides humble, respectful, and active guidance in helping the client examine and move forward with their feelings about change.
- Persuasion is not an effective method because trying to convince others to change often invites them to argue against change.
- The counseling style is peaceful and draws the wisdom out from inside of the client.
- Readiness to change is not steady. Instead, it changes depending on the client's internal and external environments (i.e., social relation ships, job status, financial status, family and friends, community).
- The therapeutic relationship is more of a partnership, rather than an expert talking to a patient.

---

6 - Venner, Feldstein, and Tafoya.

7 - Venner, Feldstein, and Tafoya, *Native American Motivational Interviewing*

8 - "CBT is a psychological treatment that addresses the interactions between how we think, feel and behave. It is usually time-limited (approximately 10-20 sessions), focuses on current problems, and follows a structured style of intervention. The development and administration of CBT have been closely guided by research. Evidence now supports the effectiveness of CBT for many common mental disorders. For some disorders, carefully designed research has led international expert consensus panels to identify CBT as the current 'treatment of choice' for some disorders. CBT is less like a single intervention and more like a family of treatments and practices. Practitioners of CBT may emphasize different aspects of treatment (cognitive, emotional, or behavioural) based on the training of the practitioner. Nevertheless, the identified techniques of CBT prove their family resemblance in a number of ways. All techniques and approaches to CBT are practically applied. What gets used (that is, which technique for which problem) is what has been proven effective and the techniques themselves derive from science (for example, the 'behavioural experiments' used to help people overcome feared objects or situations). CBT has been studied and effectively implemented with persons who have multiple and complex needs, and who may be receiving additional forms of treatment, or have had no success with other kinds of treatment." Julian M. Somers and Matthew Querée, *Cognitive Behavioural Therapy: Core Information Document* (Victoria: British Columbia, Ministry of Health, 2007).

9 - Adapted from S. Rollnick and W.R. Miller, "What is motivational interviewing?" *Behavioural and Cognitive Psychotherapy* 23 (1995): 325-334.

Examples of Ceremonies to explain Motivational Interviewing:[10]

"…we offer a few examples of ceremonies that seem to connect with the essence of MI. Because this manual is written especially for all Native American people, we hope it is helpful to offer ceremonies from different Indigenous/Aboriginal people. Although Indigenous people differ greatly from one another, these examples of ceremonies emphasize similarities in creating a safe space where everyone feels respected and honoured. The MI approach also emphasizes respecting clients and helping them to feel safe in the counseling session. By sharing these ceremonies, we do not mean that you have to use these ceremonies with clients. Ceremony can be used to help us approach our work in a good way. Again, if any of these feel right, please feel free to use them, modify them, introduce ceremonies from your own heritage or leave it and do not include any ceremony:

Pueblo

The ceremony presented here is an attempt to bring sacredness to the healing process when initially meeting with your clients. We begin by acknowledging that we are entering a special space. As we enter this space we leave all of our bad feelings and anger on the outside. We enter this space, where we will be interacting, with a clear mind and heart. We say our prayers asking our ancestors for their wisdom and help so that we may have a successful gathering. We ask the Ancient Ones to bring good energy and healing energy into our space and our time together. We put our thoughts and healing feelings together and become one.
Based on Nadine Tafoya's experience.

10 Venner, Feldstein, and Tafoya.

Maori (Aboriginals of New Zealand)

When Maori people invite outsiders (even other Maori communities) into their Marai (special building for spiritual and community activities), they use a ceremony that reminds everyone that we are all one, that everyone is safe within the Marai, and that we all have the same goals. Based on the first author's simple understanding, each group introduces themselves and lets the other know that they come in peace. There is a specific process of talking back and forth and singing. Near the end of this welcoming ceremony, each person from each group greets the other. The men touch noses, thereby breathing the same air and signifying that they are one. The women usually kiss the cheek. Then everyone goes to have tea and eat together.
Based on Kamilla Venner's experience.

Northwest Canadian Tribe (De Cho)

Everyone is asked to stand up and form a circle. The leader addresses the people and emphasizes the importance of greeting and honouring each other and acknowledging that we are all one in the world. The circle evolves into two circles that are connected. The person in the inner circle is the introducer while those in the outer circle listen. After you introduce yourself, you move into the outer circle. The first person begins to show the others what to do while music plays (in this case it is a CD playing the song "O Siem", which translates to "We are all family", by Susan Aglukark, an Inuit woman). The introducers tell the other person their name, shake hands, and tell one thing about themselves. Each person has the chance to greet the others face to face. Then when they see each other later on during the activity, they feel more at ease with each other and connected and seem more likely to interact.
Based on Wendy Kalberg's experience at a fetal alcohol conference emphasizing community wellness."

The Four Principles of Motivational Interviewing:[11]

1. Express Empathy

Empathy is the most complex and necessary skill for people trained in MI, but it is a skill that is often slow to develop. This impacts on First Nations and Inuit people in several ways. From a western perspective, this is limited by worldview and values that focus on the individual who may not have been understood in the context of history. The western perspective focuses on the time-limited problem/tissue of an individual within the boundaries of a limited environmental context (e.g., it is not taken into consideration that everyone in the community may have the same issue).

However, the individual must be understood within the context of family and community, the intergenerational impacts of trauma, and all within the total environment and the impacts of colonization. Empathy demonstrated through reflective listening is limited without this context. Without it, clients may instead be understood as resistant or avoiding when they continue to talk about family and community as priority in their path of change. In reality, family and community are reflections of values and cannot be separated from the individual's motivation for change. So, when empathizing, it becomes important to express:

- **Effort to accurately understand your client – being able to get a very clear sense of what it would be like to walk in his or her shoes.**

- **Being accepting of your client increases the chance that the client will make positive changes.**

- **Reflecting what your client has said (verbally and nonverbally) is a necessary skill for using MI. People are more likely to consider making changes when they feel understood.**

- **Feeling unsure about change is normal.**

To summarize, empathy involves looking at the world through the clients' eyes; thinking, feeling and experiencing the world with them; listening; and reflecting back to them so that they feel that they are being heard and understood. Then the client will more likely share honestly and in depth about their experiences.

2. Develop Discrepancy - Develop Connections

- **Change occurs when present behaviour is not in line with important personal goals or values. For example, being dependent on alcohol often makes it hard to be living in harmony with oneself, one's family, community, and the universe.**

- **Developing connections is an initial step and a way to mind map client values with present-day experiences. Should the client have no expressed values, then the counsellor should glean from their talk what would be defined as an anchor for the client (e.g., children, dog). It is imperative that the counsellor ask open-ended questions in order to elicit relevant, personal information.**

11 Venner, Feldstein, and Tafoya, 17-18.

- **Each person has specific roles and responsibilities within their communities. Even one person not fulfilling his or her role can be especially hard on that person and the community when the community is small. Experiencing drinking problems can make it difficult to be a good role model or contribute to one's family and community as well as one could without drinking problems. Drinking can lead to people feeling disconnected from their families and communities. People may feel like they are not living in harmony or in the "beauty way."**
- **The client, not the counsellor, should bring up any reasons for change.**
- **Listen carefully when clients tell you what their values are or ask open ended questions to learn what they value and whether their drinking interferes with a lifestyle that is true to their values.**
- **The hope is that once your client realizes that drinking is getting in the way of upholding his or her values, he or she will be more motivated to make changes in drinking practices. If drinking is getting in the way of one's values, then changing drinking habits is a good step toward living a life consistent with one's values.**

In other words, the counsellor helps the client identify where he or she is right now and how this might impact on his or her values and goals. There is an increased motivation for change when clients recognize that their current behaviours are in conflict with their values and self-identified goals.

3. Discover the Roots of Resistance

- **A client may be resistant to change and both you and the client must discover what the resistance is about.**
- **Do not fight for change. The more you fight for change, the more likely the client is to fight against change. The more a client fights against change, the less likely he or she is to make successful changes.**
- **Do not go head-on into a client's resistance; try not to argue with the client.**
- **When counsellors see resistance in a client, it is a signal to respond to the client differently.**
- **Invite the client to share his/her point of view. The counselor does not force his or her own point of view upon a client. Instead, you must come from a place where you understand what the client's resistance is about.**
- **The client has answers and solutions. Ask the client questions to find out how you can help them understand where they are in the change process.**

To summarize, resistance can occur when the client feels that the counsellor is imposing their own views and solutions on the clients. It may also be because the client has mixed feelings about change. Invite the client to share his/her point of view. Look for the root of the client's resistance. The counsellor does not force his or her own point of view upon a client. Actions and statements that show resistance remain unchallenged by the counsellor. Your belief in the client's ability to change helps the client change.

4. Support Self-Efficacy - Support Self-Identity

- **Your belief that change is possible is an important motivator for your clients.**
- **The client, not the counsellor, is responsible for choosing and carrying out change.**
- **Your belief in the client's ability to change helps the client change.**

Self-efficacy is also the client's belief that he or she can successfully make a change. This is a strength-based approach that instils hope in the client in his or her ability to change. The counsellor focuses on a client's previous successes and helps the client to identify the skills and strengths he or she already has that can be used to make changes.

Other sources of support (friends, family, community, etc.) and belief in your client are helpful. It can be helpful to build a community of people that believe in your client's ability to change his or her drinking and contribute back to his or her community. Communities need each person to fulfill their role.

According to Spence there are four pillars of Motivational Interviewing:[12]

Collaboration – Working in partnership with the client.

Evocation –Learning from the client.

Empowerment – Help the client take ownership over their own health management by creating an informed, activated client who is both willing to work in partnership with the health care system and feels capable of making healthy choices to achieve his/her own goals.

Autonomy – The client is responsible for change.

Basic assumptions about Motivational Interviewing:

- **Motivation is a state of readiness to change that fluctuates with time and situations.**
- **Motivation often involves an interaction.**
- **People who consider making a change often have mixed feelings, known as ambivalence.**

As noted by Spence, "Ambivalence is a normal part of the change process."[5] Examples of the difference between MI and styles that are non-MI are noted below:[13]

The MI way (person-centered)	The non-MI way (not person-centered)
Partnership. Counselling involves a partnership that honours the client's own natural wisdom and point of view. It may be important to include the wisdom and participation (attendance at session, help, support, etc.) of others in the client's family, clan and community. The counsellor provides an atmosphere that is open to change but does not force or require change.	**Confrontation.** Counselling involves pointing out and correcting the client's problematic way of thinking through forcing them to "wake up from denial" and see "reality."
Drawing Out. The client has the tools (desire, reasons, need, and ability to change) within themselves. They also know about community resources. Encouraging the client to describe and share their thoughts, goals, point of view, and values increases their natural motivation for change.	**Education.** The counsellor believes that the client does not have important information, insight, and/or skills that are necessary for change. The counsellor seeks to "fill these holes" by providing the necessary information.
Independent Choice. The counsellor supports and encourages the client's right and ability to determine and follow their own chosen path. In some communities it may be important to know whether the client's choice ought to involve the wisdom of others in the community. The counsellor does this through helping the client make informed choices.	**Authority.** The counsellor tells the client what to do. The counsellor knows what the client needs to do to "fix" the problem.

Adapted from: Miller and Rollnick (2002), *Motivational Interviewing: Preparing People to Change*. Second edition, The Guilford Press, New York.

12 - Richard Spence, "*A Culturally Relevant Adaptation of Evidence Based Practice*," BMI: Brief Motivational Interviewing (2006), PowerPoint presentation.

13 - Venner, Feldstein, and Tafoya.

MI takes a holistic approach and looks at the client's needs resulting from mistakes in life as opposed to viewing the client as problematic, broken, and in need of repair or fixing. Client, family, and community are not disconnected in the MI process but are, instead, intertwined throughout and between sessions. Viewing the table above through a First Nations lens would interpret 'relationship' as a more personally relevant and less clinical term. The term 'independent choice' can also be seen as family and culturally driven.

The counsellor typically determines where the client is in this model through the use of empathy and cultural knowledge. Clients may feel that they are in a different stage of the six stages of change at different times; sometimes the clients will seem to be in a different stage each time they speak.[14] For example, Venner, Feldstein, and Tafoya state that "a client may say some things that are in line with the 'action' stage and then immediately say something about their doubts as to how bad their problem is indicating some mixed feelings (contemplation stage).

The most important point of this model is to listen carefully to your clients and not get ahead of them. Also, if you notice that they have moved back to a previous stage, it is best to move back there too. The goal is to continually meet the client where he or she is at in the moment in order to help them move toward positive change. When we get ahead of them, they are less likely to move forward."

It is also important to remember that MI is not based on the Stages of Change model. Rather, MI is complementary to the Stages of Change model.[15] Think of the Stages of Change model as a comprehensive way of understanding how people change and MI as a clinical method that helps people prepare for change.[16]

Brief interactions such as the form of MI are most effective when clients' concerns and needs are elicited and messages are tailored to address these concerns and desires.[17] The three primary components of MI are:

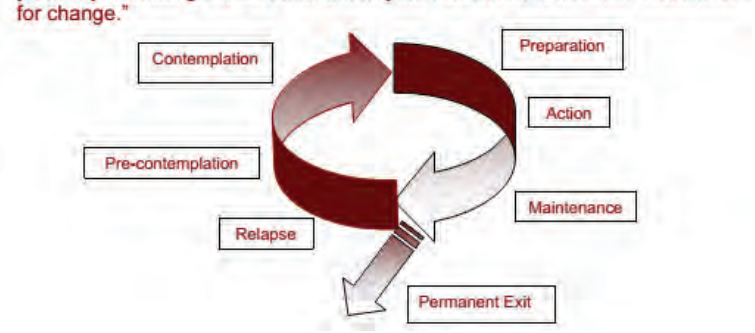
1. Screening for heavy drinking;
2. Feedback and advice about cutting back; and
3. Motivational interaction using rulers to assess readiness, talking about change based on readiness, and goal setting if the patient is ready.

The Motivational Interviewing and Stages of Change approach is also complementary to the cultural values of AI/AN people and emphasizes listening, learning, and respect.[18] In Tomlin's model, a process evaluation similar to the 6 stages of change is used in many Indigenous settings when considering planned actions that impact the community—that is:

"… discuss the plan and its goals, implement the plan, assess the implementation and make adjustments, discuss the outcomes, and articulate learnings from the process to inform new goals and plans. This process should involve the community as much as possible. The model of the medicine wheel shows how the researchers and practitioners worked together to learn and apply the Motivational Interviewing approach (and the key concepts of Stages of Change) to adapt a manual written for mainstream counsellors to meet the needs of counsellors serving Indigenous people."[19]

Recall the Stages of Change model:[20]

Some counselors have an easier time fitting MI into their mind when they are familiar with the stages of change model. We thought we would include it for you, so you could get a sense of where your clients are in terms of "readiness for change."



14 Venner, Feldstein, and Tafoya.

15 Steve Martino, et al., *A Nurse-Delivered Brief Motivational Intervention for Women Who Screen Positive for Tobacco, Alcohol, or Drug Use: An Intervention Manual for Project START* (Screening To Augment Referral and Treatment), (National Institute on Drug Abuse, 2011).

16 Martino, et al.

17 Spence.

18 Tomlin, K., et al., *Motivational Interviewing: Enhancing Motivation for Change – A Learner's Manual for the American Indian/Alaska Native Counselor,* (Portland: One Sky National American Indian Alaska Native Resource Center for Substance Abuse Services, 2005): 7.

19 Tomlin, et al., 8.

20 Venner, Feldstein, and Tafoya, 41.

Skills and Strategies in Motivational Interviewing (OARS)

Many proponents of MI suggest employing the OARS strategy with clients:[21,22,23,24]

1) Open-Ended Questions
2) Affirming
3) Reflective Listening
4) Summarizing

Open-ended questions are those that cannot easily be answered with a yes/no or short answer. Open-ended questions invite the client to think more deeply about an issue and help them to explore reasons for and possibility of change. For example:

- *To what extent do you think your drinking has affected your family life?*
- *How has your relationship with your co-workers been affected by your drinking?*
- *Can you give me an example of a time when you were happy before you started drinking?*

Affirmations are statements that recognized client strengths. The use of affirmations can help a client see themselves in a more positive light and feel that change is possible. Affirmations must be real and honest to be successful. It helps with self-efficacy which is the second principle of Motivational Interviewing. As Tomlin notes, "genuine affirmation can improve clients' sense of well-being. Through affirmation, the counsellor communicates understanding of and empathy for the client's struggles. Affirmations build on client's strengths and past successes. Affirmations are best when focused on something the client has done or stated."[25] Storytelling is a good way to incorporate affirmations for Indigenous clients. A positive story might remind the client of who he/she is because of where he/she came from. Another affirmation technique is to acknowledge good deeds. For example:

- *Thanks for coming today.*
- *I appreciate how hard it gets to have to listen to complaints about your behaviour from loved ones.*
- *You have been working hard on these assignments; it shows in the work you have completed.*
- *This meeting brought out a lot of painful feelings. Thanks for staying through it.*

Reflections or reflective listening is the most important skill in Motivational Interviewing. When the counsellor reflects back to the client what he/she has heard, the client knows that the counsellor has been truly listening and comes to feel that the counsellor understands the issues from the client's perspective. The counsellor can help guide the client towards positive change by reflecting on the client's statement of negative feelings regarding current behaviour and positive goals. Reflective listening helps with the expression of empathy, the first principle of Motivational Interviewing. For example:

- *It sounds like you are overwhelmed by recent events; would you like to share?*
- *You're feeling anxious by the sound of your voice; tell me what's going on?*

---

20 Venner, Feldstein, and Tafoya, 41.

21 Spence.

22 Tomlin.

23 Venner, Feldstein, and Tafoya.

24 Miller and Rollnick.

25 Miller and Rollnick, 26.

Summaries are a special type of reflection where the counsellor recaps what has occurred in the session and helps the client be prepared to move on towards his or her goal.[26] You may want to try some open-ended questions to engage the client and promote change in their behaviour. For example:

• Problem Recognition: *How do you feel about your current alcohol use (or health)?*

• Expression of Concern: *What worries do you have about your alcohol use (or health)?*

• Intention to Change: *What would you like to do about this?*

• Optimism: *What makes you feel that now is a good time to get started?*

Alternatively, you should also try to turn closed questions into open questions, such as:

Closed – Do you drink a lot of alcohol in the evening?

Open - How much alcohol do you drink in the evening?

Closed - Do you want to reduce your drinking?

Open - How do you feel about making changes in your drinking?

Open - What might make you want to reduce your drinking?

Closed - Do you know that too much alcohol can be harmful?

Open - What do you know about the risks of drinking too much alcohol?

Open - What happens to you when you drink too much alcohol?

26 Miller and Rollnick.

An Exercise in Reflective Listening

Reflective Listening is an empathic process of...

- *Hearing what someone has to say with cultural empathy;*
- *Making a guess about what they mean; and*
- *Giving voice to this guess in the form of a statement.*

Forming Reflections

For starters…

- It sounds like you are not ready to stop drinking.
- It seems that you are having a problem remembering things.
- It sounds like you are feeling guilty about your drinking.
- From what you are saying, you are having trouble limiting your drinking.

As you improve, you can shorten the reflection….

- You're not ready to stop drinking.
- You're having a problem remembering things.
- You're feeling guilty about your drinking.
- So you're having trouble limiting your drinking.

Levels of Reflection

1) Sustained Reflective Listening
2) Repeating – Repeats what patient says
3) Rephrasing – Begins to add new meaning
4) Paraphrasing – Extends what patient is saying
5) Reflecting Feeling – Reflects a deeper level

Rule of Thumb: Begin with simpler reflections and delve into deeper reflections as understanding increases.

Try this:

- *Talk with a co-worker about a behaviour that you have wanted to change but you're struggling with.*
- *One person listens and the other person talks.*
- *At the end of 1.5 minutes the "listener uses reflective statements to summarize what the person has been saying, including at least one "feeling" statement.*

The value of empathic reflective listening:

- It lets the person know that you are listening and encourages him/her to tell you more.
- It is perceived as neutral and lacking judgment.
- It allows clients to hear you repeat/rephrase what they are saying for further consideration.
- It allows the person to clarify his/her thoughts.

So taking this one step further in Motivational Interviewing (Spence, 2006), you now want to use your reflections to promote change:

- *"So if you could find a way to relax without alcohol, you might feel better."*
- *"Drinking alcohol gets in the way of your doing things that you need to do."*
- *"You're worried that if you don't do something about your drinking, you might forget something really important."*
- *"You're in a lot of pain and need to find a way to make things better."*
- *"So you tell yourself to cut back on drinking sometimes."*
- *"You're afraid that something really bad might happen to you if you continue to drink so much."*
- *"You've tried to cut back on your drinking, but you weren't able to limit yourself."*
- *"You're wondering how you could cut back on your drinking when all of your friends drink."*

Applying Motivational Interviewing in a Clinical Setting

A motivational intervention is any clinical strategy designed to enhance client motivation for change. It can include counselling, client assessment, multiple sessions, or a thirty minute brief intervention. There are a set of assumptions in SAMHSA's *Enhancing Motivation for Change in Substance Abuse Treatment* (1999)[27] about the nature of motivation that will also help you in your work with clients:

- Motivation is a key to change.
- Motivation is multidimensional.
- Motivation is a dynamic and fluctuating state.
- Motivation is interactive.
- Motivation can be modified.
- The clinician's style or attitude influences client motivation.

The counsellor can use the following strategies in order to incorporate these assumptions about motivation while encouraging a client to change substance-using behaviour:

- Be culturally competent. Know the community history and intergenerational life experiences.
- Focus on the client's strengths rather than his/her weaknesses.
- Focus on the holistic needs of the client
- Respect the client's autonomy and decisions.
- Make treatment individualized and client centred.
- Do not depersonalize the client by using labels like "addict" or "alcoholic."
- Develop a therapeutic relationship.
- Use empathy, not authority or power.
- Focus on early interventions.
- Recognize that substance abuse disorders exist along a continuum.
- Recognize that many clients have more than one substance use disorder.
- Recognize that some clients may have other coexisting disorders (mental health and substance use) that affect all stages of the change process.
- Accept new treatment goals which involve interim, incremental, and even temporary steps toward ultimate goals.
- Integrate substance abuse treatment with other health provider services.

Successful MI will entail being able to:

- Express empathy through reflective listening.
- Communicate respect for and acceptance of clients and their feelings.
- Establish a nonjudgmental, collaborative relationship.
- Develop cultural competence with the client
- Be a supportive and knowledgeable consultant.
- Compliment rather than denigrate.
- Listen rather than tell.
- Gently persuade with the understanding that change is up to the client.
- Provide support throughout the process of recovery.
- Develop discrepancy between clients' goals or values and current behaviour; help clients recognize the discrepancies between where they are and where they hope to be.
- Avoid argument and direct confrontation which can degenerate into a power struggle.
- Adjust to, rather than oppose, client resistance.

27 Center for Substance Abuse Treatment, *Enhancing Motivation for Change in Substance Abuse Treatment*, Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 12-4212 (Rockville: Substance Abuse and Mental Health Services Administration, 1999).

• Support self-identity and optimism: focus on clients' strengths to support the hope and optimism needed to make change.

The following five strategies[28] are particularly useful in the early stages of working with clients if you adopt MI as your clinical style:

1. **Ask open-ended questions:** Open-ended questions cannot be answered with a single word or phrase. For example, rather than asking, "Do you like to drink?" ask, "What are some of the things that you like about drinking?"

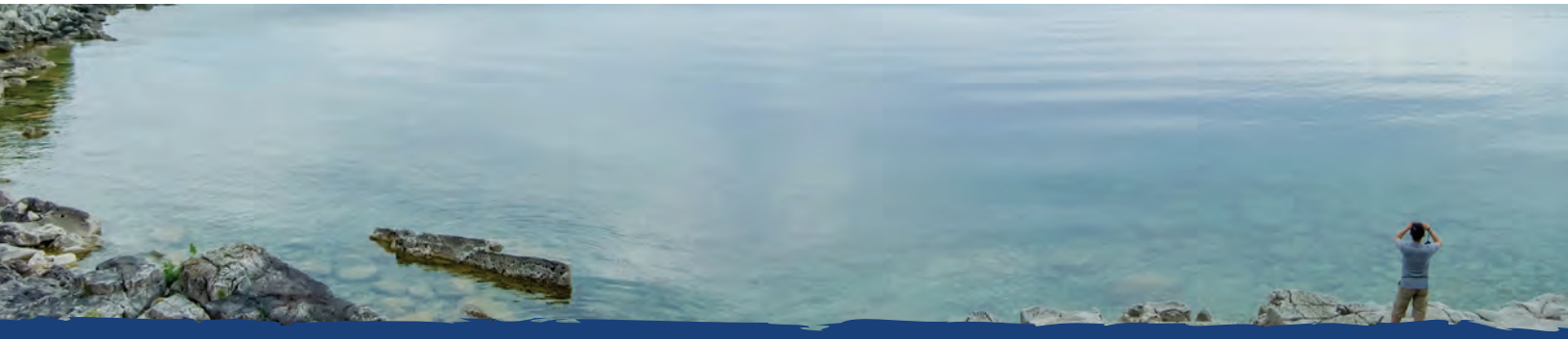
2. **Listen reflectively:** Demonstrate that you have heard and understood the client by reflecting what the client said.

3. **Summarize:** It is useful to summarize periodically what has transpired up to that point in a counselling session.

4. **Affirm:** Support and comment on the client's strengths, motivation, intentions, and progress.

5. **Elicit self-motivational statements:** Have the client voice personal concerns and intentions rather than try to persuade the client that change is necessary.

28 Center for Substance Abuse Treatment, 20.



Evaluating Your MI Skills – Are You Improving?[29]

Your clients are your best teachers of MI.

Reflective Listening

- If you make an accurate reflection, your client will agree (remember that simple agreement might not mean they really agree) and usually continue talking about the topic in more depth. Or if it was a summary statement and the client says you were accurate in your understanding, then you can move on to another topic or use a "key" question about what the next step will be for the client.

- If you are wrong, your client will either correct you (good outcome) or will stop talking (bad outcome). To offer an incorrect reflection sometimes is to be expected; too many and your client will lose patience.

- If your client seems overly agreeable this may be a sign of non-engagement or that they are just agreeing out of respect.

If your client is making resistance or challenge statements…

- This may be a sign for you to stop what you are doing. Instead, make reflections of the resistance with an aim to understand the resistance and an effort to get back on the same "team" and work in partnership with the client.

29 Venner, Feldstein, and Tafoya, 68.

If your client is making change statements…

- This is a great sign! Keep doing what you are doing and let the client do what he or she is doing. Reflect these change statements and ask for more details and other examples from the client. Be sure to notice whether it is time to talk about making a change plan or to refer back to the change plan already created.

If your client is making both resistance and change statements…

- Try using double-sided reflections. Be sure to voice both the resistance and the change statements beginning with the resistance and ending with the change talk.
- Try exploring resistance more fully
- Explore barriers to change

Pay attention to your own feelings

- If your relationship with the client is going downhill, usually you both notice it. You may think to yourself "uh oh" or have a physical sensation like a knot in your stomach or start clenching your teeth. This is often a sign to stop what you are doing and try something different.

You may want to consider consulting with other professionals.

A Motivational Interviewing Practice Scenario[30]

"JOE L.'s Story – Background and Context"

Joe L. is a 40-year-old Apache man. He was referred to the Tribal Wellness and Treatment Center for 90-days by the Family Court.

Joe lives with his girlfriend of 7 years, Regina. They have 5-year-old twin boys. Joe's girlfriend works at the near-by Tribal Electronics factory. Currently Joe is unemployed after he suffered a back injury while herding cattle. He worked as a cattle wrangler for the Tribe's cattle industry.

Joe stays at his elderly mother's house when he is drinking. Joe's mother is quite traditional and speaks very little English. She lives in the traditional way, cooks on a wood stove, carries water into the house from a well, tends a few goats and chickens, and has a small garden with corn, beans, and chili. Joe has five brothers and two sisters; they are all married and live off the reservation.

Joe drinks heavily most days. He started drinking when he was 12 years old away at boarding school in California. He was eventually sent home to his reservation during his junior year of high school and he never finished school. Most of Joe's brothers also struggle with alcohol. They all left home at young ages, being sent away to boarding school and then joining the military service.

Regina took Joe to Family Court after a domestic disturbance between them. She said she was tired of Joe not being able to support the family due to his drinking. She threatened to put a restraining order on Joe if he doesn't change his ways.

Although Joe was angry at Regina for giving him this ultimatum, Joe agreed to enter treatment. His reason for getting counselling was to show the court that it is not his fault for not being able to work and it's not his fault that he and Regina fight all the time. After all, he thinks, Regina is drinking too. He thinks that she is not a great mother or provider either.

Let's imagine it is Joe's first session with you as the therapist. Please feel free to look at the answer key in the back throughout this section!

30 Venner, Feldstein, and Tafoya, 69-73.

What's the first thing you, as a MI therapist, might say to Joe to begin the session? (you can write it in the lines below)

Feeling stuck? Here's a clue to get you started…

You might start with an introduction of yourself and a structuring statement. For us, it might sound like:

"Hi, I'm Kamilla Venner from an Athabaskan tribe up in Alaska. I'm your counselor today. I specialize in addictions and I like working with all kinds of people. It takes a lot of courage to come here and I thank you for coming in today.

Let me give you a little overview of our time together. We have 50 minutes to use today in any way you see helpful. Everything you say here will be confidential unless you mention any sort of intention to hurt yourself, others, or any sort of child or elder abuse. Do you have any questions? (If so, answer the questions).

Tell me what brought you here today." Let's say that Joe says this in return:

Joe: I'm here because the court told me I had to come.

1) *What might you say next? (Hint: Try to show acceptance of Joe's reasons for being here. Try to use a reflection.)*

So let's say that you reflected that one well. Now, Joe says:

Joe: I don't know what they're hoping that I'll do here.

2) What do you say now? (Hint: Try to use ANOTHER reflection to get at underlying meaning.)

Joe now says:

Joe: Well I've been through this before. And the lady didn't help me. She just tried to make me talk about my feelings.

3. You're on a roll with reflections – keep going!

Now, Joe says:

Joe: I don't see that talking like this does any good.

4. In the MI way, say something that will let Joe know that you'd like to work together with him…

In hearing that you want to work with him as partners, Joe says:

Joe: Huh. This is some crazy stuff!

5. While you are practicing reflections, it'd be nice to hear you do another one.

_____

_____

With good reflections, you and Joe are likely to be working well together. So, now Joe says:
Joe: So, I guess, do I have to talk about being an alcoholic? And do I have to go to AA?

6. He's asked you some important questions – feel free to answer them but try to do so in a MI way or reflect.

Joe is going to be confused because the MI way is different from what he has experienced before. He lets you know that by saying:

Joe: So what do we do here?

7. Again, Joe has asked you a question so feel free to answer it – remember to stay with the MI way or reflect!

_____

_____

In the MI way, you are letting Joe steer the wheel of the session. Even though Joe is in the session due to his drinking, this is what Joe wants to talk about:
Joe: Well, I just hurt my back.

8. With the goal of working together, what could you say?

_____

_____

Joe notices that you aren't trying to wrestle with him to take charge of the session. Instead, you are letting him guide the conversation. So, Joe goes on:

Joe: Yeah, and now I've lost my job because of it. And my girlfriend is nagging me for not helping with the bills. But it's not because of my drinking. That's what she says. But she is just as bad; she drinks all the time too.

9. Let's see you use some of your reflection skills again: (Hint: try a double-sided reflection)

_____

_____

Thanks for trying out your reflection skills again. You'll know if your reflection worked well if Joe continues talking without feeling interrupted. He says:

Joe: I've only been drinking because I've had no work and I don't have much to do during the day. I wouldn't drink if I had a job.

10. You do have to do a lot of reflections when using the MI way! (As a guiding rule you should try to use at least two reflections per question with MI.) But you are better than that! In fact, you are so good that you just roll out another.

_____

_____

The nice thing about reflections is that the client keeps talking. Joe now says:

Joe: I know I should do more at home. My mom's old and needs help too; I just can't do everything with my hurt back and my girlfriend doesn't understand. I just wish they would get off my back.

11. Let's hear another reflection!

_____

_____

Let's say that your reflections have made Joe feel like you are on his side. He lets you know that by saying:

Joe: That's right! It's just not a big deal.

12. Let's try to find out why else Joe might be using alcohol. How about a quick summary statement to let Joe know you heard him? And THEN let's try an open question to ask for change talk.

_____

_____

Joe responds to your open question by saying:

Joe: Sometimes I get a little carried away. That's all.

13. Joe has just opened a great door for you. Let's finish this exercise with an open question – your choice!

_____

_____

Motivational Interviewing Tip Sheet[31]

Here are some ways we have thought of responding to Joe. These are not the only answers; they are meant to provide some guidelines as you are beginning to practice reflections with resistant clients. For each response we provided three possible answers and labeled them "Hot," "Warm," and "Cold":

- Hot: You're an expert in MI! This is one of the most MI consistent responses.
- Warm: You're on your way! You're in the range of good MI practice.
- Cold: Oops, try again! This one is not MI. Don't try this in a million years!

Examples:

Hot: "You don't really want to be here." (Said warmly and supportively)
Warm: "The court said to come."
Cold: "Well, you'd better come back when YOU are ready for change and not just because the court sent you."

Hot: "Tell me a little bit more about that." (Said warmly and supportively) "You're wondering whether counseling can help you."
Warm: "The court said to come."
Cold: "Yeah, your PO said that you were in denial."

Hot: "Therapy has been a bad experience for you and you're worried that it is going to be more of the same."
Warm: "You don't want to be here."
Cold: "You're a man so you couldn't even talk about your feelings if you tried."

Hot: "Well I'm not sure about your previous therapy experience but I'm hopeful that we will work together rather than me making you do anything."
Warm: "Let's try to work together."
Cold: "Therapy hasn't done any good for you because you haven't admitted that you have an alcohol problem."

Hot: "This isn't what you were expecting."
Warm: "You can't believe it."
Cold: "Crazy? If anything is crazy here it's you."

Hint: Avoid a premature focus on treatment goals and labeling. Make sure to emphasize personal choice!

Hot: "You don't have to talk about anything you don't want to and you don't have to do anything you don't want to do. It's really up to you."
Warm: "You're worried about being called an alcoholic and having to go to AA."
Cold: "You are an alcoholic so just admit it! And yes, you have to go to AA."

Hot: "I'd like this time to be helpful for you so we might start by talking about what you think is most important."
Warm: "You're not sure what counseling is all about."
Cold: "We try to get through your denial!"

Hot: "That must be painful."
Warm: "You want to spend the session talking about your back."
Cold: "Oh no! I bet you're addicted to painkillers too!"

Hot: "Your girlfriend thinks your unemployment is due to your drinking but you're not so sure."
Warm: "You think your girlfriend is wrong."
Cold: "You think you've lost your job because of your back? C'mon buddy, it's obviously because of your drinking."

Hot: "So, drinking helps you pass the time but if you had more responsibilities you might drink less."
Warm: "With a job, you'd drink less."
Cold: "But you've been drinking since you were 12 years old."

31 Venner, Feldstein, and Tafoya, 74-76.

Hot: "You wish your girlfriend would be more understanding. It's only because of the pain that you drink." *(Note: Joe's mention of his mother might be an invitation to explore cultural identification and traditional roles).*
Warm: "You wish your girlfriend would be more supportive."
Cold: "Can't you see that you are just telling yourself stories? That's the booze talking."

Hot: "Some of the good things about alcohol for you are that it fills the time and helps with your pain. What are some of the not-so-good things about drinking for you?"
Warm: "OK. How about the ways drinking has been a problem for you?"
Cold: "It's all about you, isn't it?"

Hot: "Tell me more about getting carried away."
Warm: "Sometimes your drinking gets out of hand."
Cold: "Can't you see that you are minimizing your drinking?"

REMEMBER...

"Skilled active listeners perform these three steps automatically, naturally, smoothly, and quickly. Active listening saves time by reducing or preventing resistance, focusing the client, focusing the clinician, encouraging self-disclosure, and helping the client remember what was said during the intervention."[33]

"Am I doing this right?"[32] The cheat-sheet that follows is something to which you can quickly refer to ensure your MI techniques are on track – all the very best with your new skills!

Encouraging Motivation to Change

Am I Doing this Right?

1. ✓ **Do I listen more than I talk?**
   ✗ Or am I talking more than I listen?
2. ✓ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
   ✗ Or am I talking about what I think the problem is?
3. ✓ **Do I invite this person to talk about and explore his/her own ideas for change?**
   ✗ Or am I jumping to conclusions and possible solutions?
4. ✓ **Do I encourage this person to talk about his/her reasons for *not changing*?**
   ✗ Or am I forcing him/her to talk only about change?
5. ✓ **Do I ask permission to give my feedback?**
   ✗ Or am I presuming that my ideas are what he/she really needs to hear?
6. ✓ **Do I reassure this person that ambivalence to change is normal?**
   ✗ Or am I telling him/her to take action and push ahead for a solution?
7. ✓ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
   ✗ Or am I encouraging him/her to ignore or get stuck on old stories?
8. ✓ **Do I seek to understand this person?**
   ✗ Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9. ✓ **Do I summarize for this person what I am hearing?**
   ✗ Or am I just summarizing what I think?
10. ✓ **Do I value this person's opinion more than my own?**
    ✗ Or am I giving more value to my viewpoint?
11. ✓ **Do I remind myself that this person is capable of making his/her own choices?**
    ✗ Or am I assuming that he/she is not capable of making good choices?

32 Ric Kruszynski, et al., *MI Reminder Card (Am I Doing This Right?)*, (Cleveland: Center for Evidence-Based Practices at Case Western Reserve University, 2012).

33 Kristen Lawton Barry, *Brief Interventions And Brief Therapies for Substance Abuse*, Treatment Improvement Protocol (TIP) Series 34 (Rockville: Substance Abuse and Mental Health Services Administration, 1999).

Selected Tools and Resources

Motivational Interviewing Specific Texts or Workbooks

1. Download and read the following to further explore Motivational Interviewing techniques from an Indigenous perspective:

Kathyleen Tomlin, R. Dale Walker, and Jane Grover. *Trainer's Guide to Motivational Interviewing: Enhancing Motivation for Change—A Learner's Manual for the American Indian/Alaska Native Counsellor.* Portland, OR: Oregon Health and Science University, One Sky National American Indian Alaska Native Resource Center for Substance Abuse Services, 2006. http://www.oneskycenter.org/wp-content/uploads/2014/03/AmericanIndianTrainersGuidetoMotivationalInterviewing.pdf

2. Another comprehensive resource on Motivational Interviewing is:

S. Martino, S.A. Ball, S.L. Gallon, D. Hall, M. Garcia, S. Ceperich, C. Farentinos, J. Hamilton, and W. Hausotter. *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency*. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University, 2006.

3. The original text on Motivational Interviewing was recently revised and is now in its third edition:

W.R. Miller and S. Rollnick. *Motivational Interviewing: Helping people change* (3rd edition). New York: Guilford Press, 2013.

4. An excellent resource and practical guide with several exercises and tips for use with clients is:

D.B. Rosengren. *Building motivational interviewing skills: A practitioner workbook.* New York: Guilford, 2009.

5. There is also a text that discusses MI for use with adolescence and young adults that uses several age-appropriate examples:

S. Naar-King, and M. Suarez. *Motivational interviewing with adolescents and young adults*. New York: Guilford Press, 2011.

Open Access or Online Videos on Motivational Interviewing

1. Is Motivational Interviewing a culturally safe counseling approach to use with Indigenous Peoples?

Richard San Cartier, a Nurse Practitioner with the North Shore Tribal Council, shares his experience and perspective on the cultural appropriateness of using Motivational Interviewing when working with First Nations clients: http://youtu.be/yN2B6823uXg

2. At risk alcohol brief intervention

Brief intervention utilizing Motivational Interviewing for at-risk alcohol use: http://youtu.be/AcGCRJcfl4w

3. The College of Family Physicians of Canada

This webpage contains video clips illustrating key elements of a brief intervention including motivational and nonjudgmental approaches. The videos show a primary care physician engaging in a brief intervention with her patient over four visits using Motivational Interviewing techniques in order to establish rapport, elicit change talk, and establish a commitment to change from the patient: http://www.sbir-diba.ca/resources/provider-resources/videos

4. The Motivational Interviewing website is an excellent resource with links to many manuals and readings:

http://www.motivationalinterview.org

5. This free Treatment Improvement Protocol includes links to screening tools and provides an overview of Motivational Interviewing principles and techniques:

W.R. Miller. Enhancing *Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol Series 35. DHHS Publication No. (SMA) 99-3354. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

The full document can be downloaded at: http://www.ncbi.nlm.nih.gov/books/NBK64967/?term=Enhancing%20motivation%20for%20change

Bibliography and Additional Related References

Anderson, P., A. Gual, and J. Colom. *Alcohol and Primary Health Care: Clinical Guidelines on Identification and Brief Interventions.* Barcelona: Department of Health of the Government of Catalonia, 2005.

Assembly of European Regions. *Early Identification and Brief Intervention in Primary Healthcare: Fact Sheet.* European Commission, April 2010. Online. Available: http://www.aer.eu/fileadmin/user_upload/MainIssues/Health/2010/Alcohol_Factsheets/Factsheet_14_-_Early_Identification_and_Brief_Intervention_in_Primary_Healthcare_-_.pdf

Babor, Thomas, and John C. Higgins-Biddle. *Brief Intervention For Hazardous and Harmful Drinking: A Manual for Use in Primary Care.* Geneva, Switzerland: World Health Organization, Dept. of Mental Health and Substance Dependence, 2001.

Barry, Kristen Lawton. *Brief Interventions And Brief Therapies for Substance Abuse.* Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 34. Rockville: Substance Abuse and Mental Health Services Administration, 1999. Report No.: (SMA) 99-3353.

Brady, Maggie. *Broadening the Base of Interventions for Aboriginal People with Alcohol Problems.* Technical Report #29. Sydney, NSW: National Drug & Alcohol Research Centre, 1995.

Canada. *Best Practices: Concurrent Mental Health and Substance Use Disorders.* Ottawa: Health Canada, 2002. Online. Available: http://www.hc-sc.gc.ca/hc-ps/alt_formats/hecs-sesc/pdf/pubs/adp- apd/bp_disorder-mp_concomitants/bp_concurrent_mental_health-eng.pdf

Canada. *Best Practices – Early Intervention, Outreach and Community Linkages for Women with Substance Use Problems.* Ottawa, ON: Health Canada, 2006.

Canada. Best Start Resource Centre. *Creating Circles of Support for Pregnant Women and New Parents: A manual for service providers supporting women's mental health in pregnancy and postpartum.* Toronto, ON: Health Nexus, 2009. Online. Available: http://www.beststart.org/resources/ppmd/circles_of_support_manual_2013.pdf

Canada. *Guidelines & Protocols Advisory Committee. Depression (MDD) – Diagnosis and Management.* British Columbia Ministry of Health, 1 June 2004. Online. Available: http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/department - sites/family/Education%20Documents/clerkship_objectives/Mood%20Disorders/BC%20G%26P_ Depression_2004.pdf

Canada. *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada.* (Cat. No. H12-65/2011E-PDF). Ottawa: Health Canada, 2011. Online. Available: http://n-napf.com/honouring-our-strengths-full-version-2

Canada. *Standards and Guidelines for Early Psychosis Intervention (EPI) Programs.* Victoria, B.C.: Ministry of Health Services, 2010.

Centre for Excellence in Indigenous Tobacco Control. *What do we know about brief intervention? Factsheet.* Melbourne: Centre for Excellence in Indigenous Tobacco Control, 2011. Online. Available: http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?lid=25597

Drug and Alcohol Clinical Advisory Services (DACAS). *FRAMES - Brief Intervention for risky or harmful alcohol consumption. Factsheet.* Turning Point Alcohol & Drug Centre. Online. Available: http://www.dacas.org.au/Clinical_Resources/GetFile.axd?oid=5f41e7a0-7965-487a-957a-b20c178e81de

Dunn, C., L. Deroo, and F.P. Rivara. "The use of brief interventions adapted from motivational interviewing across behavioural domains: a systematic review." *Addiction 96* (2001): 1149–1160.

Hagger, Bronwyn, and Doreen Entwistle. *Brief Intervention and Motivational Interviewing Tool*. Darwin, NT: Northern Territory Department of Health , 2011.

Higgins-Biddle, John, Dan Hungerford, and Kathryn Cates-Wessel. *Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use: A Step-by-Step Implementation Guide for Trauma Centers.* Atlanta, GA: The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2009.

International Center for Alcohol Policies. *Policy planning and choice: Guide to feasible interventions.* Washington, DC: ICAP, 2008. Online. Available: http://www.icap.org/Portals/0/download/all_pdfs%5CPolicy%20Tools/Guide%20to%20Policy%2 0Planning%20and%20Choice.pdf

International Center for Alcohol Policies. *The ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches*. Washington, DC: ICAP, 2011. Online. Available: http://www.icap.org/LinkClick.aspx?filetick-et=ozShJTpDKgg%3d&tabid=124

Kaner, E.F., et al. "Effectiveness of brief alcohol interventions in primary care populations." *Cochrane Database of Systematic Reviews 2007, Issue 2.* Art. No.: CD004148. DOI: 10.1002/14651858. CD004148.pub3. 7 October 2009. Online.

Kruszynski, Ric, et al. *MI Reminder Card (Am I Doing This Right?)*. Cleveland: Center for Evidence-Based Practices at Case Western Reserve University, 2012. Online. Available: http://www.centerforebp.case.edu/client-files/pdf/miremindercard.pdf

Love, Tom, Martin Hefford, and Nieves Ehrenberg. *Cost Savings of Brief Alcohol Interventions in Primary Health Care.* Wellington, NZ: Alcohol Advisory Council of New Zealand, Kaunihera Whakatupato Waipiro O Aotearoa , November 2011. Online. Available: http://www.alcohol.org.nz/sites/default/files/research-publications/pdfs/CostSavingsBI_0.pdf

Lundahl, Brad, and Brian L. Burke. "The Effectiveness and Applicability of Motivational Interviewing: A Practice-Friendly Review of Four Meta-Analyses." *Journal of Clinical Psychology: In Session* (2009), Vol. 65 (11), 1232-1245.

Marsh, Ali, Ali Dale, and Laura Willis. *Evidence Based Practice Indicators for Alcohol and Other Drug Interventions: Literature Review. 2nd ed.* Perth: Best Practice in Alcohol and Other Drug Interventions Working Group, 2007. Online.

Martino, Steve, et al. *A Nurse-Delivered Brief Motivational Intervention for Women Who Screen Positive for Tobacco, Alcohol, or Drug Use: An Intervention Manual for Project START (Screening To Augment Referral and Treatment).* National Institute on Drug Abuse, 2011. Online. Available: http://www.mirecc.va.gov/visn1/docs/products/Project_START_MI-N_Manual.pdf

Martino, S., et al. *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency.* Salem: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University, 2006.

National Institute for Health Care Management. "Improving Early Identification & Treatment of Adolescent Depression: considerations & strategies for health plans." *NIHCM Foundation Issue Brief*, February 2010. Online. Available: http://www.nihcm.org/pdf/Adol_MH_Issue_Brief_FINAL.pdf

National Institute on Alcohol Abuse and Alcoholism. *Alcohol Alert 43 (April 1999)*. Online. Available: http://-pubs.niaaa.nih.gov/publications/aa43.htm

National Institute on Alcohol Abuse and Alcoholism. *Alcohol Alert 66 (July 2005)*. Online. Available: http://-pubs.niaaa.nih.gov/publications/AA66/AA66.htm

Orr, Kate Skellington, et al. *Delivering Alcohol Brief Interventions in the Community Justice Setting: Evaluation of a Pilot Project.* Glasgow: NHS Scotland, 2011. Online. Available: http://www.healthscotland.com/uploads/documents/16985- alcoholBriefInterventionsCriminalJusticeSystem.pdf

Saint-Jacques, Marianne, et al. "Integration of screening and brief intervention in frontline health services: The case of Quebec." Addiction Science & Clinical Practice (2012), 7 (Suppl 1): A74.

Schizophrenia Society of Canada. *Concurrent Disorders and Schizophrenia: A National Awareness Strategy : Discussion Paper.* 2006. Online. Available: http://www.schizophrenia.ca/docs/CD_Discussion_Paper.pdf

Scottish Intercollegiate Guidelines Network. *SIGN 74: The management of harmful drinking and alcohol dependence in primary care: A national clinical guideline.* Edinburgh: Scottish Intercollegiate Guidelines Network, 2003. Online. Available: http://www.sign.ac.uk/pdf/sign74.pdf

Somers, Julian M., and Matthew Querée. *Cognitive Behavioural Therapy: Core Information Document*. Centre for Applied Research in Mental Health and Addictions (CARMHA), Simon Fraser University. Victoria: Government of British Columbia, Mental Health and Addictions Branch, Ministry of Health, 2007.

Spence, Richard, Tom Kresina, and Jacki Hecht. "A Culturally Relevant Adaptation of Evidence Based Practice." *Brief Motivational Interviewing (BMI) Participant Manual: A Training Workshop for Health-Care Workers.* PowerPoint presentation. University of Texas at Austin, 2006. Online. Available: www.utexas.edu/research/cswr/gcattc/documents/BMICurriculum.ppt

Swan, A., L. Sciacchitano, and L. Berends. *Alcohol and other drug brief intervention in primary care.* Fitzroy: Turning Point Alcohol and Drug Centre, 2008.

Tomlin, K., et al. *Motivational Interviewing: Enhancing Motivation for Change – A Learner's Manual for the American Indian/Alaska Native Counselor.* Portland: One Sky National American Indian Alaska Native Resource Center for Substance Abuse Services, 2005.

UK. Models of care for alcohol misusers (MoCAM). *London: Department of Health, 2006.* Online. Available: http://webarchive.nationalarchives.gov-.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

US. American Public Health Association, and Education Development Center, Inc. *Alcohol screening and brief intervention: A guide for public health practitioners.* Washington DC: National Highway Traffic Safety Administration, U.S. Department of Transportation, 2008.

US. *Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use Using the CRAFFT Screening Tool*. Massachusetts Department of Public Health Bureau of Substance Abuse Services, 2009. Online. Available: http://www.mcpap.com/pdf/-CRAFFT%20Screening%20Tool.pdf

US. Alcohol Screening and Brief Intervention for Youth. *A Practitioner's Guide. Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide.* Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services, National Institutes of Health, 2011.

US. American Public Health Association and Education Development Center, Inc. *Alcohol screening and brief intervention: A guide for public health practitioners.* Washington DC: National Highway Traffic Safety Administration, U.S. Department of Transportation, 2008.

US. Center for Substance Abuse Treatment. "Brief Interventions and Brief Therapies for Substance Abuse." *Treatment Improvement Protocol (TIP) Series, No. 34*. HHS Publication No. (SMA) 12- 3952. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

US. Center for Substance Abuse Treatment. "Enhancing Motivation for Change in Substance Abuse Treatment." *Treatment Improvement Protocol (TIP) Series, No. 35, HHS Publication No. (SMA)*. Rockville: Substance Abuse and Mental Health Services Administration, 1999. 12-4212.

US. *Helping Patients Who Drink Too Much: A Clinician's Guide.* Rockville, MD: Department of Health & Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, 2005. Online. Available: http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm

US. Substance Abuse and Mental Health Services Administration. *Identifying mental health and substance use problems of children and adolescents: A guide for child-serving organizations.* HHS Publication No. SMA 12-4670. Rockville, MD: SAMHSAm 2011.

Venner, Kamilla L., Sarah W. Feldstein, and Nadine Tafoya. *Native American Motivational Interviewing: Weaving Native American and Western Practices: A Manual for Counselors in Native American Communities.* Albuquerque: University of New Mexico, 2006.

Whitlock, Evelyn P., et al. "Behavioural Counseling Interventions in Primary Care to Reduce Risky/Harmful Alcohol Use by Adults: A Summary of the Evidence for the U.S. Preventive Services Task Force." *Annals of Internal Medicine, Vol. 140. No. 7*, 6 April 2004.

World Health Organization. *Management of substance dependence: screening and brief intervention.* Geneva: World Health Organization, 2003.

Thunderbird
Partnership Foundation