Program

Philadelphia, Pennsylvania, USA - June 18-21, 2017

Sunday June 18th

	GRAND BALLROOM A/B	GRAND BALLROOM C
9am - Noon	**Developing and Implementing MI-Consistent Practices in Research and Clinical Settings. (*William R. Miller & Theresa Moyers*).** This workshop is for those interested in implementing high-quality MI practices in research and/or clinical settings. It will distill current knowledge and experience relevant to hiring, training, supervising, coaching, coding, and quality assurance for MI-consistent interventions. *(lunch on your own)*	
1pm – 5pm	*(continued in afternoon)*	**Implementation Science and Motivational Interviewing - Researchers' Brainstorming/Planning Forum. (*Gregory Aarons, Steve Martino, Sylvie Naar*).** This half-day pre-conference workshop/planning forum is being offered on Sunday afternoon at *no cost* to conference participants as a public service intended to increase awareness, knowledge and ability in designing, funding, and implementing grant-funded research using current implementation science models and methods, such as EPIS. Various funded projects will be reviewed regarding goals, design, and implementation. Practical tips and traps will be presented regarding research design, funding mechanisms, and grant submissions. *(1-5pm)*

Monday June 19th - International Conference on Motivational Interviewing (ICMI-5) – Philadelphia, US –

7:45-8:45	**Breakfast (Grand Ballroom C/D) and Morning registration**

9:00-11:00am

(Note: Some titles are abridged)

Red = Plenary sessions
Black = Paper sessions
Green = Panel sessions
Blue = Discussion/interactive sessions

GRAND BALLROOM A/B

Plenary - Opening / MI & Implementation Science

Opening: Planning committee

Panel:

Gregory Aarons – Leadership and organizational change interventions to boost Motivational Interviewing fidelity in community mental health and substance abuse organizations

Sylvie Naar – TMI (Tailored Motivational Interviewing or Too Much Information) MI Implementation in Multidisciplinary Adolescent HIV Clinics

Steve Martino - See One, Do One, Order One: Making MI Easier to Implement on Medical Inpatient Units?

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11 – 11:30 *BREAK – ALL BREAKS, BREAKFAST, LUNCHES IN GRAND BALLROOM C/D*

11:30 – 1:00pm

COLUMBUS A	**COLUMBUS B**	**COLUMBUS C**
Theoretical Matters	**Healthcare**	**MI & Self-Compassion Approaches**
Alison Bard – MI for third party benefit: navigating the ethical use of influence	Steve Martino – Electronic- and Clinician-Delivered Screening, Brief Intervention, and Referral to Treatment for Women in Reproductive Healthcare Centers	**Stan Steindl:**
Brett Engle – Is Acceptance Absolute?	Susan Butterworth & Ali Hall - Successful Integration of MI in the Healthcare Setting: Utilizing the MICA Coding System for Proficiency Development	MI as a prelude to compassion-based interventions and a measure for assessing changes in compassion motivation and action
Exploring linguistic Implications for MI Theory from Trauma Hypnotherapy	Terdsak Detkong – Effectiveness of MI for Controlling Plasma Glucose in Type 2 Diabetic Patients; Experience of 5 Provinces in Thailand	
Ken Resnicow – The Difficulty X Motivation Matrix. When is MI the treatment of choice?		

GRAND BALLROOM A/B

Panel - A Critical Appraisal of MI Competence measures

Saskia Boom – The Video Assessment of Simulated Encounters-Revised as a competence measure in health care setting

Jos Dobber – The applicability of the MI Target Scheme 2.1 with cardiac care nurses

Annika Eenshuistra – The applicability of the MITI 4.2.1 and the MISC 2.5 with youth care professionals

Jannet M de Jonge – Comparing three MI coding instruments in MI and non-MI sessions

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1:00– 2:15 **LUNCH – GRAND BALLROOM C/D**

1:15 – 2:15 (Open Luncheon Workshop in Columbus C) MI-MED (MI in Medical Education): Steven Cole and Kathryn Brogan Hartlieb

	GRAND BALLROOM A/B
2:15 – 3:45	**Plenary - Change talk**
	Paul Amrhein – How Client Preparatory Language Promotes Stronger Verbal Commitments: Exploring the Role of the MI Therapist
	Tim Apodaca – Do different MI components function differently in predicting change talk and outcomes?
	April Carcone & Syvlie Naar – Provider Behaviors that Predict Change Talk in HIV: A Study of Communication Using the MI Framework
	Denise Ernst - The Client Self-Exploration Scale; Does depth matter?
3:45 – 4:15	**BREAK**

	GRAND BALLROOM A/B	COLUMBUS A	COLUMBUS C
4:15 – 5:45	**Helping Employees Change – Applying MI within the Organizational Context**	**Panel - Integrating MI Across the Medical School Curriculum for Student and Faculty Learners**	**Youth**
	Greg Sumpter – Transformational leadership	David Brown – Overview	Åsa Norman – MI in child health promotion and obesity prevention – lessons learnt from the Healthy School Start trials
	Amelie Gunter, Florian Klonek, Nale Lehmann-Willenbrock, Simone Kauffeld – Change-related interactions in organizations	Brett Engle – 2 year outcomes	Leanne Hides – Is coping skills enhanced MI (MI) more efficacious than MI alone in young people with alcohol related-injuries accessing emergency department and crisis support care?
	Ron Oslin – From Command and Control to Servant Leadership	Kathryn Brogan Hartlieb – Faculty coaching outcomes	Jacques Gaume – Developing a brief motivational intervention for young adults intoxicated in the ED – results from an iterative qualitative design
	Paul Endrejat, Florian Klonek, Simone Kauffeld – How MI can benefit group dynamics in organizational teams	Maryse Pedoussaut – MI Entrustable professional activity	Ken Resnicow – Brief MI to Reduce Child BMI
	Elizabeth Jenkins - Motivational Interviewing for Leaders: Applications and Ethical Considerations	Alyssa Mccauley – Student perspective	
	All- Ethical implications		
	Bill Miller - Discussant		

Tuesday June 20th - *International Conference on Motivational Interviewing (ICMI-5) – Philadelphia, US*

Time	GRAND BALLROOM A/B	COLUMBUS A	COLUMBUS B	COLUMBUS C
7:45-8:45	**Breakfast (Grand Ballroom C/D)**			
9:00 – 10:30	**MI+ in African and Asian settings; what did we learn?** Titia Heijman / Thijs Biemans / Angelita Casanovas / Kees DeJong 5 papers explore the impact measured in the two countries - (1) The intervention project and research methods - (2) MI intervention and nurses working in low income settings like Kenya, effects on professional attitudes and personal lives - (3) Effect of the MI intervention on a counseling program for MSM in Bangladesh. - (4) Study outcomes - (5) Reviewing the intervention and discusses and lessons learned	**Computational Technology to Support Automated MI Fidelity Feedback and Communication Science** David Atkins – Using AI methodologies to develop technology to assist MI training and supervision – the counselor-observer ratings expert for MI (CORE-MI) Veronica Perez-Rosas/ Ken Resnicow – Automated MITI Coding system with automated evaluative feedback Alex Kotov/ April Idalski Carcone – Automated Minority Youth-Sequential Coding of Process Exchanges	**Health and Fitness Coaching** Scott Walters – m.chat: Integrating health coaching and technology for low-income housing residents. Maurice Bulls - Integrating MI and Personal Fitness Coaching for Delivery by Community Health Workers to Improve Chronic Illness Management	**MI Supervision** Maria Beckman – (a) Supervision in MI: An Exploratory Study (b)The Use of Objective Feedback in Supervision in MI: Results from a Randomized Controlled Trial Christopher Wirt Teaching MI using Live Supervision in a Graduate Level Social Work Course Denise Ernst (Guided discussion)
10:30 – 11:00	BREAK			
11:00 – 1:00pm	**GRAND BALLROOM A/B** **Plenary - MI & Communication Science** Bill Miller – *MI & Carl Rogers' Clinical Science* Molly Magill – *Relational, Technical and Conditional process models of change* Delwyn Catley – *MI vs. Health Education – Two pathways to change?*			
1:00 – 2:15	**LUNCH – GRAND BALLROOM C/D** **1:15 – 2:15 (Open Luncheon Workshop in Columbus C)** **Let's talk about sex - Julie Tennille** Using MI for conversations about sexuality and intimacy in mental health settings. Introducing the MI sexuality and intimacy toolkit.			

	GRAND BALLROOM A/B	COLUMBUS A	COLUMBUS B	COLUMBUS C
2:15 – 3:45	**Bridging language differences in training, implementation, and fidelity monitoring of MI interventions** Iván Balán – Implementation of an MI-based adherence intervention in a multi-site biomedical HIV prevention study in Sub-Saharan Africa Juline Koken – Developing an MI fidelity process model for a collaboration between English and Thai speaking teams Timothy Hunt – "If they don't want my help they don't have to come": Addressing ambivalence when training MI in a telling style context for healthy lifestyle promotion in Central Asia	**Skill acquisition and maintenance** Anne Esther Marcus-Varwijk – Community care nurses promoting healthy behavior in older adults living at home: do they use MI? Maria Beckman – The Dissemination of MI in Swedish County Councils: Results of a Randomized Controlled Trial. Nikki Rowell - How Treatment Integrity is Vital to Randomized Controlled Trials of MI: An Example using the SMART-ED Study (emergency depts.) Karine Gaudreault – Implementation of MI Training in a Canadian Psychiatric Hospital: A Case Study	**MI Groups** Jemma Hawkins – Development and evaluation of a teacher training programme for a Group MI intervention to prevent alcohol misuse in secondary schools Chris Wagner – Case study: MI + Positive Psychology group for returning combat veterans Elizabeth Santa Ana – Group MI Lowers Substance Use and Enhances Treatment Engagement Among Patients with Substance Use and Co-existing Psychiatric Disorders: Outcomes and Process.	**Health training issues** Trevor Simper - What do you get from my introductory MI training workshop? – Nutritionist training Heather Flynn, Kathleen Watson - Pediatrician training for autism
3:45 -	BREAK			

4:00 – 5:30

COLUMBUS B/Foyer

MI assessment instrument demonstrations

1. MISC/SCOPE - Jon Houck
2. MITs -Jos Dobber, Rietta Oberink, Saskia Boom
3. MICA - John Gilbert, Ali Hall, Susan Butterworth
4. MI Coach Rating Scale – Sylvie Naar, Juline Koken
5. MITI systems:
   a. MITI - Denise Ernst
   b. CORE-MI (MITI auto-coding) - David Atkins
   c. NLP (MITI auto-coding) - Ken Resnicow, Veronica Perez

Posters

1. Successful Integration of MI in the Healthcare Setting: Utilizing the MICA Coding System for Proficiency Development (Butterworth et al)
2. An Example of Gamification: Shared Decision Making Chutes and Ladders (Davis et al)
3. Resolving Ambivalence about Donating Blood with Brief Change Talk and Decisional Balance Interventions (Fox & France)
4. The Impact of MI Training for Medical Students Completing Screening, Brief Intervention and Referral to Treatment (SBIRT) (Gainey)
5. Can high school teachers deliver a Group MI intervention? An exploration using experiential data and an adapted form of the AMIGOS coding system (Godwin et al)
6. MI Mixer: Peer Practice for Medical Students (Gonzalez et al)
7. Developing Professional Communication with Selected MI Skills: A Nursing Student Simulation Lab Experience (Hall & Swoboda)
8. MI as a Theoretical Foundation for Educational Consultation (Heberd & Watson)
9. Death talk in end-of-life care – can MI help? (Heinemans)
10. What has sequential coding taught us about MI? (Houck)
11. Evaluating student learning using the MI Coach Rating Scale (Koken et al)
12. Quality assurance of MI: The Swedish Alcohol Helpline- an example (Lind, Heinemans et al.)
13. The adherence to MI in initial substance abuse sessions and its effect on treatment outcome. (Rakkolainen & Ehrling)
14. Development and Evaluation of a Brief, Primary Care Based MI Intervention for Preventing Unintended Teen Pregnancy (Ripp et al.)
15. Under Pressure: Effects of Legal Encouragement on Treatment Response in a Multisite Sample (Sadicario et al)
16. Autonomy, Competence, and Relatedness Predict Stress Eating in Midlife Women (Schreiber & Dautovich)
17. Using Motivational Interviewing to contemplate change and create dialogue in a restorative community (Smull/Schantz)
18. Alcohol Identification & MI Brief Advice in England's Criminal Justice System. (Tobutt)

Wednesday June 21st - *International Conference on Motivational Interviewing (ICMI-5) – Philadelphia, US*

7:45-8:45 — Breakfast (Grand Ballroom C/D)

9:00 – 10:30

GRAND BALLROOM A/B — Coding
- Riëtta Oberink – Qualitative and quantitative validation of the MI Target Scheme (MITS)
- Travis Lovejoy – Differentiating MI from non-MI active comparators in the context of clinical trials
- Veronica Perez-Rosas – Automatic coding of counselor reflections and questions in MI Encounters
- Nicholas Cohen –Fidelity to the Fidelity Measure: Description and Evaluation of a Curriculum to Train Raters to use the MI Treatment Integrity instrument (MITI 4)

COLUMBUS A — Client Outcomes
- Megan Morris – Enhancing Family Mediation: A Randomised Controlled Trial
- Jos Dobber - Medication adherence in clients with schizophrenia: a qualitative study of the client process in MI
- Kari Tolonen /Anja Koski-Jännes - Process and outcome of Behaviour-Interviewing-Change (BIC) program with clients in the Finnish Probation Service

COLUMBUS B
9:00-9:45 — Hope, Meaning, Empowerment
- Scott Glassman - MI and the Recovery Model: Effects on Hope, Meaning, Empowerment and Service Participation

9:45 – 10:30 — Restorative Communities
- Elizabeth Smull & Dawn Schantz - Using MI to contemplate change and create dialogue in a restorative community

COLUMBUS C — Shared Decision Making
- Jannet de Jonge – MI meets Shared Decision Making: training in a new stepwise method for social workers in community teams
- Connie Davis, Kathy Reims – Development of a Shared Decision Making Tool Informed by MI
- Discussion

10:30 – 11:00 — BREAK

11:00 – 12:00pm

GRAND BALLROOM A/B — Client engagement and experiences
- Shaysta Dean/ Eileen Britt – Engaging Adolescents in Mental Health Treatment
- Sara Soleymani/Eileen Britt- MI for enhancing engagement in Intimate Partner Violence treatment
- Karine Bertrand - How people who inject drugs experience MI? A qualitative study with a subsample of participants to a randomized controlled trial in Montreal

COLUMBUS A — Peer Support Programs
- Marlyn Allicock – A Community-Academic Partnership to Deliver a MI-based Peer Support Program: Success and Challenges
- Lauren Copeland – 'Mam-Kind Study: A Novel Peer Support Intervention Using MI for Breastfeeding Maintenance: a UK Feasibility Study'

COLUMBUS B — Group MI for Dual Disorders
- Elizabeth Santa Ana
- Demonstration

COLUMBUS C — MI in Nonclinical settings
- Michelle Drapkin
- Larry Anderson
- Tony Chamblin
- Thinking Outside the Box while maintaining the integrity of the box

COLUMBUS FOYER — Vulnerable Youth
- Richard Rutschman
- Blending MI with Adventure Therapy to Support Vulnerable Youth in Schools or Social Settings

12:00 – 1:00 — LUNCH

1:00 – 2:30

GRAND BALLROOM 1/B
Plenary – Theory – MI and Persuasion: Opposites or Overlapping Forms of Influence?
- David Rosengren – *Overview & points of agreement*
- Raymond Daugherty – *Social Psychology of Influence*
- Allan Zuckoff – *Itchy areas for MI*
- David Rosengren – *Pulling it together / Elaborative likelihood method*
- Terri Moyers – *Discussant*
- *Q/A - Closing*

Welcome & Introduction

The premier international scientific conference focusing on Motivational Interviewing (ICMI) has been held in four previous locations – Interlaken, Switzerland (2008); Stockholm, Sweden (2010); Venice, Italy (2012); and Amsterdam, Netherlands (2014). 2017 brings us to Philadelphia.

ICMI has a strong record of bringing together researchers focusing on healthcare, mental health, addictions, criminal justice, neuroscience, education, social justice, adolescent wellbeing, and other areas. ICMI also focuses on blending science and practice. MI is an ever-evolving approach informed by new data, and MI also evolves through the input of practitioners across many cultures, languages, and professions, regarding their experiences using MI in different settings with different focus areas. For those reasons, we are committed to having the ICMI conference be a place where both researchers and practitioners are welcome and valued, with a two-way focus on interchanging ideas and knowledge.

This year we focus on a few specific domains - Implementation Science, Communication Science, and Theory. Implementation Science is the rigorous study of strategies to promote the integration of research evidence into practice and policy. Communication Science focuses on the key processes underlying the current putative model of how MI works. And although the development of MI has been largely atheoretical in nature - there is no single unifying or guiding theory that has driven the initial development of MI - theories do play a role in explaining MI and guiding ongoing development. Each of these has a contribution to make as MI continues to move forward.

Although this is a scientific conference composed largely of didactic presentations, we encourage all sessions to include dialogue between presenters and participants. Presenters are asked to minimize background and detailed specifics of data collection, and focus time primarily on results and discussion. Most sessions have been scheduled to preserve substantial time for discussion, and some sessions are primarily discussion-oriented, with others involving demonstrations of evidence-based MI strategies.

We don't have large evening events planned. Instead, we booked the conference to be adjacent to a lovely outdoor park that we hope facilitates socializing and even perhaps some evening *"work talk."* If you're new to ICMI, know that the MI community tends to be very friendly one - don't hesitate to approach others for conversation, dinner, or exploring Philadelphia. Small group ventures around Philadelphia, including a Phillies baseball game, food sampling, bar hopping, and other social outings are available if you're interested. Feel free to stop by the conference organizational table anytime and inquire about happenings, and we have a flipchart at the desk for exchanging ideas about dinner, activities, etc. If all else fails, make your way out to a hammock and make a new friend.

Welcome to Philadelphia and welcome to ICMI! If there is anything at all we can do to make your experience even better don't hesitate to ask.

Sincerely,
ICMI planning committee

Committees

ICMI Planning Committee

Cristina Fortini	Switzerland
Joel Porter	Australia
Steve Rollnick	Wales
Chris Wagner	USA
Kate Watson	USA

International Advisory Committee

Jean-Bernard Daeppen	Switzerland
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William R. Miller	USA
Sylvie Naar	USA
Anette Søgaard Nielsen	Denmark
Jeffrey Parsons	USA
Stan Steindl	Australia

Sunday, June 18, 2017

Pre-Conference Workshops

**Developing and Implementing MI-Consistent Practices in
Research and Clinical Settings**

William R. Miller, Ph.D. and Theresa B. Moyers, Ph.D.
The University of New Mexico

9:00 am - 5:00 pm (LUNCH ON YOUR OWN)
MI is being adopted and adapted in an ever broadening array of settings, and research on the processes and outcomes of MI is burgeoning. It is also now common for MI to be combined and integrated with other evidence-based treatment. This workshop is for those interested in implementing high-quality MI practices in research and/or clinical settings. It will distill current knowledge and experience relevant to hiring, training, supervising, coaching, coding, and quality assurance for MI-consistent interventions. Among the topics to be addressed are:
· What makes it MI? Necessary and contraindicated components
· Selecting good candidates for learning and providing MI
· Essential elements in initial training of providers
· Ongoing feedback/shaping/coaching for providers
· Coding and documenting fidelity of practice

Implementation Science and Motivational Interviewing

Gregory Aarons, Ph.D., Steve Martino, Ph.D. & Sylvie Naar, Ph.D.

1:00 pm - 5:00 pm
Compared to the hundreds of billions of dollars spent on research and service delivery, very little is spent on research to understand how to best promote the uptake and sustainability of evidence-based practice. Dissemination and implementation studies bridge the gap between clinical research, everyday practice, and public health by building a foundation of evidence on strategies to reduce the science-practice gap. This researcher's forum will present an overview of dissemination and implementation funding opportunities and pointers for proposals. We will present theories, models and designs, provide examples of funded and unfunded work and discuss lessons learned. There will be an opportunity to brainstorm participants' projects and interact in groups to further develop ideas and methods and end with a panel discussion on manuscript publications.

Monday, June 19, 2017

9:00 - 11:00 AM
Opening - Planning Committee

Plenary Presentation: MI and Implementation Science

Gregory Aarons, Ph.D. - Implementation Science

Sylvie Naar, Ph.D - Tailored Motivational Interviewing or Too Much Information: MI Implementation in Multidisciplinary Adolescent HIV Clinics

Steve Martino, Ph.D. - See One, Do One, Order One: Making MI Easier to Implement on Medical Inpatient Units

Implementation Science is the rigorous study of strategies to promote the integration of research evidence into practice and policy. This plenary will present the rationale for conducing IS studies in the context of Motivational Interviewing implementation.

Dr. Aarons (University of California, San Diego) will introduce MI and IS and will focus on leadership and organizational change interventions. He will present a study of the effect of the Leadership and Organization Change Implementation (LOCI) intervention on MI fidelity in community mental health and substance abuse organizations.

Dr. Martino (Yale University) will present lessons learned from conducting a randomized controlled trial comparing the effectiveness of three different strategies for integrating motivational interviewing within a general medical inpatient hospitalist service.

Finally, Dr. Naar (Wayne State University) will describe the integration of communication science and the Dynamic Adaptation Process to develop an intervention to increase MI competency and sustainability in multidisciplinary adolescent HIV clinics.

MON 11:30a-1:00p   A CRITICAL APPRAISAL OF MI COMPETENCE MEASURES

Saskia Boom, MSc., Academic Medical Centre, University of Amsterdam - *The Video Assessment of Simulated Encounters-Revised as a competence measure in health care setting*
Jos Dobber, MSc., Amsterdam University of Applied Sciences - *The applicability of the Motivational Interviewing Target Scheme 2.1 with cardiac care nurses*
Annika Eenshuistra, MSc., University of Groningen - *The applicability of the MITI 4.2.1 and the MISC 2.5 with youth care professionals*
Jannet de Jonge, PhD., Windesheim University of Applied Sciences - *Comparing three MI coding instruments in MI and non-MI sessions*

A professional's competence in motivational interviewing (MI) is an important element of MI training and intervention studies. A training objective is increasing a professional's competence. Skillful professionals are prerequisite to obtain an effect of MI. In this symposium, the usefulness of six MI competence measures will be discussed. Five of them are translated and partly adapted versions of originally English language instruments. The sixth is a Dutch instrument. All of them were used to assess consultations in a variety of health care settings.

(1) Two Dutch versions of the Video Assessment of Simulated Encounters-Revised (VASE-R; Rosengren et al., 2008) were developed to assess the effect of MI-training in vocational training programs in primary care. The instrument itself was adapted to the context of primary care professionals. The VASE-R was applied before and after MI training. The usefulness of the VASE-R in vocational training will be discussed.

(2) Audio-recordings of planned conversations on lifestyle change between cardiac care nurses and patients were analyzed using the Motivational Interviewing Target Scheme 2.1 (MITS 2.1; Allison et al., 2012). Nurses received structured feedback on their performance, including tips to improve their motivational interviewing conversation style. Outcomes, opportunities and challenges when applying MITS 2.1 will be presented and discussed.

(3) The Motivational Interviewing Treatment Integrity (MITI 4.2.1; Moyers et al., 2014) and the Motivational Interviewing Skill Code (MISC 2.5; Houck et al., 2011) were used to evaluate MI fidelity within youth care professionals. In a one-on-one conversation between a youngster and a professional several goal behaviors were discussed. These conversations were recorded, transcribed and analyzed with both the MITI 4.2.1 and the MISC 2.5. Half of the recording were conversations of professionals who were not trained in MI, the other half were conversation of MI trained professionals. For some of the youngster's behavioral goals chance talk was cultivated by the professional, for other goals this was not that clear. Especially assessing the technical globals and coding change talk was complicated.

(4) Three coding instruments, the Coding System Integrity of Treatment-Motivational Interviewing (CoSIT-MI; De Jonge et al., 2011), the MITI 3.1 (Moyers et al., 2010) and the MITI 4.2.1 (Moyers et al., 2014) were used as an integrity measure in a randomized controlled trial of a MI intervention for cannabis abuse. Both the MI and non-MI sessions were coded with all three instruments. Non-experts as well as MI experts coded the sessions. The reliability and validity of the three measures were compared and the results will be presented. Based on outcome of all four presentations, recommendations for training and research practice will be given.

The Difficulty X Motivation Matrix. When is MI the treatment of choice?
Ken Resnicow, PhD, University of Michigan, School of Public Health, Department of Health Behavior & Health Education

Public health resources are precious and finite, and they must be judiciously employed. Thus, determining which interventions to use and for whom is a matter of considerable public health consequence. Yet, so-called precision public health has received far less attention than precision medicine. We recently proposed a framework, the "Difficulty by Motivation" matrix that can help program planners and clinicians better allocate our population health resources, including Motivational Interviewing. The matrix comprises two dimensions: (1) the x-axis which maps inherent properties of the target behavior change, with those on the left being relatively simple, low-energy behaviors such as seat belt use, single-shot behaviors such as vaccinations, and most screening tests, and those on the right being more difficult, complex, ongoing, and energy-intensive changes such as controlling addictive behaviors and managing chronic diseases; and (2) the y-axis, which addresses the individual-level factors of motivation and readiness.The Difficulty by Motivation Matrix can help guide which interventions to employ and for whom. For those in Q1 the goal is to build a stronger and higher quality "why" prior to beginning the "how" phase. For Q1 individuals, moving to action planning would likely be premature, and even counterproductive. Motivational Interviewing represents a strong Q1 intervention. Conversely, those in Q4 face more simple changes and are already energized. Those falling into Q4 may be good candidates (at least initially) for, and generally be more responsive to, environmental and policy initiatives. On the individual level, interventions for Q4 may include e-health programs or "nudging" strategies such as text reminders or financial incentives. Here, MI might be unnecessary "overkill". The latter can be tricky, as there is concern that financial incentives could "contaminate" or cancel out development of more autonomous motives or inherent enjoyment. Perhaps this is less likely for those who are otherwise adequately motivated.

Is Acceptance Absolute? Exploring linguistic Implications for MI Theory from Trauma Hypnotherapy
Brett Engle, PhD, LCSW, Florida International University, College of Medicine

MI explores ambivalence with the intention of promoting behavioral health. The MI practitioner communicates acceptance of the person and his/her experiences. Somewhat paradoxically, MI theory maintains, as Rogers did, that acceptance of health risk behaviors facilitates positive change. Acceptance in MI includes a belief in the absolute worth of the person, the intention to affirm and build upon strengths, an intention to understand and empathize with experiences, and complete recognition of autonomy. Acceptance in MI has not explicitly aligned, however, with the determinist view of acceptance espoused by Albert Ellis, neuroscientist Sam Harris, and others, which maintains that that nothing could have happened any differently than it ever has. Such acceptance does not preclude any future action, but it can relieve guilt and shame. I submit that promoting mindfulness (i.e., the mind/body experience of clarity, focus, presence, and attending only to that which has benefit and possibility) within MI is further conducive to behavioral health, as nonconscious, negative, emotional processes can drive the problematic side of ambivalence. Effects of the concepts of change, responsibility, and intentionality on the individual's felt-experience are explored. Language that elicits stress responses, even if considered to be "need talk", may be counterproductive. It is argued that reflections should be supportive and protective of identity and describe prior behavior using past tense. Suggestions for demonstrating understanding using only objective, behavioral, and affirming language, are presented. "You drank about eight drinks, three days last week, which is more than you see yourself drinking in the future" (vs. "You are drinking more"). The challenge to not say anything you would not say to someone in a trance, is discussed and examples provided: "You are responsive when treated with genuine respect" (vs. "You are frustrated).

Motivational interviewing for Third Party Benefit: Navigating the Ethical Use of Influence
Alison Bard, The University of Bristol
Co-Authors: D. C. J Main, A. Haase, E, Roe, H.R Whay, K.K. Reyher

Motivational Interviewing (MI) is employed in myriad contexts, stretching beyond its foundations in addiction treatment to those such as offender rehabilitation, environmental inspection and educational psychology. One major shift as these contexts have broadened has been the use of the methodology to enhance the welfare of a third party, such as a child or an animal, in triadic interactions involving an advisor, care-giver and dependent. Here, the care-giver's behaviour engenders specific consequences for the dependent given their position of responsibility. However, the care-giver has needs that must also be protected, which may - or may not - be in conflict with meeting those of the third party. This interaction therefore demands a complex assessment by the advisor: can one maintain the Spirit of MI between advisor and client whilst promoting change in the interests of a third party? What ethical considerations are pertinent to this triadic interaction, and how should they be navigated by MI professionals?
At the University of Bristol, these questions hold particular weight in our research considering the applicability of MI to the veterinary profession. Using a mixed-methods approach, our exploration of this topic has focused on (i) establishing existing communication strategies employed between veterinarians and farmers in the dairy sector, (ii) creating context-specific MI training for cattle veterinarians and (iii) trialing this training to veterinary practices (veterinarians n=60). The intervention's goal is to enhance veterinary communication and improve the health and welfare of a third party—the dairy cow—as the subject and beneficiary of any decision on management change made by a farmer. Under what circumstances, and with what justifications, could this be acceptable? Through presentation of our unique research context, we hope to stimulate discussion and exploration of the pertinent ethical questions that stem from this unusual triadic interaction and the use of MI.

MON 11:30a-1:00p   HEALTHCARE

Electronic- and Clinician-Delivered Screening, Brief Intervention, and Referral to Treatment for Women in Reproductive Healthcare Centers: A Randomized Clinical Trial
Steve Martino, PhD, Yale University School of Medicine

This randomized clinical trial aimed to determine whether a motivational interviewing-based Screening, Brief Intervention, and Referral to Treatment delivered electronically (e-SBIRT) or by clinician (SBIRT) reduces substance misuse more than enhanced usual care (EUC) and the relative cost-effectiveness of the interventions. Women (N=439) from two reproductive healthcare clinics who smoked cigarettes or misused alcohol, illicit drugs, or prescription medication were randomized to a 20-min e-SBIRT, 20-min SBIRT, or EUC. Assessments occurred at baseline and one, three, and six months post-baseline. Co-primary outcomes were days/month of primary substance use and post-intervention service utilization. Randomization included: 143 to e-SBIRT, 145 to SBIRT, and 151 to EUC with retention >84% at all points. Independent fidelity ratings with a 50% sample of SBIRT sessions indicated that clinicians demonstrated adequate to very good levels of fundamental and advanced MI adherence and competence. Estimated declines in primary substance use were greater in e-SBIRT [β (SE) =-0.090 (0.034), p=0.008; Cohen's d = 0.19 at one month, 0.30 at three months, and 0.17 at six months] and SBIRT [β (SE) = -0.078 (0.037), p=0.038; Cohen's d = 0.17 at one month, promise 0.22 at three months, and 0.06 at six months] compared to EUC. Service utilization did not differ between groups. From the provider perspective, e-SBIRT was much more cost-effective than both EUC and CL-SBIRT. This study's findings demonstrate that a 20-minute SBIRT delivered electronically or by trained clinicians reduced days of primary substance use among women seeking services in reproductive healthcare centers. The findings support the American College of Obstetricians and Gynecologists recommendation to use SBIRT to help women reduce or stop the use of substances that risk harm to their health or the health of their children and point to the promise of e-SBIRT to help facilitate this goal.

Successful Integration of MI in the Healthcare Setting: Utilizing the MICA Coding System for Proficiency Development

Susan W. Butterworth, PhD, Q-consult, Ali Hall, JD, Ali Hall Training, Amanda Sharp, MPH, Q-consult

The goal of Engaging Patients In their Care (EPIC) was to develop a measurable skillset in motivational interviewing for 1800 renal dietitians to better engage dialysis patients in their self-management and adherence to a renal treatment plan. Dieticians participated in an initial full-day workshop, followed by completion of a 10-12 hour interactive eLearning program. In addition, dieticians submitted 4 recorded patient sessions that were assessed using the Motivational Interviewing Competency Assessment (MICA) tool. For each recorded session, they received a formal feedback report plus a personal skill-building session (total of 4). Lastly, a sustainability plan was developed that included the development/training of 45 internal mentors and 2 internal trainers. The MICA was developed to evaluate a sample of a practitioner's clinical conversation to assess competence in MI from a quality assurance perspective. It objectively measures proficiency in MI techniques of Partnering, Evoking, Expressing Empathy, Guiding, Supporting Autonomy and Activation, Reflection to Question Ratio, Strategically Responding to Sustain Talk, and Strategically Responding to Change Talk. The MICA reporting system is designed to provide professionals with easily digestible, structured, and specific feedback regarding their effort to use MI with their clients, with comparison to past sessions. Total MI Score (an amalgamation of the 7 global scores) at baseline and after program completion were compared using paired-samples t-tests. There was a significant improvement in MI skills across sessions: $F(3, 5908) = 262.2$; $P < 0.001$. Patients of dieticians in the EPIC pilot had significantly lower serum phosphorus relative to controls (interrupted time series analysis): Difference coefficient: -0.27, $t = -7.14$; $P < 0.001$. Our findings demonstrate that a complex MI-based program can be implemented effectively across a large healthcare organization, with most participating clinicians achieving levels of MI proficiency that have been demonstrated to improve patient engagement and clinical outcomes.

Effectiveness of Motivational Interviewing for Controlling Plasma Glucose in Type 2 Diabetic Patients; Experience of Five Provinces in Thailand

Terdsak Detkong, MD, Department of Mental Health

Well controlled Plasma glucose [< 125 mg/dl] in diabetics is important. Poor control Plasma Glucose would lead to complications and low quality of life.
The ratio of well controlled diabetics In Thailand is around 25-35 percent so it will bring long term problems. As a Quasi Experiment study ,Pre test – post test design with 205 subjects The purpose of this study is to integrate short form Motivational Interviewing into NCD clinic. Using 5-10mins MI. each visit for 4 sessions [one session each month]and the follow up 2 times at 3 and 6 month . The result at 3 month's follow up is confirm that MI. is practical to do even in busy clinic, we found that FPG have favorable improve 72.7 percent as well as A1C's improvement 80.3 percent.

MON 11:30a-1:00p   MI AND SELF-COMPASSION

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Motivational Interviewing as a prelude to compassion-based interventions and a measure for assessing changes in compassion motivation and action.
Stan Steindl, PhD, Psychology Consultants and University of Queensland, School of Psychology

Motivational Interviewing has long been used as a prelude to a range of interventions, including psychological treatments such as cognitive-behavioural therapy. Compassion-based interventions (for example, compassion-focused therapy, mindful self-compassion) have become increasingly popular over recent years, and have been found to be effective in increasing compassion and self- compassion, reducing depression, anxiety and psychological distress, and increasing life satisfaction and happiness. However, all these interventions rely on behavioural change and action, such as (a) to engage with and attend the intervention's sessions, (b) to complete the self-practice and other aspects of homework, (c) to persist in the face of suffering despite urges to avoid, and (d) to take steps towards specific compassionate or self-compassionate actions in daily life. This presentation will propose the use of motivational interviewing as a prelude to compassion-based interventions to assist with improving participant outcomes. To complement this, the development of a new measure, the Compassion Motivation and Action Scale (CMAS), will be described. The CMAS is designed as a brief outcome measure to assess changes in compassionate motivation and action as part of MI in the context of compassion-based interventions. Drawing on the principles of MI, namely change talk and commitment language, an initial set of 72 questions were administered to 600 participants. The sample was divided into two, exploratory and confirmatory factor analyses were conducted and two scales were developed: CMAS-Compassion (12 items) and CMAS-Self-Compassion (18 items). Both scales were found to have three factors: Intention, Distress Tolerance and Action. Psychometric evaluation of the CMAS revealed that both scales had good internal consistency, satisfactory convergent and discriminant validity, and reliabilities were good. Potential uses of the CMAS and implications for future evaluation and research will be discussed.

MON 1:15-2:00p   LUNCH SESSION

MI-MED: From Interest Group Towards More Enduring Process and Product Oriented Working Group
Steven Cole, MD, Stony Brook University School of Medicine
Katie Brogan-Hartlieb, PhD, Florida International University School of Medicine

MI-MED (MI in Medicine), first organized circa 2010, has been a loosely organized, membership-driven interest group presenting a variety of workshops to share experiences and initiate discussions across many previous MINT Forums and ICMIs. In general, these meetings have attracted high levels of international participation and generated spirited learning. Some of these MI-MED gatherings have also aimed to develop a structure to facilitate ongoing sharing of ideas and resources between ICMIs and MINTForums as well as a method to develop collaborative projects, programs, or products of enduring value to the MI-MED world. This symposium/workshop for ICMI 2017, proposes one broad aim and two concrete objectives: to consider transitioningMI-MED from a primary interest group to and a more enduring interest and working group by: 1) Determining a process for ongoing communication and sharing between meetings; and 2) Selecting at least one group project/product of potential enduring value for the MI-MED world on which interested members can collaborate between meetings for potential sharing at subsequent MI-Forum/ICMI meetings. The program will begin with an introduction by an MI-MED coordinator of recent activities. Following this introduction, the workshop will utilize an iterative group process to first discuss, then accept and/or appropriately revise the one aim and two objectives, as described above. Despite the proposed aim and objectives of the workshop, the facilitators will follow the dominant interests of the participants who attend.

How Client Preparatory Language Promotes Stronger Verbal Commitments: Exploring the Role of the MI Therapist
Paul C. Amrhein, Ph.D., Montclair State University and Columbia University

In MI, therapists promote client change talk through preparatory speech (concerning desires, self-efficacy, readiness, reasons and needs) that leads to the making of stronger verbal commitments to alter current unhealthy behaviors. It is these stronger verbal commitments that signal a better outcome. Just how the therapist establishes and maintains the causal linkage between preparatory and commitment language remains understudied—especially regarding the strength of that language. Content analyses of two randomized control studies will be presented that serve to demonstrate which specific verbal behaviors of the MI therapist moderate this preparatory-commitment strength linkage. Study #1 (Smith et al., 2012) was a MI training study involving community-based counselors who received the MI Workshop followed by a randomized form of practice supervision (tape review, online teleconference with actors, control). At study baseline, after Workshop, and 8 and 20 weeks after supervision, counselors treated clients for drug abuse. In Study #2 (Morgenstern et al., 2012), alcohol-abusing clients received either a standard MI session or a less-directive version of MI. In both studies, from audio session recordings, therapist (MITI) and client (DARNC) verbal behaviors were coded. Using GEE regression models treating session segments (deciles) as a repeated measure, stronger client preparatory language was found to predict stronger commitment language. However, this DARNC linkage was moderated by therapist speech (MITI indices Spirit and %MIA in Study #1, Direction in Study #2). These studies indicate that by conveying client support through structured guidance (especially directive evocation of DARNC speech) the therapist facilitates the client's "coupling" of their attitudes and beliefs about behavioral change to their commitments to enact that change. Findings also underscore the importance for all MI therapists to be trained to and maintain (at least) proficient levels of MI treatment fidelity.

Provider Behaviors that Predict Change Talk in HIV: A Study of Communication Using the Motivational Interviewing Framework
April Idalski Carcone, PhD & Sylvie Naar, PhD, Department of Family Medicine and Public Health Sciences, Wayne State University School of Medicine

Background: Although MI is part of the clinical guidelines for HIV care and risk reduction, training healthcare providers to proficiency in MI is costly and not always successful highlighting the need for practical, cost effective strategies to increase provider competency. The goal of this study was to identify specific provider behaviors most likely to elicit motivational language among young adults with HIV. *Method*: This study is part of a larger project to implement a targeted MI (TMI) training protocol for health care providers (HCPs) in a multidisciplinary HIV clinic. We analyzed 69 audio-recorded patient-HCP encounters prior to TMI implementation. Encounters were transcribed and coded using the Minority Youth Sequential Coding for Observing Process Exchanges. Encounters were randomly assigned to two coders with 20% co-coded for inter-rater reliability (k=.684). Sequential analysis was used to identify provider behaviors that elicited patient motivational language. *Results*: Provider questions (open and closed) were the communication strategy most likely to elicit change talk (CT) and commitment language (CL). Specifically, closed questions phrased to elicit CT did so 66% of the time and open questions did 57%. Closed questions phrased to elicit CL did so 71% of the time and open questions did 57%. Questions phrased to elicit counter change talk (CCT) were also likely to elicit CCT (closed 68%, open 60%) but reflections of ambivalence (75%) were more likely to elicit CCT and reflections of CCT were nearly as likely (53%). All p<.05. *Conclusions*:These findings add to a growing literature on MI process by examining HCPs in multidisciplinary HIV clinics, a yet to be studied population. Findings may be used when adapting training curricula. For example, in TMI, trainers are teaching health care providers to use reflections when learning to recognize CT/CL rather than a separate skill.

The Client Self-Exploration Scale: Does Depth Matter?
Denise Ernst, PhD

The Client Self-Exploration (CSE) scale was developed by Truax and Carkfhuff (1967) as a tool for training clinicians to attend to and encourage the client's depth of exploration about personal issues and expression of associated emotions.   The CSE was slightly modified for inclusion in the Motivational Interviewing Skill Code (MISC 2.1 & 2.5) to measure the client's active participation sessions. This presentation examines the history of this measure and its use in client-centered therapy, as well as the rationale for including it in the MISC and its association with both process and behavioral outcomes in MI studies. Questions about how this scale might be measuring a significant and key element of successful MI conversations will be raised. Potential models (i.e. mediation and moderation) of the interaction between CSE and known components of the MI

Do Different MI Components Function Differently in Predicting Change Talk and Outcomes
Timothy R. Apodaca, Children's Mercy Kansas City; University of Missouri-Kansas City School of Medicine.
Co-authors: Brian Borsari, Mary Beth Miller, Molly Magill, Kristina M. Jackson, Richard Longabaugh, & Nancy P. Barnett

MI sessions focusing on drinking among mandated clients (N=92) were coded for client and therapist language. Six MI components generally proceeded in the following order: *Review Event* that led to mandate, explore *Pros and Cons* of drinking, discuss *Social Influences* on drinking, provide individualized normative *Feedback*, *Envision the Future* (with and without making changes to drinking), and developing a *Plan for Change*. We coded the percentage of change talk (out of all utterances) within components, with utterances uniquely assigned to components. Prooportions of change talk within each component: *Review Event* (34%), *Pros and Cons* (44%), *Social Influences* (33%), *Feedback* (20%), *Envision the Future* (58%), *Plan for Change* (46%). Multilevel modeling revealed a significant time effect (F(5, 91)=55.86, p<.001), indicating that proportion change talk increased over the course of the session, with Plan for Change having a significantly greater proportion change talk than the other five components averaged, F(1, 91)=11.43, p<.01. Change talk peaked during the Envision the Future component (which had a higher proportion of change talk than Plan for Change, F(1, 91)= 6.07, p<.05). Predicting drinking outcomes from change talk emerging within each component, we found that change talk from the *Envision the Future* component was the most robust and consistent predictor of improved drinking outcomes (significant predictor of 4 of 8 outcomes). This was followed by *Discuss Event* (3 of 8 outcomes) and *Pros and Cons* (1 of 8 outcomes). No other component-specific change talk predicted outcomes. These results shed light on which components of MI sessions elicit greater or lesser levels of change talk, which in turn have differential value to predict outcomes.

MON 4:15-5:45p   **PANEL:**
Helping Employees Change - Applying MI with the Organizational Context

Transformational Leadership
Greg Sumpter, Tarrant County Juvenile Services
Change Related Interactions Within Organizations
Amelie Gunter & Simone Kauffeld, Institute of Psychology, Department of Industrial/Organizational & Social Psychology, Technical University of Braunschweig
Florian Klonek, Center for Transformative Work Design, University of Western Australia
Nale Lehmann-Willenbrock, Program Group Work & Organizational Psychology, University of Amsterdam
From Command and Control to Servant Leadership
Ron Oslin, One System One Voice
How MI can Benefit Group Dynamics in Organizational Teams (Bill Miller - Discussant)
Paul Endrejat, Florian Klonek & Simone Kauffeld
Motivational Interviewing for Leaders: Applications and Ethical Considerations
Elizabeth Jenkins

William R. Miller, Discussant

The symposium focuses on the question how applications of Motivational Interviewing (MI) can be implemented and taught to participants that work within state and/or profit-oriented organizations. All presentations discuss to which extent behaviors that are consistent with MI contribute to beneficial interactions with employees.
Greg Sumpter shows how MI can potentially contribute towards the concept of transformational leadership. While research has established the positive effects of transformational leadership on followers' satisfaction and performance, organizations still need concrete behavioral advice on how managers should be trained to better incorporate a transformational leadership style. To address this research gap, Sumpter presents a study that compared training interventions among middle managers in criminal justice. The Leadership Practices Inventory (LPI) was taken by participants before and after the training intervention. Furthermore, he compares two interventions groups, one which received only a training in transformational leadership and another group that received a combined MI and transformational leadership training.

Amelie Güntner, Florian Klonek, Nale Lehmann-Willenbrock, and Simone Kauffeld take a change management perspective on MI by looking at change-related interactions between change agents and change recipients. By transferring the idea of the 'righting reflex' (i.e., confrontations, or warnings) to change-related interactions in organizations, the authors used an experimental, repeated measurement ABAB-design to investigate how sustain talk contributes to MI inconsistent behavior. Over 30 dyadic interactions were coded using the MITI. Results show an increased level of MI inconsistent behavior in the conditions in which change recipients' expressed sustain talk. The authors discuss implications regarding the interdependency between change agents' and recipients' communicational dynamics in change management projects.

Ron Oslin shows how MI is being used by middle and executive level leaders to facilitate an organizational transformation from a leadership culture of command and control to a culture of servant leadership. Oslin presents how one of the top 5 banks is embracing the application of MI in helping employees at all levels break "The Addiction to Status Quo" ©. In addition to the bank experiment, the results from three other large business experiments will be discussed. Oslin presents a study between classical methods of change and coaching used in business settings and a methodology that focuses on aligning beliefs, assumptions, and behaviors utilizing MI.

Paul Endrejat, Florian Klonek, and Simone Kauffeld investigated how MI can facilitate beneficial group dynamics within an organizational team setting. The authors conducted and video-recorded workshops with the aim to enhance employees' energy-saving behaviors at work. All team discussions were coded with an adapted version of the MITI (for the group facilitator) and CLEAR (for employees) to investigate interactions between facilitator's behaviors and employees' change language. Intra-class coefficients between two trained coders were fair, whereas analysis draw attention to the utterances within group settings. Based on these results, we highlight how MI based workshops can enhance interactions with work teams.

MI in Child Health Promotion and Obesity Prevention: Lessons Learnt from the Healthy School

Åsa Norman, Department of Public Health Sciences, Karolinska Institutet,

Poor physical activity (PA) and dietary behaviours contribute to the high levels of obesity worldwide. In Sweden, children have poorer diets than recommended and decrease their PA levels drastically around the age ten. A Healthy School Start (HSS) is a universal parental support programme aiming to promote healthy dietary and PA behaviours and prevent overweight and obesity in 5-7-year-old children in Sweden using motivational interviewing (MI). *Methods*: The HSS has been evaluated as two RCTs, (I) 2010-2011 n=241 (77.2% normal weight), (II) 2012-2013 n=378 (67.5% normal weight), with process evaluations. Children's PA and BMI were measured objectively, and diet by parent-report. MI fidelity was assessed using the MITI, dose and reach by quantitative measures and acceptability by qualitative methods. *Results*: Short-term positive effects on PA for girls and intake of vegetables were found in HSS I. Short-term positive effects on BMI in children with obesity and intake of discretionary calories were found in HSS II. Dose, reach, and the level of MI competency were satisfactory. In the MI sessions, most parents did not perceive their children's behaviours as problematic and chosen target behaviours addressed minor, preventive changes. About 35 % of parents did not express a target behaviour, thus not requesting change but addressing maintenance of healthy behaviours. The MI counsellors, with experience from treatment settings only, found the flexibility of MI useful in supporting parents, but struggled to determine target behaviours as the parents regarded the changes as minor and as the counsellors were unaccustomed to targeting behaviour maintenance. *Conclusion*: The HSS trials hold some promise of MI as a suitable method to use for promoting children's healthy behaviours. However, health promotion may benefit from focusing more on maintaining already healthy behaviours throughout childhood, in order to decrease the dip in PA and increase in poor dietary behaviours in adolescence. Target behaviours may need reconsideration with focus on maintenance of behaviours when using MI in these types of interventions.

Is coping skills enhanced motivational interviewing (MI) more efficacious than MI alone in young people with alcohol related-injuries accessing emergency department and crisis support care?

Leanne Hides, PhD, National Health & Medical Research Council, Lives Lived Well and University of Queensland, School of Psychology

This randomized controlled trial determines if motivational interviewing (MI) enhanced with personality targeted coping skills training (PI) is more efficacious than MI alone or an assessment feedback/information only control. Participants were 394 young people (16-25 years) accessing an emergency department or crisis support service with an alcohol related injury/illness, who had consumed > 6 standard drinks on one occasion in the previous 2 weeks or scored ≥ 8 on the 10-item Alcohol Use Disorders Identification Test. Young people were randomized to receive (i) 2 sessions of Quikfix MI; (ii) 2 sessions of a Quikfix PI or (iii) a 1-session assessment feedback/information. All interventions were delivered post discharge via telephone. Participants were assessed at baseline, 1, 3, 6 and 12 months on the primary outcomes of alcohol use and related problems and secondary outcomes of psychological distress, functioning, severity of problematic alcohol use, alcohol injuries, coping skills and coping self-efficacy to resist using alcohol. Participants (56% Female; Mage=20.3 years) were drinking on a mean of 1.4 days (SD=1.5) per week at baseline, and consuming 10.7 (SD=7.2) drinks per drinking occasion. Intent-to-treat strategies will be used for the main analyses. A series of mixed effects model repeated measures analyses of variance (MMRM) will be employed to determine whether there are group differences on the primary and secondary outcome variables. Data collection is complete (80% follow up) and the data analysis is currently being conducted. The results of the 1, 3, 6 and 12 month follow ups will be presented. Telephone-delivered brief interventions provide a youth-friendly, accessible and easily disseminated treatment for young alcohol users presenting to crisis support care. This study will identify the most efficacious telephone delivered brief intervention for reducing the risk of future alcohol misuse and related harm in young people.

Developing a Brief Motivational Intervention for Young Adults Intoxicated in the ED – Results from an Iterative Qualitative Design

Jacques Gaume, Ph.D., Lausanne University Hospital, Department of Community Health and Medicine, Alcohol Treatment Center

Harmful alcohol use among young adults is a major public health concern. In Switzerland, Emergency Department (ED) admissions for alcohol intoxication have increased substantially over the past decade, particularly among adolescents and young adults. Brief motivational interventions for young adults in the ED have shown promising but inconsistent results. Based on the literature on brief intervention and motivational interviewing efficacy and active ingredients, we developed a new motivational intervention model for young adults admitted in the ED with alcohol intoxication. Using an iterative qualitative design, we first pre-tested this model by conducting 4 experimental sessions to evaluate interventionists' and patients' experience, then conducted a consultation with 9 international experts using nominal group technique, then re-tested the model by conducting 6 experimental sessions to evaluate interventionists' and patients' experience. At each round, data collected were analyzed and discussed, and the intervention model updated accordingly. Based on the literature, we found 6 axes for developing a new model: High level of relational factors (e.g. empathy, alliance, avoidance of confrontation); Personalized feedback; Enhance discrepancy; Evoke change talk while softening sustain talk, strengthen ability and commitment to change; Completion of a change plan; Devote more time: longer sessions and follow-up options (face-to-face, telephone, or electronic boosters; referral to treatment). Qualitative analysis of experimental sessions gave important insights regarding acceptability and feasibility of the model. Refinement comprised which feedback and information to provide and how, as well as how to deal with change planning with patients having vague change objectives. Experts' consultation addressed numerous points, including reflections on information and advice giving, as well as follow-up interventions. This iterative, multi-component design allowed developing an intervention model embedded in recent research findings and theory advances, as well as feasible in a complex environment. Next step is a randomized controlled trial testing the efficacy of this model.

Brief Motivational Interviewing to Reduce Child BMI: Results and Future Directions of the BMI2 Intervention

Ken Resnicow, PhD, University of Michigan School of Public Health, Department of Health Behavior & Health Education

Few studies have tested the impact of Motivational Interviewing (MI) delivered by primary care providers (PCPs) on pediatric obesity. This study tested the efficacy of MI delivered by PCPs and registered dietitians (RDs) to parents of children ages 2-8 with a BMI > 85th and < 97th percentile. 41 practices from the American Academy of Pediatrics, Pediatric Research in Office Settings Network were randomly assigned to one of three groups. Group 1 (Usual Care) measured BMI percentile at baseline, 1-year, and 2-year follow-up. Group 2 PCPs delivered four MI counseling sessions to parents of the index child over 2 years. Group 3 (PCP + RD) added six MI sessions from an RD. Providers received two days of training by the first author, as well as ongoing supervision. The expected dose in Group 2 was 4 PCP contacts and in Group 3 the expected dose was 4 PCP contacts plus 6 by RDs (10 total). The mean MI completion rates for PCPs was 3.4 and 3.3 (out of 4) in Groups 2 and 3, respectively. For Group 3 the mean number of completed RD contacts was 2.7 (out of 6). For group 2, 73% of PCPs delivered all four sessions and 10% delivered 3. For group 3, the corresponding rates for PCPs were 68% and 8%. For Group 3 RDs, 12% delivered all 6 sessions, and another 14% and 6% delivered 4 or 5 sessions. The primary outcome was child BMI percentile at 2-year follow up. Secondary outcomes included parent report of their child's behavior. This presentation will present the results of the BMI2 trial on adiposity and behavioral outcomes. We will also present our current (2016-2021) NIH-funded effectiveness study examining how to bring the BMI intervention to scale.

MON 4:15-5:45p   **Integrating MI Across the Medical School Curriculum for Student and Faculty Learners at Florida International University Herbert Wertheim College of Medicine**

Kathryn Brogan Hartlieb, PhD, RDN/LDN, Maryse Pedoussaut, MD, Alyssa Mccauley & David Brown, MD Humanities, Health and Society, Herbert Wertheim College of Medicine, Florida International University
Brett Engle, PhD, MSW, Barry University School of Social Work

Empirical support exists for the use of motivational interviewing (MI) in medical care settings to address health behavior changes. Advanced communication skills including MI are increasingly introduced in graduate medical education training programs. The implementation of best practices (coding, feedback, modeling) into the curriculum requires a comprehensive approach. Since 2009, the Herbert Wertheim College of Medicine at Florida International University has included MI in the medical student education. This charge incorporates an initial 12 hours in the classroom with the medical students, professional development for the faculty, and the construction of an MI Entrustable Professional Activity (EPA) competency for use in clinical fieldwork.

This panel presentation will share key pieces in the evolving curriculum.

Dr. Brown, department chief, will provide an overview of the course and administrative undertakings involved in the integration.

Dr. Engle will share immediate and two-year MITI outcomes and course evaluations from medical student learners (n = 43).

Baseline and preliminary findings from a 6-month faculty MI coaching program involving 16 family medicine faculty including MITI 4 scores and exit interviews will be presented by Dr. Hartlieb.

Dr. Pedoussaut will describe the process to develop an MI EPA including pilot testing with faculty and integration into the electronic grading system.

Finally, Ms. McCauley, graduating class of 2018, will share her experience as a learner of MI with this curriculum. Panel presenters will then welcome questions and discussion from session attendees.

Tuesday, June 20, 2017

TUE 9:00 - 10:30a   **PANEL - Computational Technology to Support Automated MI Fidelity and Communications Science**

David Atkins, PhD, Department of Psychiatry and Behavioral Science, University of Washington
Veronica Perez-Rosas, PhD, Department of Computer Science and Electrical Engineering, University of Michigan
Ken Resnicow, PhD, Center for Health Communications Research, School of Public Health, University of Michigan
Alex Kotov, PhD, Department of Computer Science, College of Engineering, Wayne State University
April Idalski Carcone, PhD, Division of Behavioral Health Sciences, Department of Family Medicine and Public Health Sciences, Wayne State University

Understanding MI mechanisms of effect and evaluating clinicians' fidelity to the model relies upon behavioral coding, which is time-consuming, labor-intensive, and expensive. In the past decade, artificial intelligence (AI) techniques, like machine learning, have begun providing an efficient alternative to intensive cognitive tasks. This symposium will describe three efforts to utilize AI to accelerate feedback to clinicians and scaling up tests of MI theory. Dr. Atkins co-leads an interdisciplinary research team using AI methodologies to develop technology to assist MI training and supervision – the counselor-observer ratings expert for MI (CORE-MI). CORE-MI was developed and tested using 1,825 MI sessions in which machine learning algorithms used words and paralinguistic features (e.g., vocally-encoded arousal) to predict fidelity codes. A web-based interactive reporting tool allows therapists to review their fidelity ratings relative to clinical standards, as well as an automated speech recognition transcript of session. To pilot test CORE-MI, 20 MI trainers and providers participated in 20-minute sessions with a standardized patient. The majority of therapists expressed: 1) the automated feedback "representative of my clinical performance in the recorded session" (16/20), 2) the overall report "easy to use and understand" (18/20), 3) high satisfaction with the report format and content (19/20), and 4) "would use the [tool] in my clinical practice" (18/20). Drs. Perez-Rosas and Resnicow works with an interdisciplinary research group that uses AI strategies to understand the evaluative feedback. The automatic MITI-coding system leverages manually coded sessions, linguistic features (lexical, semantic, and syntactic) extracted from transcripts, and automatic classifiers to identify MITI behaviors with accuracy up to 90%. The system was derived from 276 MITI sessions coded at utterance level for 10 MITI behaviors. The linguistic features used in the classification model were designed based on MITI behavioral definitions, obtained using text- language of counseling interactions with the goal of providing counselors with automatic based feature extraction methods, and evaluated using several classification models such as Support Vector Machines and Random Forest. Current work includes automatic coding of MITI globals (i.e., empathy and partnership), and building a mobile app that uses the developed classification models to provide real-time evaluative feedback on counselor reflections and questions. Drs. Kotov and Carcone use AI strategies to study the MI communication process. Supervised classification models use an existing coded data set to train an algorithm to code new data. Forty transcribed audio-recordings from weight loss counseling sessions with African American adolescents with obesity and their caregivers were first manually coded with the Minority Youth-Sequential Coding of Process Exchanges, a qualitative coding scheme to identify key communication behaviors. The accuracy of several classification models (Naïve Bayes, Support Vector Machine, Latent Class Allocation) using lexical, contextual, and semantic features was tested. Results indicated accuracy comparable to that of human coders. Specifically, the Support Vector Machine model achieved 75% accuracy. This approach demonstrates great promise toward the goal of automatic coding of treatment session data. Next steps include the the development of Markov models to evaluate communication transitions with the goal of determining causal sequences of communication.

TUE 9:00 - 10:30a   **MI+ in African and Asian settings: What Did We Learn**

Anke Van der Kwaak & Pam Baatsen, Tropical Institute Amsterdam
Titia Heijman, Angelita Casanovas & Kees de Jong, GGD Amsterdam
Ahmed Bandhu Saleh, Bangladesh Social Welfare Society
Peter Amref Ofware

In this panel presents the lessons learned from implementing an intervention inspired by MI in Bangladesh and Kenya. The aim of the 3.5 program was to increase the uptake of sexual and reproductive health services by young men and men having sex with men (MSM).

Methodology: A mixed methods experimental intervention study was implemented in Dhaka and Chittagong Bangladesh and Siaya and Bondo Kenya. The intervention consisted of a series of trainings (of peer educators & counsellors, nurses, health coordinators, drop in center managers, and teachers) together with master trainers and selected representatives of the communities over a period of 18 months.

Results: 4 papers show the significant impact measured in the two countries.

· Paper 1 discusses the intervention study and the outcomes
· Paper 2 aims at looking at the interventions and what should we have done different and what works in different cultural settings.
· Paper 3 discusses MI+ and nurses working in low income settings like Kenya and how their professional attitudes and personals lives were affected.
  Paper 4 underlines the effect of MI+ on a counselling program for MSM in Bangladesh.

Discussion: Lessons learned and not intended outcomes will be presented in this panel. The knowledge level of HIV risk & uptake of condoms augmented and the uptake of services by the young men increased. Self-esteem and professional & personal attitudes of health staff like nurses and counsellors changed so that they claimed it saved their professional and personal lives. By the training of different groups of professional's and young men at the same time referral strengthened and the quality of services improved. However, a higher number of people in the same setting need to be trained for matters of sustainability. A more systematic embedding of the MI+ intervention in the cultural setting and in (sexual) health matters is a recommendation for similar future programs. A more intensified coaching of the master trainers and representatives is a prerequisite for being successful. On the basis of the lessons learned the MI program of nurses in Amsterdam was adjusted and intensified.

Conclusion: Interventions like MI+ have a potential to impact on the lives of young men and improve the quality of services. From 2017 a developed guide will be tested in two other African settings.

TUE 9:00 - 10:30a   **HEALTH AND FITNESS COACHING**

m.chat: Integrating Health Coaching and Technology with Vulnerable Clients
Scott Walters, PhD, University of North Texas Health Science Center

People with a history of chronic homelessness face numerous challenges in their ability to live independently. This presentation describes a technology-assisted health coaching program for clients with a history of chronic homelessness. The program, m.chat, has three components: in-person health coaching, a specialized coaching software, and provision of "Chat Bucks" that can be exchanged for wellness items. Prior to the first coaching visit and at regular intervals, clients complete a psychosocial assessment to gauge progress on key biopsychosocial indicators. The m.chat software is used to provide feedback to clients, as well as to facilitate the health coaching interaction. The flow of the interface helps facilitate MI and solution focused strategies such as a menu of options, scaling questions, and eliciting motivational and solution-focused talk. m.chat is designed to supplement traditional case management with a focus on holistic wellness indicators. The program is unique in the way it combines in-person and technological approaches to address modifiable biopsychosocial domains, including diet, exercise, substance use, medication compliance, social support, and recreation/leisure. Data from the first two years of program deployment suggests that m.chat decreases depression and improves a range of health behavior domains.

Integrating Motivational Interviewing and Personal Fitness Coaching for Delivery by Community Health Workers to Improve Chronic Illness Management
Maurice Bulls, Behavior Change Consulting

African Americans have higher rates of many diseases that can be prevented with physical activity (PA). Home-based fitness coaching integrated with MI can overcome many implementation barriers to PA. Adding a medication adherence component may further improves health outcomes for patients with chronic medical conditions. Delivery by a Community Health Worker (CHW) can reduce cost and increase sustainability. This study examined the feasibility and acceptability of FLEX, a home-based PA and medication adherence program integrated with MI. A focus group was conducted with 10 African American young adults living with a chronic medical condition (ages 19 to 27; 80% male). Results suggested unanimous interest in PA, with home-based services viewed as convenient and acceptable. Resistance training was preferred to yoga. Participants were recruited from the local clinic. Eligibility included being between the ages 16 to 24, African American and reporting suboptimal PA. FLEX consisted of an initial MI session followed by PA (high intensity interval training and resistance bands workout) and PA and adherence MI goal setting using a tapered design. The initial program was 3-months, 24 sessions (N=12). High program satisfaction, as well as a strong desire to continue the program beyond 3 months, resulted in the development of a 6-month program (N=3). Both programs encouraged adding independent PA, and taught young adults to self-monitor PA and medication adherence. Fitness assessments were completed at baseline and 3 months. For the 3-month program (24 sessions), 18 sessions (76%) were completed. Preliminary findings from suggest improvements at 3 months in strength assessments, and reductions or maintenance of BMI. Improvements in health outcomes (e.g., HIV viral load) were also noted. We are expanding to other chronic conditions, older adults, and adolescents with obesity. Training CHWs in this approach is feasible when supervised by an MI trainer and certified personal trainer.

TUE 9:00 - 10:30a　　　　SUPERVISION

(1) Supervision in MI: An Exploratory Study
(2) The Use of Objective Feedback in Supervision in MI: Results from a Randomized Controlled Trial
Maria Beckman, Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Stockholm

Study 1. In this exploratory study, ten supervisors from a primary prevention intervention of childhood obesity responded to semi-structured interviews about their supervision behaviours.
A mixed method approach was used; both qualitative and quantitative data were collected and analysed. Supervisors reported using several sources of information for evaluating and providing systematic feedback on supervisees' performance. However, the majority did not use the available objective measures of proficiency as the primary source. Moreover, half of the supervisors argued that objective feedback might have a punishing effect on the supervisees. Findings suggest that appropriate supervision activities conducted in each supervision session require clear supervision principles that specify the content and procedure of the supervision, as well as regular adherence monitoring of the supervision sessions.

Study 2. Participants (n=98) from a Swedish MI dissemination study were randomized to one of two groups: 1) Supervision including systematic feedback based on only the behavior counts part of the MITI, or 2) Supervision including systematic feedback based on both the five global dimensions and the behavior counts of the MITI. Six 20 minute recordings of each participant with a standardized actor were assessed for proficiency with the Swedish version of MITI, version 3.1. To measure the supervisees' experience of the supervision, an adapted version of the short Working Alliance Inventory (WAI-S) was used. The results showed no differences in supervisee experience from the two different ways of providing MI supervision, but a slight tendency that the group that received feedback based on only the behavior counts part of the MITI learned more. The differences were small, and future studies should compare different ways to deliver objective feedback based on protocols containing several variables to better understand how delivery of feedback might be

Teaching Motivational Interviewing using Live Supervision in a Graduate Level Social Work Course
Christopher Wirt LCSW-C, University of Maryland School of Social Work

The presenter will discuss the method of using "Live Supervision" in teaching Motivational Interviewing to Social Work students in the University of Maryland School of Social Work. The presentation will include: an overview of course content and teaching methods, the use of an interview with a standardized client as a final exam, training methods used to prepare the standardized clients, research results related to teaching using "Live Supervision," and student feedback about this learning experience.The presenter is the instructor for an advanced clinical course in Motivational Interviewing. During the course, students practice the skills of Motivational Interviewing while receiving live feedback from the instructor before, during, and after the interview is completed. The use of technology allows students to hear coaching from the instructor during their interview. The instructor and other students observe the interviews from an adjacent classroom. Students practice the four processes of Motivational Interviewing throughout the semester, with each building on the other. The class culminates with each student completing an interview with a standardized client. The interviews are recorded and coded using the MITI 4. Coding of the interview is then translated into a grade for this assignment. Methods of training Standardized Clients in order to allow them to engage the interviewer when appropriate, display the desired level of Ambivalence around the identified area of change, and offer change talk in a realistic manner. The University of Maryland and Dr. Theresa Moyers completed an RCT in order to learn the effectiveness of training using Live Supervision and found that Live Supervision resulted in stronger use of Complex Reflections as well as higher Empathy scores from participants. The presenter will discuss these findings and will provide feedback from students who have completed the course.

Denise Ernst, PhD - Discussion facilitator

TUES 11:00a - 1:00p   **PLENARY**
                          MI and Communication Science

Motivational Interviewing and the Clinical Science of Carl Rogers
William R. Miller, PhD, University of New Mexico (Professor Emeritus)

Motivational interviewing (MI) evolved from the person-centered approach of Carl Rogers, maintaining his pioneering commitment to the scientific study of therapeutic processes and outcomes. As with Rogers' work 70 years ago, MI began as an inductive empirical approach, observing clinical practice to develop and test hypotheses about what actually promotes change. Research on MI bridges the current divide between evidence-based practice and the well-established importance of therapeutic relationship. Research on training and learning of MI further questions the current model of continuing professional education through self-study and workshops as a way of improving practice behavior and client outcomes.

Relational, Technical and Conditional Process Models of Change
Molly Magill PhD, Brown University Center for Alcohol and Addiction Studies, School of Public Health

Co-Authors: Timothy R. Apodaca, Brian Borsari, Jacques Gaume, Ariel Hoadley, Rebecca Gordon, Scott Tonigan, & Theresa Moyers

In the present meta-analysis, we test the technical and relational hypotheses of Motivational Interviewing (MI) efficacy. We build on our previous meta-analysis with a larger, more recent sample of MI process studies as well as a more comprehensive aggregate path model for meta-analytic review.

In particular, we propose an a priori conditional process model where heterogeneity of aggregate technical paths should be explained by interpersonal (i.e., empathy, MI Spirit) and intrapersonal (i.e., client treatment seeking status) factors.

Method: A systematic literature review identified k = 46 reports describing 39 primary studies (N = 3070 participants). Review methods calculated the inverse-variance-weighted pooled correlation coefficient for the therapist to client and the client to outcome paths across multiple targeted outcomes (i.e., alcohol use, other drug use, other behavior change).

Results: Therapist MI-consistent skills were correlated with more client change talk ($r = .55$, $p < .001$) and sustain talk ($r = .35$, $p < .001$). MI-inconsistent skills were correlated with more sustain talk ($r = .18$, $p < .001$), but not significantly less change talk. Further, when Motivational Interviewing Skill Code proficiency measures were examined, proportion MI consistency was positively related with proportion change talk ($r = .11$, $p = .004$). Client change talk was not associated with outcome, but sustain talk was associated with worse outcome ($r = .22$, $p < .001$). In addition, proportion change talk showed an overall relationship with reductions in risk behaviors ($r = -.17$, $p < .001$). Finally, therapist empathy and MI Spirit were not directly associated with outcome, but heterogeneous technical paths were partially explained by inter- and intra-personal factors.

Conclusions: This meta-analysis provides further support for the overarching causal model of MI efficacy. Moreover, a conditional process model, based on relational and client-level factors may best characterize the population of MI technical studies.

MI vs. Health Education: Two Pathways to Change?

Delwyn Catley, Ph.D., Children's Mercy Kansas City
Co authors: Andrew Fox, Saige Stortz, Jose L. Moreno, Andrea Bradley-Ewing, Kari Jo Harris, Kathy Goggin, Kimber Richter

When RCT's often produce unexpected results it is important to examine theorized mechanisms of action to interpret findings and advance intervention research. A recent large RCT (N=255) unexpectedly found MI to be no more effective than a matched intensity Health Education intervention for inducing quit attempts among smokers, even though MITI coding indicated MI fidelity was high.

To understand these results we explored theorized underlying change processes in the two arms: change talk for MI and "learning" for Health Ed. First we examined the effects of MI vs HE on the expression of desire change talk (Desire CT) during the first MI session using the MISC.

Results indicated that Desire CT was significantly more likely to occur in MI vs HE participant sessions (54% vs 28%; $p<.001$). Furthermore, as expected, those that expressed Desire CT were significantly more likely to make a quit attempt (66% vs. 45%; $p<.05$).

We then examined whether there was evidence that Health Ed worked through an alternative "learning" mechanism by devising a novel coding system to assess *"learning talk"* (LT): statements in response to information provided indicating that the person was learning something new (e.g., expressing realization or surprise).

Analyses of LT revealed that Health Ed was more effective than MI at eliciting LT (82% vs 17%; $p<.001$) and those that expressed LT were significantly more likely to make quit attempts (70% vs 47%; $p<.01$).

Results suggest different motivational pathways account for the results. Education may have been particularly effective in this sample as participants were of lower education levels.

Motivational interventions may be most effective when matched to the appropriate pathway(s) for the individual.

TUE 1:15 - 2:15p (LUNCH)   Let's talk about sex: Using MI for conversations about sexuality and intimacy in mental health settings. Introducing the MI Sexuality and Intimacy Booklet
Julie Tennille, Ph.D. College of Education and Social Work

The World Health Organization (WHO) asserts that human sexuality is integral to overall physiological, psychological, and social well-being. However, persons with mental health conditions face daunting obstacles to sexual expression, including side effects of psychotropic medication. However, there is growing interest in understanding and addressing the barriers that exist in the mental health provider workforce. Though studies indicate that sexuality and intimacy foster development of new relationships, increase quality of life, improve treatment outcomes, reduce hospital readmission rates, and decrease stigma of mental illness, little attention is paid to research on this topic and there is a dearth of study on strategies to cultivate a workforce that can capably incorporate discussions on sexuality and intimacy into standard practice. In preparing an MI-informed training toolkit designed to facilitate conversations about sexuality and intimacy with their clients, we undertook a study aimed at obtaining a contemporary snapshot of attitudes and beliefs. Utilizing a community advisory board, we adapted the 12-item Sexual Attitudes and Beliefs Survey (SABS). The survey link sent out to a US listserv generated a convenience sample of 211 participants identifying as mental health service providers. Most identified as female (79.62%) and white (79.09%). The average age was 44 and most had a Master's, Doctoral, or Professional degree (143 participants, 69.42%). This presentation reviews summary statistics and implications of the research and briefly introduces the new MI informed training toolkit, which we are presently planning for pilot implementation and evaluation.

TUES 2:15 - 3:45p   **PANEL**
                          Bridging Language Differences in Training, Implementation, and Fidelity Monitoring of MI Interventions

Iván C. Balán, Ph.D., HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute/Columbia University
Juline Koken, Ph.D., Department of Health Sciences, LaGuardia Community College, City University of New York
Timothy Hunt, Ph.D., Global Health Research Center of Central Asia, Columbia University School of Social Work

It is challenging to implementing MI in contexts where the training time and resources that typically accompany an MI-focused study are not feasible or available. These challenges are further heightened when the intervention is being implemented in a language that differs from that of the trainer/coach and there is no local MI expertise to tap. In this symposium, three MINT members will share their experiences in such contexts and the approaches they used to train, coach, and assess fidelity.

Iván C. Balán will present *Implementation of an MI-based adherence intervention in a multi-site biomedical HIV prevention study in Sub-Saharan Africa.* The study focused on the implementation of Options in HIV Prevention, an MI-based adherence intervention in a multi-site biomedical HIV prevention study in Sub-Saharan Africa being delivered by 50 counselors in five languages. The presentation will focus on how MI, both the client-centered (i.e., collaborative, highlights respect for participants decisions) as well as some of the technical components (i.e., evocative questions) was integrated into the adherence counseling intervention. The presentation will also discuss the process of training counselors to deliver the intervention, the development of support materials (i.e., manual, desktop flip chart, and videos) to facilitate the delivery of the intervention, the development of a study specific fidelity rating scale, and the process for training a fidelity rating team in New York that includes native speakers of all the languages in which the intervention is being delivered.

Juline Koken, will present *Developing an MI fidelity process model for a collaboration between English and Thai speaking teams.* Which explored the cultural and linguistic adaptation of a brief MET intervention that had been efficacious with HIV+ youth in the US (Healthy Choices) for use with Thai youth. The presenter, an MI trainer, supervisor and MITI coding trainer, will then describe the process of conducting training, supervision, and MITI coding as part of a collaboration between US and Thai research teams. The team consisted of the bilingual Thai PI, the non-Thai speaking MI trainers, the Thai supervisor and interventionist (who had some English competency), and a bilingual translator and RA who conducted fidelity coding on intervention sessions. The presentation will include a discussion of using in-country bilingual personnel to assist in the training of non-English speaking trainees and will describe a collaborative three-step process model for implementing the MITI across cultures while identifying linguistic issues that the English-originated MITI was not designed to detect.

Timothy Hunt, will present *"If they don't want my help they don't have to come": Addressing ambivalence when training MI in a telling style context for healthy lifestyle promotion in Central Asia* and discuss the process and lessons learned from the training of Motivational Interviewing to Enhance Healthy Lifestyle Outcomes in Russian-speaking Central Asia. A model incorporating n-country co-trainers through initial mentoring stages and the use of key informants for contextual adaptation, pre-training orientation and trainee screening are examined to address misconceptions and expectations regarding MI training and its sustainable use. Additionally, a i approach in this "telling" style context are explored. The presenter will share personal as a experiences trainer and researcher in this context.

Community Care Nurses Promoting Healthy Behavior in Older Adults Living at Home: Do They Use Motivational Interviewing?

Anne Esther Marcus-Varwijk, MSc, Windesheim University of Applied Sciences
Co-authors: J.M. de Jonge, PhD,Windesheim, Prof. C.H.M Smits, PhD, T.L.S. Visscher, PhD, Windesheim University of Applied Sciences & Prof. A.V. Ranchor, PhD, Groningen, Prof. J.P.J. Slaets, PhD, University Medical Centre Groningen, Espria, Meppel

Health promotion is now a clear role of community nurses in the care of older persons. Motivational Interviewing (MI) is promising as a technique to elicit health behavior change among older adults (Purath et al., 2014). A brief motivational intervention based on the assessment of health behavior and personalized feedback was developed for older persons to improve eating habits, stop smoking, limit alcohol use or increase physical exercise. Aim is to study the extent to which MI was practiced by community nurses to promote healthy behavior during this brief intervention, after participation in a workshop on MI. Community nurses were trained regarding this brief intervention by means of a single workshop. A random selection of 17 consultations, held by 14 different nurses, were recorded and transcribed. A selection of twenty minutes of each consultation was analyzed by four different coders using the Motivational Interviewing Treatment Integrity (MITI) 4.2.1 (Moyers et al., 2014). In these selections, several behavioral goals were discussed. The coding results were compared with the proficiency levels described in the MITI 4.2.1 manual. Mean score of the community care nurses was fair on the technical globals and below proficiency level on the relational globals. Individual profiles of each community care nurse were compared to the proficiency levels. In general, none of these nurses met all thresholds for the proficiency level. Striking was that a majority of nurses fall into the "expert trap" We conclude that a single MI-training session does not suffice for community care nurses in their health promotion activities with older adults. Based on these results an extended training in MI focusing on the collaborate with the older persons was recommended.

The Dissemination of Motivational Interviewing in Swedish County Councils: Results of a Randomized Controlled Trial.

Maria Beckman, Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet

A significant number of Swedish practitioners are offered workshop trainings in motivational interviewing through community-based implementation programs. The objective of this randomized controlled trial was to evaluate to what extent the practitioners acquire and retain skills from additional supervision consisting of feedback based on monitoring of practice. *Materials and Methods*: A total of 174 practitioners in five county councils across Sweden were randomized to one of the study's two groups: 1) Regular county council workshop training, 2) Regular county council workshop training followed by six sessions of supervision. The participant's mean age was 43.3 years, and the majority were females (88.1%). *Results*: Recruiting participants proved difficult, which may have led to a biased sample of practitioners highly motivated to learn the method. Although slightly different in form and cont ent, all the workshop trainings increased the participants' skills to the same level. Also, consistent with previous research, the additional supervision group showed larger gains in proficiency compared to the group who received workshop training only at the six-month follow-up. However, analyses showed generally maintained levels of skills for all the participants at the follow-up assessment, and the majority of participants did not attain beginning proficiency levels at either post-workshop or follow-up. *Conclusions*: The results of this study address the real-life implications of dissemination of evidence-based practices. The maintained level of elevated skills for all participants is a promising finding. However, the low interest for obtaining additional supervision among the Swedish practitioners is problematic. In addition, neither the workshop trainings nor the additional supervision, although improving skills, were sufficient for most of the participants to reach beginning proficiency levels. This raises questions regarding the most efficient form of training to attain and sustain adequate practice standards, and how to create incentive and interest among practitioners to participate in such training.

How Treatment Integrity is Vital to Randomized Controlled Trials of MI: An Example Using the SMART-ED Study (emergency departments)
Nikki Rowell, Center on Alcoholism, Substance Abuse, and Addictions at the University of New Mexico

Screening, Motivational Assessment, Referral, and Treatment in Emergency Departments (SMART-ED) was a randomized controlled trial (RCT) aimed at investigating the effect of brief Motivational Interviewing (MI) in emergency departments for alcohol and drug users (Bogenschutz et al., 2014). This study found no significant results. Treatment integrity is the degree to which an intervention was implemented as it was intended and is rarely reported (Perepletchikova, 2011). The current secondary analysis will examine whether the MI quality may account for non-significant results in the SMART-ED study. *Methods:* The MI treatment group was divided by competency level (competent versus non-competent), as measured by the MI treatment fidelity code. The two new MI conditions will be compared with respect to days of primary drug use using a linear mixed model with random site effect, controlling for baseline substance use as a fixed effect. *Results*: Only 41.5% of participants received treatment that met minimal standards to be considered MI and 6.8% received competent MI. No significant differences were found between the competent and non-competent treatment groups. *Conclusions*: Most SMART-ED participants did not receive MI despite study claims. These results highlight the importance of examining treatment fidelity to ensure 1) the intervention given is in fact MI, 2) differences between treatment conditions can be found and 3) studies do not provide false evidence that MI is found to be ineffective or comparable to control conditions, when studies can not validly come to this conclusion.

Implementation of Motivational Interviewing Training in a Canadian Psychiatric Hospital: A Case Study
Karine Gaudreault, MA, Université de Sherbrooke and Institut Universitaire en Santé Mentale de Québec

Motivational Interviewing (MI) is a recognized practice in best practice guides for people with psychiatric disorders (NICE, NIMH, Health Canada). MI is also recommended for various problems associated with this clientele such as dependence, smoking cessation, increasing healthy lifestyle, adherence to treatment, etc. The Institut Universitaire en Santé Mentale de Québec has decided to train its medical staff in MI. This public hospital in Quebec City offers specialized care to adults with psychiatric disorders. The project involved the training of approximately 575 nursing staff members and other psychosocial professionals as well as the creation of an internal team of trainers. This case study was carried out retrospectively following the second year of implementation and the training of over 260 people. *Method*: A focus group (n=5) and semi-structured interviews (n=3) were conducted with participants who took part in the implementation of the training. The participants' evaluations were consulted. Meyers's conceptual framework (Meyers et al., 2012) was used to analyze the facilitators and the obstacles to implementation in four main stages: host setting, create a structure, implementation and improving future application.*Findings*: The implementation of the training program was facilitated by: matching MI and organizational values, the selection of a team composed of key people, training managers, technical support (replacements of employees in training, material support, availability of personnel), coordination, the choice of an external consultant/trainer for his expertise and personal qualities, etc. Obstacles to implementation are also identified: the lack of a precise and clear communication plan with the organization, the gaps in the support of nursing staff with less training in interview techniques, and the lack of preparation at the start of the external specialist for the training staff after administrative cuts. *Applications*: These results can guide administrator trainers with regards to the factors to be considered in the implementation of MI training in complex organizations requiring several training groups or the deployment of a team of internal experts.

TUES 2:15 - 3:45p   GROUP MI

Development and evaluation of a teacher training programme for a Group Motivational Interviewing intervention to prevent alcohol misuse in secondary schools [GMI_ALC]
Jemma Hawkins, DECIPHer, Cardiff University
Co-investigators: Dr Nina Gobat, PRIME, Cardiff University, Mr Jordan Van Godwin, DECIPHer, Cardiff University, Prof Stephen Rollnick, Cardiff University, Prof Chris Wagner, Virginia Commonwealth University, Prof Matthew Hickman, University of Bristol, Prof Simon Murphy, DECIPHer, Cardiff University

Delaying adolescent initiation of alcohol consumption and reducing existing use is a public health priority, for which school-based interventions are required. In the UK, alcohol education is delivered through the Personal and Social Education [PSE] curriculum. Curriculum approaches for PSE traditionally emphasise a didactic approach yet evidence for their effect on health behaviors is mixed. We previously developed a Group Motivational Interviewing [GMI] lesson that encourages students to engage, interact and clarify personal motivations for and against alcohol use. In this current study, we co-produced a training intervention for secondary school teachers to deliver the GMI alcohol-focused lesson via an iterative consultation process with students, teachers and other key stakeholders. The training was delivered to 13 teachers from five schools in Wales, sampled to reflect socio-demographic diversity. Trained teachers delivered the GMI lesson to their students (11 classes, 263 students) and lessons were observed and audio-recorded. Survey data, collected after the lesson, captured student experience. We assessed acceptability of the lesson and training through interviews with the trained teachers (n=11) and focus groups (n=8) with the students. Fidelity to GMI was assessed using an adapted version of AMIGOS5. Findings suggest that it is feasible to train teachers to deliver a structured GMI educational intervention and that delivery by a teacher is acceptable to students. Survey and focus group data suggest that students deepened their understanding of alcohol, became aware of their own and others' opinions and thought about future alcohol consumption. Teachers felt that GMI skills developed via training could be applied to other lessons within the PSE curriculum. An effectiveness study is planned to determine impact of the GMI intervention on student health behavior and test intermediary outcomes. This next phase will test sustainability mechanisms for training teachers at scale to deliver the GMI intervention.

Case study: MI + Positive Psychology Group for Returning Combat Veterans
Chris Wagner, PhD, Virginia Commonwealth University
Co-investigators: Amy Armstrong, PhD, Carolyn Hawley PhD

This process-oriented case study focuses on a community reintegration group for returning US veterans of conflicts in Iraq and Afghanistan. The group combined MI processes and positive psychology exercises in a semi-structured, time-limited psychotherapy group. All participants were recruited through community groups such as Wounded Warriors. Six sessions were offered over the course of three months on a semi-monthly basis. Participants were male combat veterans with return times of approximately 6 to 36 months. Previous research has indicated that for many returning veterans, there is a dormancy period of 1-6 months post-return during which simple appreciation of being "outside the wire" predominates, but after this period, reactions to traumatic experiences deepen, and the more challenging process of permanent community reintegration begins. Veterans often find this a difficult period, and risk of substance use disorders as well as a variety of mental health disorders grows. This pilot MI+PP group was offered as a counter to the widespread perception among veterans that acknowledging problems and seeking help connotes weakness. Rather than focusing on clinical symptoms and adjustment difficulties, the combined MI +PP approach focused on the "road ahead" and the strengths these veterans brought to the challenges in front of them. This presentation focuses on the session topics explored, the common themes group members presented, and the MI processes that occurred as measured by the AMIGOS, a group MI process measure focusing on the three domains of group processes, client-centered style, and MI change focus.

Group Motivational Interviewing Lowers Substance Use and Enhances Treatment Engagement Among Patients with Substance Use and Co-existing Psychiatric Disorders: Outcomes and Process.

Elizabeth J. Santa Ana, Steven D. LaRowe, Mulugeta Gebregziabher, Antonio A. Morgan-Lopez, Kayla Lamb & Steve Martino

Objective: Despite that it may confer substantial benefits for dually diagnosed patients, Motivational Interviewing, traditionally delivered one-on-one, may be underutilized in substance abuse treatment settings where the predominant mode of treatment is in groups. The effectiveness of group motivational interviewing (GMI) was evaluated relative to a treatment-control condition (TCC) for lowering substance use and enhancing treatment engagement among dually diagnosed patients presenting for treatment in a substance abuse outpatient program. *Method*: 118 outpatients with substance use and co-existing psychiatric disorders were recruited within a Veteran's Affairs substance abuse treatment program and randomized to either GMI or TCC. Binge drinking, alcohol use days, alcohol consumption in standard drinks, drug use days, and substance abuse treatment sessions attended were assessed at baseline and at 1-and 3-month follow-up. Change talk (CT) within group treatment sessions was coded and assessed to determine its potential relationship to substance use and treatment outcome variables. *Results*: Based on Zero Inflated Poisson modeling, there were significant differences between GMI and TCC at follow up for binge and alcohol use days ($p < .01$), and number of substance abuse treatment sessions attended (outpatient and 12-step sessions; $p < .0001$). Two component Weibull Analysis revealed significant effects for GMI on reducing alcohol consumption in standard drinks ($p < .05$). Generalized linear mixed modeling in the structural equation modeling framework revealed that participants in GMI engaged in greater CT over time compared to their counterparts in TCC and that specific types of CT (Desire, Ability, Reasons, Need, Taking Steps) significantly predicted outcomes at 1 and 3-month follow-up. Interrater reliability for therapist adherence to the GMI and TCC treatment protocols was assessed with high degrees of reliability. *Conclusion:*GMI is a useful intervention that may be easily layered onto existing treatment for enhancing treatment engagement and lowering alcohol consumption in treatment settings that rely on group therapy.

TUES 2:15 - 3:45p   HEALTH TRAINING ISSUES

What Do You Get From My Introductory MI Training Workshop?
Trevor Simper, PhD, Sheffield Hallam University

Objectives: To assess the efficacy of a motivational interviewing (MI) training program on trainee nutritionists. *Methods*: A repeated measures design was applied to assess clinician behaviors in a 'helping' conversation. Participants were 32 nutrition students, assessed at baseline and one-month (post-training) follow-up. *Results:* The training significantly reduced the use of closed questions and MI non-adherent behaviors (MINA) (P for both= <0.001). Trainees significantly increased reflections, affirmations, summaries (P for all = <0.001) and the use of open questions (P = <0.013) which are all key indicators of MI beginner-competence. The talk-time ratio of the nutritionists also changed significantly, in favor of the client which serves as an indication of MI being used effectively. There were also significant increases in 'global' scores for empathy, direction, autonomy/support, collaboration and evocation. *Conclusions*: Newly trained nutritionists 1 month post-training have a consultation style which suggested positive outcomes their own practice. The trainees' scores at the one month post-training assessment were assessed as 'beginning proficiency'. Practice implications: Behavior change counselling skills for nutritionists were enhanced, at one month post-training. MI training workshops with video feedback enhances communication skills which are likely to lead to increased behavior change skills in these novice practitioners.

Large Scale Dissemination of MI Training for Pediatricians for Early Detection and Intervention for Autism: Real World MI Training Methods and Challenges
Heather Flynn, PhD, Florida State University College of Medicine
Kate Watson, PhD, Drexel University
Therese Kemper, PhD, Florida State University
Tim Hunt, PhD Columbia University
Stacie Schmidt, PhD, Emory University
Amy Wetherby, MD, Florida State University College of Medicine

This paper will present results of a two year effort to develop and implement MI training for pediatricians to improve their engagement of families in early (less than 18 months of age) detection of Autism Spectrum Disorders (ASD) in four states in the US: Florida, Georgia, New York, Pennsylvania. The American Academy of Pediatrics recommends screening all children for ASD at 18 and 24 months because research indicates that earlier intervention maximizes children's outcomes. Unfortunately, most children are not diagnosed until 4-5 years of age when brain plasticity is diminished and interventions are less effective. Underserved families are identified even later. This training project is part of a large pragmatic dissemination trial aimed at early engagement of families in the context of routine pediatric care. As part of the trial, community pediatricians are randomly assigned to either an MI-based family engagement intervention or standard care.   This is the first funded trial aimed to implement MI in the context of early family engagement in screening, assessment and intervention for ASD. For Pediatricians randomly assigned to the MI training arm, a feasible and evidence-based MI training protocol was developed. Training includes several components including a 3 hour online module, a three hour in person module, MI-based scripts and manuals, as well as an adapted process for fidelity monitoring. The goal is to recruit 16,000 families over 4 years. Results of the development of the training methods will be presented. All methods have been guided by balancing the evidence on MI training effectiveness while maximizing feasibility for large scale uptake among diverse and busy pediatricians across four states in the US.

Challenges to training MI in a large dissemination trial will be discussed.

Instrument Demonstrations & Poster Session

MI ASSESSMENT DEMONSTRATIONS

MI assessment instrument demonstrations (MITI, MITI auto-coding, MITS, MICA, SCOPE/MISC)
Participants will circulate among tables staffed by developers/researchers representing several
MI assessment instruments, demonstrating how each instrument codes a 3-version standard video
demonstration (MI-3: Rollnick – Suspicious Smoker – MI, Overly-directing, Overly-following).
Representatives may also indicate how they would use assessment results to coach/supervise the
practitioner based on each video example. Clips from the video will be available for participants to view.

1. MISC/SCOPE - Jon Houck
2. MITs -Jos Dobber, Rietta Oberink, Saskia Boom
3. MICA - John Gilbert, Ali Hall, Susan Butterworth
4. MI Coach Rating Scale – Sylvie Naar, Juline Koken
5. MITI systems:
   a. MITI - Denise Ernst
   b. CORE-MI (MITI auto-coding) - David Atkins
   c. NLP (MITI auto-coding) - Ken Resnicow, Veronica Perez

POSTERS

1. Successful Integration of MI in the Healthcare Setting: Utilizing the MICA Coding System for Proficiency Development (Butterworth et al)
2. An Example of Gamification: Shared Decision Making Chutes and Ladders (Davis et al)
3. Resolving Ambivalence about Donating Blood with Brief Change Talk and Decisional Balance Interventions (Fox & France)
4. The Impact of MI Training for Medical Students Completing Screening, Brief Intervention and Referral to Treatment (SBIRT) (Gainey)
5. Can high school teachers deliver a Group MI intervention? An exploration using experiential data and an adapted form of the AMIGOS coding system (Godwin et al)
6. MI Mixer: Peer Practice for Medical Students (Gonzalez et al)
7. Developing Professional Communication with Selected MI Skills: A Nursing Student Simulation Lab Experience (Hall & Swoboda)
8. MI as a Theoretical Foundation for Educational Consultiation (Heberd & Watson)
9. Death talk in end-of-life care – can MI help? (Heinemans)
10. What has sequential coding taught us about MI? (Houck)
11. Evaluating student learning using the MI Coach Rating Scale (Koken et al)
12. Quality assurance of MI: The Swedish Alcohol Helpline- an example (Lind, Heinemans et al.)
13. The adherence to MI in initial substance abuse sessions and its effect on treatment outcome. (Rakkolainen & Ehrling)
14. Development and Evaluation of a Brief, Primary Care Based MI Intervention for Preventing Unintended Teen Pregnancy (Ripp et al.)
15. Under Pressure: Effects of Legal Encouragement on Treatment Response in a Multisite Sample (Sadicario et al)
16. Autonomy, Competence, and Relatedness Predict Stress Eating in Midlife Women (Schreiber & Dautovich)
17. Using Motivational Interviewing to contemplate change and create dialogue in a restorative community (Smull/Schantz)
18. Alcohol Identification & MI Brief Advice in England's Criminal Justice System. (Tobutt)

TUES 4:00 - 5:30p   POSTER ABSTRACTS

1. Successful Integration of MI in the Healthcare Setting: Utilizing the MICA Coding System for Proficiency Development Susan Butterworth, PhD, Q-consult, Ali Hall, JD, Ali Hall Training & Amanda Sharp, MPH, Q-consult

The goal of Engaging Patients In their Care (EPIC) was to develop a measurable skillset in motivational interviewing for 1800 renal dietitians to better engage dialysis patients in their self-management and adherence to a renal treatment plan. Dietitians participated in an initial full-day workshop, followed by completion of a 10-12 hour interactive eLearning program. In addition, dietitians submitted 4 recorded patient sessions that were assessed using the Motivational Interviewing Competency Assessment (MICA) tool. For each recorded session, they received a formal feedback report plus a personal skill-building session (total of 4). Lastly, a sustainability plan was developed that included the development/training of 45 internal mentors and 2 internal trainers. MICA: The MICA was developed to evaluate a sample of a practitioners clinical conversation to assess competence in MI from a quality assurance perspective. It objectively measures proficiency in MI techniques of Partnering, Evoking, Expressing Empathy, Guiding, Supporting Autonomy and Activation, Reflection to Question Ratio, Strategically Responding to Sustain Talk, and Strategically Responding to Change Talk. The MICA reporting system is designed to provide professionals with easily digestible, structured, and specific feedback regarding their effort to use MI with their clients, with comparison to past sessions. RESULTS: Total MI Score (an amalgamation of the 7 global scores) at baseline and after program completion were compared using paired-samples t-tests. There was a significant improvement in MI skills across sessions: $F(3, 5908) = 262.2$; $P < 0.001$. Patients of dietitians in the EPIC pilot had significantly lower serum phosphorus relative to controls (interrupted time series analysis): Difference coefficient: -0.27, t = -7.14; $P < 0.001$. Our findings demonstrate that a complex MI-based program can be implemented effectively across a large healthcare organization, with most participating clinicians achieving levels of MI proficiency that have been demonstrated to improve patient engagement and clinical outcomes.

2. **An Example of Gamification: Shared Decision Making Chutes and Ladders.** Connie Davis, MN, ARNP, Kathy Reims, MD, FAAFP, Sam Burnett, MA, Centre for Collaboration Motivation and Innovation & Carey Cook, Patient Representative

Gamification has been championed as a way to enhance learning and participation in a topic. With the objective of providing an engaging option to learn about the key elements of shared decision making (SDM), the non-profit Centre for Collaboration, Motivation and Innovation designed a game board based on the children's game Chutes and Ladders. Through use of the game, people can see how factors (including those based on the principles and practice of Motivational Interviewing) influence the outcome "I have made a decision, I am comfortable with". The game also provides health care professionals who are partnering for SDM a glimpse at what it feels like when patients have an unsatisfactory experience in SDM.

3. **Resolving Ambivalence about Donating Blood with Brief Change Talk and Decisional Balance Interventions**. Kristen Fox, M.S. & Christopher R. France, Ph.D. Department of Psychology, Ohio University

Blood donation is recognized as a life-saving act; yet, barriers to donating blood, such as fear of needles, are commonly reported. Hence, ambivalence about donating blood may represent a significant impediment to donor recruitment and retention.Brief interventions informed by theprinciples of Motivational Interviewing have been shown to enhance donation intention and be
havior; however, little is known about the effect of ambivalence on such interventions, particularly among individuals who have never donated blood. Moreover, it has been proposed that evocation of change talk may promote behavioral change in ambivalent individuals, whereas a decisional balance approach can further strengthen commitment in individuals who have already made the decision to change. Accordingly, the purpose of this study is to determine if individual differences in ambivalence moderate the effect of change talk and decisional balance interventions on intent to donate blood. METHODS: Participants, including both previous blood donors and non-donors, are randomly assigned to participate in one of two brief interviews: 1) change talk interview or 2) decisional balance interview. The change talk interview focuses on evoking motivation to donate blood by asking evocative questions, exploring personal goals and values, using importance, confidence, and likelihood rulers, and querying extremes. In contrast,the decisional balance interview explores perceived benefits and drawbacks of both giving and not

giving blood.Participants complete a series of questionnaires assessing ambivalence and donation intention before and after the interview. HYPOTHESES: It is hypothesized that ambivalence will moderate interview effects such that ambivalent participants will report greater increases in intent to donate blood if they are assigned to the change talk interview, whereas non-ambivalent participants will report greater increases in donation intention if they are assigned to the decisional balance interview. This poster will present preliminary findings from this study.

4. **The Impact of MI Training for Medical Students Completing Screening, Brief Intervention and Referral to Treatment (SBIRT).** Sarah Gainey, MSW, LISW-CP, College of Nursing, Medical University of South Carolina

Substance abuse ruins lives, destroys families, and increases health care costs. South Carolina is a state with significant chronic illness, including substance use paired with a large medically disenfranchised population. The MUSC Training Team (TT) has fully integrated SBIRT training into the Colleges of Medicine and Nursing. Dissemination of this universal screening utilizing MI skills will have wide-reaching effects regionally. Objective(s)In order to produce a healthcare workforce that can provide culturally competent care to the active and at-risk SUD population, third-year medical students complete SBIRT didactic coursework (including MI overview) online. Then, Psychiatry and Family Medicine clerkship students receive 1.5 hours of in-person MI training in an unprecedented seminar merging the two clerkships. The TT aims to increase knowledge, skills, competency and attitude in MI practice.Methods: All students take a pre-test measuring knowledge/attitude pre-training. An MI trainer engages with a review of core material, instructional videos created by the TT, and practice exercises. The students complete an MI quiz, then a post-test measuring SBIRT knowledge/attitudes several weeks later. Additionally, students demonstrate MI skills with standardized patients in Objective Structured Clinical Exams. Results:Outcome measures evaluate knowledge, skills, cultural competency, learner satisfaction, and feasibility. Preliminary results indicate only 43% felt they were "currently effective with working in this topic area," while 91% agreed/strongly agreed that"the training enhanced my skills in this topic area,"suggesting students recognized the necessity of the training. Regarding feasibility, 90% of students were satisfied/highly satisfied with "quality of training experience,"and 91% agreed strongly agreed that" materials presented in class will be useful to me in dealing with substance abuse." Conclusions: MI training is a key component in producing healthcare professionals that provide competent care. Measurement of the quality/satisfaction of MI training of medical students allows for continuous quality improvement supporting an MI-proficient workforce.

5. **Can High School Teachers Deliver a Group MI intervention? An Exploration Using Experiential Data and an Adapted Form of the AMIGOS Coding System**. Jordan Van Godwin, DECIPHer, Cardiff University — Co-Investigators: Dr Nina Gobat, PRIME, Cardiff University,Dr Jemma Hawkins, DECIPHer, Cardiff University, Prof Stephen Rollnick, Cardiff University, Prof Chris Wagner, Virginia Commonwealth University, Prof Matthew Hickman, University of Bristol, Prof Simon Murphy, DECIPHer, Cardiff University

The GMI-ALC study aimed to develop a teacher training programme for an educational Group Motivational Interviewing [GMI] intervention for Personal and Social Education (PSE) lessons to prevent alcohol misuse in high schools. The main study findings have been accepted as a separate paper presentation. Here we report on whether high school teachers were able to deliver the GMI intervention after receiving training and acceptability of this. 13 teachers from 5 schools attended a 1-day GMI training workshop with a manual and video provided for self-study post-workshop. Subsequently, 11 teachers delivered the GMI intervention to a Year 8 (ages 12-13) class. Teachers' use of GMI skills in their delivery of the intervention was assessed using an adapted version of AMIGOS 1. Post-delivery interviews with the trained teachers (n=11) explored intervention and training feasibility and acceptability. Training and the GMI intervention were well received. Teachers highlighted the value of face-to-face GMI training. They appreciated the opportunity to practice the GMI skills and reported feeling confident to use these after the training. One teacher thought that the training manual was enough with the workshop not required. Teachers generally described feeling less confident immediately prior to lesson delivery. For some the intervention was an improvement to usual PSE practice, while for others it was similar. Two teachers thought the intervention would not reach expected performance standards and suggested changes. The perceived ability to perform certain GMI skills differed between individual teachers.Most teachers scored mid-point or above on the adapted AMIGOS. Inter-rater reliability of the adapted AMIGOS ranged from .7-.83 for four of the subscales but other subscales demonstrated lower reliability. Possible explanations for lower reliability

on these subscales have been identified. These findings will inform refinements to the adapted AMIGOS as well as the GMI training for the next phase of the research.

6. **MI Mixer: Peer Practice for Medical Students.** Janelis Gonzalez, Alyssa McCauley, Maryse Pedoussaut, MD, Frederick Anderson, MD, Kathryn Brogan Hartlieb, PhD, RDN/LDN & David Brown, MD, Humanities, Health and Society, Herbert Wertheim College of Medicine, Florida International University

Motivational Interviewing (MI) is a valuable component of health behavior change conversations in medicine. Recognizing itsimportance, the Herbert Wertheim College of Medicine (HWCOM) at Florida International University (FIU) has embedded MI into our Clinical Skills curriculum. With this exposure, we often found that students sought more opportunities to practice these skills to foster confidence before enlisting them in clinical care.The literature supports additional feedback and coaching to promote retention. This inspired us to create a program through FIU's Medical Students Working to Improve Society & Health (MedSWISH). FIUMedSWISH is a student-led organization that provides education and screening at health fairs to service the community and enhance student exposure to diverse populations. Since part of MedSWISH's mission is to elicit positive change in patient populations, it is an ideal organization to support HWCOM's MI curricular innovation. This poster will describe our student mentoring MI project, the "MI Mixer." Through this program we aim to utilize peer-facilitated practice to improve students' comfort level and confidence to provide MI. The MI Mixer is a collaboration between students and faculty to provide hands-on opportunities for students to practice MI. The 2.5-hour session includes a large group review of MI skills and small group practice. To date it has been offered twice with a total of 40students and 11 faculty members. It is our hope that continued peer mentoring builds confident physicians with the skills and comfort needed to generate change and promote a healthier community.Future initiatives will collect pre- and post-information and qualitative feedback for analysis and program refinement.

7. **Developing Professional Communication with Selected MI Skills: A Nursing Student Simulation Lab Experience.** Ali Hall JD, Ali Hall Training and Consulting & Sandra Swoboda RN MS FCCM, Johns Hopkins University School of Nursing

This poster will describe the successes and results of a curriculum activated as part of a community health nursing course that include principles of empathic communication with patients. The curriculum included a brief introduction to Motivational Interviewing, the use of the Helpful Response Questionnaire (HRQ) in pre and post activities, and selected communication skills activities to improve empathic communication. Learners participated in simulation scenarios with standardized actors with expertise in evaluating empathic communication. Scenarios focused   on patients with chronic conditions, expressing reluctance about making lifestyle changes (smoking cessation, challenges adhering to diabetic diet and medication recommendations) and patients from vulnerable populations (incarcerated sex worker, homeless and pregnant teen). Simulated encounters ranged from 5-10 minutes in length with immediate feedback provided, then repeating scenarios. As measured by the HRQ, participants were able to significantly increase their ability to express empathy and significantly decrease their use of conversation roadblocks.

8. **MI as a Theoretical Foundation for Educational Consultation**. Stephen Hebard, PhD, University of Alabama at Birmingham & Dayna Watson, PhD, University of Alabama at Birmingham

Given the need for consultants to adopt valid, theoretically driven models of consultation (Brigman, Mullis, Webb, & White, 2005, p.9), it is certainly worth exploring the merits of MI in educational settings. Commentary describing the potential for effective integration of MI to school-based consultation has opened the door for consultants to consider application of the approach (Blom-Hoffman & Rose, 2007). Though MI-inspired approaches of working students, parents, and teachers have been discussed in the literature(Nock & Ferriter, 2005; Nock & Kazdin, 2006; Nock & Photos, 2006; Dishion & Stormshak, 2007; Reinke, Lewis-Palmer & Merrel, 2008; Frey et al.,2011; Frey et al., 2013), researchers have yet to comprehensively apply Miller and Rollnick's (2013) model of MI at a systems level. To that end, the presenters will describe one case study of a community-based counselor's consultation with administrators and staff at one K-12 school. This poster presentation will describe the integration of MI spirit and the four processes to community-based counselors' and other professional consultants work with K-12 schools. By applying MI processes to consultation, MI consultants can effectively navigate challenges and barriers to effective collaboration, develop partnerships based on acceptance and empathy,and provide consultation services that may lead to the enhancement of student, family, school personnel, and

community well-being.The presenters intend to meet the following objectives: (1) Share one unique case of embodying the MI spirit and with a K-12 administration and staff (2) Enhance participant knowledge with specific insights regarding the implementation of MI as an educational consultant in K-12 schools (3) Discuss elements of the practical application of MI while working with multiple administrators and staff (4) Outline specific challenges and considerations for implementing MI in K-12 schools (5) Collaborate with presentation attendees to discuss next steps for future study of MI as a theoretical foundation for educational consultation.

9. **Death Talk In End-Of-Life Care: Can MI Help?** Bragi Skúlason, Marie Illerbrand*, Lene Nordstrand, Lars Forsberg, Lisa Forsberg, Isra Black and Ásgeir R. Helgason**

We have previously published results from a clinical intervention study comprising all 195 patients (aged 30-75 years) in palliative end-of-life care in Iceland during a defined time period. The MI-inspired intervention was based on none provocative evocation methods aiming to assess if the intervention would facilitated such communication regarding patients approaching death. The focus of the study was gender differences. The results showed that men were more reluctant than women to initiate a discussion regarding their own impending death. Whereas 80% of women initiated "death talk" only 30% of the men did so before the intervention. After the intervention 90% of women and 60% of the men had entered into discussions concerning their own approaching death. We concluded that MI-inspired none provocative intervention facilitated such communication in both gender groups, but the relative increase was significantly higher for the men. Based on these results, we are presently starting a new MI-training program adjusted to palliative end-of-life cancer care in Sweden. The project is financed by the Kamprad Foundation.
The training program will be offered to practicing nurses in palliative cancer care. Nurses meeting the project criteria will be granted a stipend covering the cost of the training program in collaboration with the Swedish Motivational Interviewing Coding Laboratory (Mic-Lab AB). The project will be evaluated by analysing MI competency using tape-recorded simulated patient interviews (professional actors) at baseline and post training, coded by MIC-Lab using MITI 4.0. Additional evaluation will include analysis of ethical aspects with focus on ethical sustainability, autonomy and personal boundaries.

10. **What has Sequential Coding Taught Us About MI?** Jon M. Houck, University of New Mexico Center on Alcoholism, Substance Abuse, and Addictions

Sequential coding is a means of characterizing the mutual influence between clinician and client during intervention sessions. This approach was first applied to motivational interviewing (MI) using sessions with alcohol-dependent participants (Moyers & Martin, 2006), suggesting that change talk (CT: within-session client speech supporting change of problematic behaviors) and sustain talk (ST: within-session client speech supporting maintenance of problematic behaviors) were influenced by the clinician. This led to seminal papers in MI indicating that CT mediated the relationship between clinician speech and client drinking (Moyers et al., 2009), and that specialized clinician training could differentially affect client speech (Moyers et al., 2017). Similar studies have described within-session communication patterns in MI for alcohol use, cannabis use, and other outcomes. The goal of the present study is to apply these data to conduct an aggregate test of the hypothesis that client CT and ST are influenced by clinician speech. Datasets were drawn from studies using MI-based sequential coding systems (e.g., MotivationalInterviewing Skills Code; Sequential Code for Observing Process Exchanges). Eight datasets were fully available for this initial analysis and met all inclusion criteria.Communication patterns of theoretical interest included client CT and ST, clinician MI-consistent (MICO) and MI-inconsistent behaviors, and components of MICO including open questions (OQ), reflections of CT (RefCT) and reflections of ST (RefST). All transitions except OQ-ST, MIIN-CT, and MIIN-ST were significant at the $p<.01$ level. MICO preceded both CT and ST. Among the MICO components assessed, OQ preceded CT, RefCT preceded CT, and RefST preceded ST. MIIN suppressed CT. These results support the theorized influence of clinician speech on client speech within MI sessions. In particular, substantial effects on client speech were seen for RefCT and RefST. This suggests that selective attention to CT may be important to outcomes, a mechanism yet to be empirically tested.

11. **Evaluating student learning using the MI Coach Rating Scale**. Juline Koken, Ph.D. LaGuardia Community College, CUNY , David Bimbi, Ph.D., LaGuardia Community College, CUNY, Sylvie Naar, Ph.D., Wayne State University & Karla Chinchilla, LaGuardia Community College

Paraprofessional jobs as patient navigators or community health workers are ideal for community college graduates who complete an Associates Degree in Human Services. Our goal was to implement a semester long training program in motivational interviewing (MI) as a required component of the Human Services major at LaGuardia Community College. We designed a course in Interviewing and Counseling that included a two hour weekly lab in addition to traditional lectures and exams. The weekly lab was focused on building MI skills and emphasized role plays and many kinds of MI practice activities. In order to support student learning of MI and evaluate learning gains, students completed four audio taped roleplays over the course of the semester designed to showcase skills in a particular area of MI practice (OARS and MISpirit, Evoking Change Talk, Softening Sustain Talk, and Collaborating on a Change Plan). Role plays were evaluated using the 12 item MI Coach Rating Scale, developed with item response theory by Naar and colleagues at Wayne State University for implementation science purposes. This 12 item scale evaluates specific areas of skill on a scale from 1 (needs work) to 4 (very well). De-identified data were entered into an excel spreadsheet and class means on the MI rating scale (where 1 is the lowest score and 4 is the highest) were calculated for each of the four role plays. The mean score improved on each assessment from 2.59 to 2.91, 3.29, and finally 3.48. Out of students completing a fourth assessment, 80% (n=20) scored an average of 3 or better (about 80%). The MI Coach Rating Scale proved to be a useful tool for providing feedback to students as well as documenting learning gains over the semester. Analysis of cross-project data for empirically driven cutpoints (Beginning, Intermediate, advanced) is currently underway.

12. **Quality Assurance of MI: The Swedish Alcohol Helpline- An Example.** Lind, R., Heinemans, N., Swedish Alcohol Helpline, Stockholm County Council & Forsberg, L., Brandell, A-E., Lindroos, N. & Damström-Thakker, K.

We have previously published results from a clinical intervention study comprising all 195 patients (aged 30-75 years) in palliative end-of-life care in Iceland during a defined time period. The MI-inspired intervention was based on none provocative evocation methods aiming to assess if the intervention would facilitated such communication regarding patients approaching death. The focus of the study was gender differences. The results showed that men were more reluctant than women to initiate a discussion regarding their own impending death. Whereas 80% of women initiated death talk only 30% of the men did so before the intervention. After the intervention 90% of women and 60% of the men had entered into discussions concerning their own approaching death. We concluded that MI-inspired none provocative intervention facilitated such communication in both gender groups, but the relative increase was significantly higher for the men. ONGOING PROJECT: Based on these results, we are presently starting a new MI-training program adjusted to palliative end-of-life cancer care in Sweden. The project is financed by the Kamprad Foundation. The training program will be offered to practicing nurses in palliative cancer care. Nurses meeting the project criteria will be granted a stipend covering the cost of the training program in collaboration with the Swedish Motivational Interviewing Coding Laboratory (Mic-Lab AB). The project will be evaluated by analysing MI competency using tape-recorded simulated patient interviews (professional actors) at baseline and post training, coded by MIC-Lab using MITI 4.0. Additional evaluation will include analysis of ethical aspects with focus on ethical sustainability, autonomy and personal boundaries.

13. **The Adherence to MI in Initial Substance Abuse Sessions and its Effect on Treatment Outcome.** Maria Rakkolainen, M. Soc.Sci., Ph.D student. University of Tampere, Faculty of Social Sciences, & Leena Ehrling, PhD, Finnish Association for Mental Health

This pilot study investigates, firstly, the adherence to motivational interviewing (MI) in the initial, treatment-as-usual outpatient sessions with substance abusers in Finland. Secondly, it explores which client background and treatment interaction factors predicted these clients' treatment outcome at the six-month follow-up. The data consists of 38 from 19 to 66-year old clients and their 16 A-clinic counselors. The interaction data consist of 36 audio- or video recorded initial sessions. The counselor behavior was coded with MITI 3.1.1 (Moyers, Martin, Manuel, Miller & Ernst, 2010) and the clients' behavior was coded with Amrhein's (2007) client commitment language manual. Conversation analysis (CA) was used to clarify problematic coding sequences and to improve the coding of questions and reflections. Information about the clients' background, SU and prior treatment were collected in the initial session. The same questions were

asked in the follow-up. The MITI revealed that half of the counselors implemented the spirit of MI sufficiently. However, the use of technical skills was much more occasional. The overall hierarchical linear regression model explained the clients' SU outcome with factors consisting of client background, MI interaction and continuing treatment. The significant positive predictors of change (p<.05) were the clients' employment and the counselors' use of complex reflections. Evocation that mostly relied on questions and too few and mostly simple reflections predicted the outcome negatively probably because it relied less on listening to the clients and their own change goal. To conclude, in MI training and implementation more attention should be paid on eliciting more open dialogue and taking into account the clients' background as a means to promote clients' change talk and treatment outcome.

14. Development and Evaluation of a Brief, Primary Care Based MI Intervention for Preventing Unintended Teen Pregnancy. Christina Ripp, M.A., University of New Mexico Health Sciences Center

Unintended teen pregnancy creates health, educational, financial, and psychological barriers to success for both mothers and children. Socially disadvantaged and ethnic minority women have significantly higher rates of teen pregnancy. Most teens go to a primary care setting each year, creating opportunities for intervention. Despite recommendations that teens receive education and counseling regarding unintended pregnancy in primary care, to date, there is no standardized or evidence-based guidance regarding the structure or content of such interventions. A brief motivational interviewing (MI) intervention aimed at reducing teen pregnancy holds the promise to have a significant public health impact and reduce health disparities. This poster will describe the methods of a series of studies designed to develop and evaluate the impact of brief MI intervention vs. standard care on unprotected sexual intercourse among teens in primary care clinics serving minority populations. Methods:The study is currently ongoing and consists of three phases: Formative, Evaluation, and Dissemination/Implementation. Formative Phase: We conducted: 1) Key Informant Interviews (KIIs)with teens to develop and iteratively refine intervention content, 2) targeted KIIs to promote LGBTQ inclusivity; 3) Interpersonal Process Recall to further refine the intervention and 4) a pilot study to refine study methods. Evaluation Phase: We are currently conducting a large scale RCT. The MI intervention consists of a flexible manual with several components: 1) Normative Feedback- personalized feedback about participants risk for unintended pregnancy, 2) River Map- Designed to evoke language for change around unintended pregnancy, 3) Collaborative contraception education, and 4) an optional Change Plan. Dissemination Phase: If we find the intervention is effective, we will train healthcare providers to implement the protocol. Future Directions: Empirically developed and evaluated MI-informed semi-structured brief interventions hold great promise for preventive and early interventions in primary care settings.

15. **Under Pressure: Effects of Legal Encouragement on Treatment Response in a Multisite Sample.** Jaclyn S. Sadicario, Thomas Moore, L Thacker, Dace Svikis, Virginia Commonwealth University

Aims: The effectiveness of coercing clients into drug abuse treatment programs for care remains unclear. Some studies have found legally pressured clients do better than voluntary clients, while others report the exact opposite (Kelley et al, 2005). At the center of this question is motivation to change and whether extrinsic pressure to enter treatment impedes personal motivation for change. The present study examined how participants with and without legal pressure to attend treatment responded to a motivational (MET) vs. traditional (TAU) form of addiction treatment. We hypothesized that MET would be more effective for legally encouraged participants compared with TAU and that effects would be longer lasting for MET. Methods: Participants were N=461 clients admitted across 6 outpatient programs. Sample was predominantly male (70.9%) and minority (58%) with mean age 34.8 yrs (SD=10.2). Legal encouragement was defined as any legal involvement (e.g., probation, mandate) at time of enrollment. A mixed linear model was used to test the effects of legal status (legal involvement, no legal involvement) and treatment group (MET, TAU) across 16 weeks and treatment phase (active intervention, post intervention). Results: A significant four-way interaction was obtained for Treatment Group X Legal Status X Treatment Phase X Time (F (1,5079.59) = 22.18, p < .001). For legally-motivated clients, drug use declined for both treatment groups, but the largest and most sustained decline was in the MET group. However, drug use in the MET condition increased without legal pressure. Conclusions: Findings support a relationship between legal motivation to enter treatment and substance use outcomes. More importantly, the effects appear stronger for clients receiving a motivationally-focused intervention and they persist for up to 3 months post-intervention.

16. **Autonomy, Competence, and Relatedness Predict Stress Eating in Midlife Women.** Dana Schreiber, Graduate Student & Natalie Dautovich, PhD, Psychology Department, Virginia Commonwealth University

Self-Determination Theory (SDT) asserts that conditions supporting an individual's experience of autonomy, competence, and relatedness foster motivation for health behaviors including healthy eating. Conversely, an individual may engage in maladaptive eating (i.e., stress eating) when autonomy, competence, and/or relatedness needs are not met. One population at risk for stress eating are women in midlife. Women in midlife experience hormonal, role, and emotional fluctuations that a) likely influence feelings of relatedness, competence, and autonomy, and b) may help explain subsequent stress eating. Therefore, the current study examined whether autonomy, competence, and relatedness predict stress eating above and beyond other factors typically associated with stress eating in midlife women.Methods: An archival analysis was performed using data from the Midlife in the United States-II study (MIDUS-II), Project 1. Women between the ages of 40-64 (N=770, M=51.16, SD=7.12) completed measures of autonomy, competence, and relatedness from a psychological well-being questionnaire. Stress eating was measured via a coping inventory. Results: Hierarchical linear regression was used to test study aims. BMI, annual income, self-rated health, depressive symptoms, and age were covariates. Whereas higher depressive symptoms (β= .13, p<.001) and BMI (β=.34, p<.001) were associated with greater endorsement of stress eating, lower feelings of both autonomy (β= -10, p=.01) and competence (β= -.12, p<.01) were uniquely associated with endorsement of stress eating. Conclusions: Results support assumptions of SDT, demonstrating that less autonomy and competency is associated with increased tendency to stress eat. As stress eating is a pathway to development of poor health conditions (e.g., obesity, cardiovascular disease) in midlife women, results suggest that increasing motivational factors may decrease the likelihood of engaging in poor eating behaviors. Given these findings, interventions which target motivational factors of behavior change are valuable to investigate as strategies to influence eating behavior in this population.

17.**Using Motivational Interviewing to contemplate change and create dialogue in a restorative community** Elizabeth Smull, MS, CADC, Lecturer and Instructor, International Institute for Restorative Practices, Dawn B. Schantz, MS, Instructor, International Institute for Restorative Practices

This poster explores the kinship between the spirit, principles and foundations of MI and restorative practices.The poster includes strategies used to implement MI in restorative programs. Model programs of the International Institute for Restorative Practices (IIRP) include Community Service Foundation & Buxmont Academy (CSF Buxmont), which is a private academic learning institution with six sites for students in grades 1 to 12 who struggle with a wide range of behavioral, emotional and legal problems. Additionally, CSF Buxmont has community-based foster homes, Restorative Reporting Centers, a licensed drug and alcohol outpatient program, and facilitates Family Group Decision Making and restorative conferencing. All programs operate according to the principles of restorative practices and are implementing MI to create restorative dialogue to help young people make positive intrinsic changes.

18. **Alcohol Identification & MI Brief Advice in England's Criminal Justice System**. Clive Tobutt, David Gamblin & Robert Patton. University of Winchester, University of Surrey

To identify areas in the English criminal justice system where deployment of alcohol screening and Motivational Interviewing brief interventions could be used to reduce alcohol consumption and related harms. A rapid review of the existing evidence, both for prevalence of alcohol use disorders and the effectiveness of screening and brief interventions in criminal justice settings   as well as conducting key informant interviews. There have been no randomized controlled trials in Police Custody settings, although there have been feasibility studies.There has been only one trial in the Magistrates court, and those incarcerated and released from prison would be novel subjects for an RCT, however with young offenders there are a lack of trials and none from the United Kingdom and with the advancement of AssestPlus screening it would appear more feasible to embed a research team here than in other criminal justice settings. Suggested settings for further research of alcohol brief interventions are from the Magistrates Court, Prison and youth justice settings. Each presents methodological challenges with regards to conducting a RCT, however Youth Justice Settings may offer an advantage above other settings.

Wednesday, June 21, 2017

WEDS 9:00 - 10:30   CODING

Qualitative and Quantitative Validation of the Motivational Interviewing Target Scheme (MITS)
Riëtta Oberink, Drs. Academic medical Center, University of Amsterdam

In the Netherlands MI is a required component in the curriculum of vocational training programs of GPs and nurse practitioners working in primary care. However, in recent years several Dutch studies showed that the use of MI in primary care did not lead to the desired behavioral change in patients. Further analysis showed that MI was not used as intended which could explain the lack of success. This has led us to investigate training in MI for GPs and nurse practitioners and the implementation of MI in general practice in a large scale study. One of the aims of this research project was to assess the quality of MI in general practice. For this we needed an instrument to assess MI in short consultations. The Motivational Interviewing Target Scheme (MITS) (Allison et al. 2012) seemed a suitable instrument but had not yet been validated. For this reason, we conducted qualitative and quantitative validation studies of the MITS. This paper presents the results of these studies. Based on the collected evidence, we conclude that the

Differentiating MI From non-MI Active Comparators in the Context of Clinical Trials
Travis Lovejoy, PhD, MPH, Department of Psychiatry Oregon Health & Science University

An essential element of clinical trial methodology is the assessment of treatment fidelity to ensure participant receipt of the intended intervention. Trials the evaluate the efficacy and effectiveness of motivational interviewing (MI) interventions benefit from several evidence-based fidelity coding schemes including the Motivational Interviewing Skills Code, Sequential Code for Observing Process Exchanges, and Motivational Interviewing Treatment Integrity (MITI) coding instrument. Little attention, however, has been paid to fidelity coding active treatment comparators to ensure MI is not being delivered to participants in control conditions, thus potentially diluting the effect of MI. This presentation describes an ongoing randomized controlled trial that compares the efficacy of a telephone-delivered MI intervention to an attention equivalent telephone-delivered stress coping (SC) comparator in reducing HIV sexual transmission risk behaviors in older adults living with HIV. Therapists are six community HIV social service providers (social workers, nurses, addiction counselors) who completed multi-day trainings in both the MI and SC interventions. All therapists are delivering both interventions during the clinical trial to reduce bias in outcomes related to therapist factors. Following the trainings, all therapists completed a minimum of three mock sessions for each intervention. Sessions were audio recorded and coded using the MITI to establish fidelity to the study interventions. The goal was to ensure the MI intervention sessions resembled MI, while the comparator intervention sessions did not. MITI ratings of mock sessions indicated significant mean differences between the MI and SC intervention sessions on several MITI summary measures (all p's < 0.001): Relational Components (MI=3.81, SC=2.96), Technical Components (MI=3.52, SC=3.00), Reflection-to-Question Ratio (MI=1.76, SC=0.76), and Percent Complex Reflections (MI=53.92, SC=31.28). This presentation further describes ongoing fidelity coding, therapist supervision, and ad hoc booster trainings as part of this clinical trial to ensure maintenance of fidelity to MI while clearly differentiating MI from the active comparator.

Automatic Coding of Counselor Reflections and Questions in Motivational Interviewing Encounters

Veronica Perez-Rosas, PhD, Ken Resnicow, PhD & Rada Mihalcea, PhD, University of Michigan School of Public Health, Computer Science and Engineering

As the number of people receiving behavioral counseling increases, there is an increasing need for automated clinical feedback tools. This study addresses the development of an automatic evaluation of counseling performance that analyzes counselor language during their interaction with clients. Specifically, we focus on two discrete counseling behaviors for which human coding schema are available; 1) Reflective statements, and 2) Questions, based on the MITI 4.0 coding system. The system uses manually MITI codes, linguistic features (lexical, semantic, and syntactic) extracted from the counseling transcripts, and automatic classifiers of MITI behaviors at utterance level. The system is derived from a set of 276 sessions which were hand coded using the MITI 4.0. The linguistic features used in the classification model were designed based on the definitions of MITI behaviors (questions and reflections), obtained using text-based feature extraction methods, and evaluated using machine learning algorithms such as Support Vector Machines and Random Forest. Classification performance for both Reflections and Questions using the Support Vector Machine models achieved accuracies of up to 90%, which are comparable to human inter-rater reliability assessments. In addition, classification results obtained by our system provide a significant improvement over previous approaches automatic behavioral coding that only used lexical and semantic information. In this presentation, we will describe the process followed for the dataset collection, i.e., data preprocessing, annotation, and reliability analysis, as well as the machine learning experiments conducted to build the automatic system for MITI coding.

Fidelity to the Fidelity Measure: Description and Evaluation of a Curriculum to Train Raters in the use of the Motivational Interviewing Treatment Integrity Coding instrument (MITI 4)

Nicholas Cohen, MD Family Medicine and Community Health Case Western Reserve University School of Medicine

The MITI is the most commonly used tool to evaluate the fidelity of MI. Though the MITI has been validated as a reliable coding tool, and is widely use in practice, there does not exist a formal evaluation of a curriculum to train coders in the MITI. There would also be a great benefit of a curriculum that doesn't require local expertise in the MITI to train in the MITI. The curriculum is organized into four parts. Parts I-III consist of online, self-paced learning, with modules accessible via Coursesites, a free version of Blackboard's online learning management system. Part I, introduction to MI, addresses core topics from the most recent edition of the MI text book (Miller & Rollnick, 2013). Part II, the introduction to the MITI, uses a stepped learning process where the coding tasks are organized into levels of increasing complexity. A quiz at each level helps confirm competency in simpler coding tasks before proceeding to more complex ones. A minimum score of 80% is required to pass; learners retake modules until achieving a passing score. Part IV is conducted in a face-to-face meeting of the learners, following instructions for group coding included in the online toolkit. For the group coding, we analyzed the learners coding performance captured by the Poll Everywhere instrument. Interrater reliability was assessed with two-way, mixed effects, absolute agreement, average measures intraclass correlations (ICCs), consistent with practices in the MITI author's coding group (Moyers, 2015; Moyers, 2016), as well as recommendations by others (Hallgren, 2012). Results: Eleven non-health professionals completed the online curriculum as part of their preparation to coach smoking cessation using MI. Learners were trained in the MITI to provide each other feedback on their counseling in the fall of 2016. Reliability across raters was in the good to excellent range. *Conclusion*: The curriculum resulted in all participants achieving good reliability in the use of the MITI.

Enhancing Family Mediation: A Randomised Controlled Trial of Mediation as Usual and Mediation with Motivational Interviewing.
Megan Morris, PhD, University of Queensland

Family relationships and family transition are becoming more transient and more dynamic requiring greater complexity and creativity of support services. Family Dispute Resolution otherwise known as Family Mediation is an intervention used in many states of Northern America, throughout the United Kingdom and in many European countries to assist parents reach settlement about parenting and custody issues post separation. In 2006 Australia made family mediation compulsory for all separating parents who are unable to decide on parenting plans or custody issues. One of the largest national providers of family mediation is the Telephone Dispute Resolution Service. A randomized controlled trial was conducted with clients of this service. Family mediators at the service had been randomly allocated to provide mediation as usual or mediation with motivational interviewing. Mediators in the experimental condition received 3 days of motivational interviewing training and 2 group supervisor sessions at 3 and 5 months post training. Client participants were randomly assigned to the 2 groups and their sessions with the mediator were recorded and coded. All client participants completed measures of psychological distress, conflict and physical violence, acrimony, child adjustment and adult relationship attachment pre and post the mediation process. It was hypothesized that those clients who received a mediator with motivational interviewing training were 1) more likely to complete the process and reach agreements, 2) more likely to have a reduction in their levels of conflict, acrimony and psychological distress post mediation, 3) more likely to have an improvement in child adjustment at the 3 month follow up. The mediation outcomes for the MI condition included a reduced rate of no agreement in comparison to the MAU condition (33% versus 42% of all

Medication Adherence in Clients with Schizophrenia: A Qualitative Study of the Client Process in Motivational Interviewing
Jos Dobber, Amsterdam University of Applied Sciences

The evidence on the application of motivational interviewing (MI) in clients with schizophrenia is scarce and with mixed results, so the effectiveness of MI for this target group is unclear. The course of motivational processes in clients with schizophrenia may differ from other target groups, and, to be successful, the execution of MI for this target group may need adjustment. We performed a qualitative multiple case study to discover and explore the clients' motivational process during MI to promote long-term medication adherence. This design is an inductive interpretative study of cases, to increase understanding of psychosocial processes influencing motivation for long-term medication adherence in clients with schizophrenia. We studied fourteen cases, comprising 65 audio-recorded MI-sessions. Each case consisted of (1) audio records of at least three MI-sessions, (2) coded transcripts using MI-SCOPE, (3) MISC 2.1 global counselor ratings and global client rating, (4) summary scores measuring the counselor MI-fidelity. The multiple case study analysis comprised three phases: single case analysis, cross case analysis, and cross case synthesis. Criteria to differentiate between successful and unsuccessful cases will be discussed, and the different patterns of the client motivational process that we observed, and the success factors for counselors to enhance the chance of successful application of MI in clients with schizophrenia for medication adherence, will be presented.

Process and Outcome of Behaviour-Interviewing-Change (BIC) Program with Clients in the Finnish Probation Service

Kari Tolen & Anja Koski-Jännes, Faculty of Social Sciences, University of Tampere

The MI based Swedish Behaviour-Interviewing-Change (BIC) program (Farbring & Berge 2006) has been widely adopted by the personnel of the Finnish probation service during the last decade. Since very little is known about the effectiveness of MI in Finland the counsellors and clients of the BIC program were recruited to participate in a pilot study evaluating its process and outcome. This paper reports on the immediate and the delayed results of the BIC program. The immediate results include the data on the client-counsellor interaction and the delayed results involve the changes in the clients' use of psychoactive substances at twelve months after the program. *Method(s)*: Twenty-five counsellors and 50 substance abusing probationers agreed to participate in the study. The integrity of motivational interviewing was evaluated by MITI 3.1. The clients' talk was coded with Paul Amrhein's Training Manual for Coding Client Commitment Language. The clients' use of psychoactive substances was measured at the baseline and in the follow-up interviews with a questionnaire including e.g. Audit- and SDS-questions. After each session, the clients and counsellors were asked to fill in a session evaluation form. The session interaction was studied by correlational methods and the predictors of the 12-month treatment outcome were modelled by stepwise hierarchical regression analysis. *Results* : The follow-up rates at six and twelve months were 84% and 72%, respectively. The attrition was not selective. The spirit of MI was mastered at the level of competency by 74% of the counsellors while 12% fell below the beginning proficiency. Asking open questions and the reflection to question ratio were the weakest skills: three out of five counsellors fell below the beginning proficiency in these skills. The clients reduced their use of psychoactive substances significantly ($p < .05$) during the first six months and they continued to improve at the twelve-month follow-up. The data on session interaction indicated that the MI skills and the clients' change talk were highly correlated. The most economic model explaining the positive 12-month treatment outcome included the clients' initial trust in successful goal attainment, the client evaluation of ease in the session, giving information and the client talk about ability to change, whereas the counsellor rating of the client's emotional expression and belief in the client staying in treatment as well as the global rating of direction negatively predicted the outcome. This model that included only the significant predictors explained 64% of the variation in the treatment outcome. *Discussion*: The results of this pilot study provide initial support for the BIC program and its implementation. The counsellors' use of MI is correlated with the clients' change talk but the direction of this association seems reciprocal so that counsellors find it easier to use MI with clients who are initially more open to change. Alternative models of explaining the treatment outcome are discussed. Conclusion: The BIC program proved to be well appreciated by the clients. It succeeds in reducing the substance abuse problems of the probationers. The counsellors need more training in the use of open questions and reflections. More attention should be paid to working with clients who are initially less willing and able to change.

WEDS 9:00 - 9:45a (pt. 1) MEANING AND EMPOWERMENT

Motivational Interviewing and the Recovery Model: Effects on Hope, Meaning, Empowerment, and Service Participation
Scott Glassman, PsyD, Philadelphia College of Osteopathic Medicine

Outpatient service disengagement among those with co-occurring severe and persistent mental health and substance use disorders remains an obstacle to continuity of care and recovery-related outcomes. Motivational interviewing offers a way of enhancing engagement in those services while supporting recovery-oriented principles with its emphasis on empathy, affirmation, empowerment, individual values and perspectives, and self-directed change. This paper presentation will review the findings of a mixed methods, single case experiment (n = 6) exploring a 4-session MI intervention's impact on the key recovery constructs of hope, meaning, empowerment, and service engagement. 3 of the 6 participants experienced statistically significant increases in the measured constructs. Grounded theory analysis of post-MI Brief Structured Recall interviews identified three major recovery themes affected by participation in MI sessions and/or discussed in those sessions: positive change in identity (active illness vs. present state), enhanced self-efficacy, and improved relationships. Two categories of positive emotions emerged based on participant-reported experiences of MI: passive (safety, comfort, trust, feeling understood) and active (confidence, eagerness, excitement, optimism). These results informed a recovery-specific model of MI change mechanisms across the 4 processes of the change conversation. In addition to presenting this model, this presentation will address implications for better aligning MI with recovery principles, which include allowing greater reflective listening space around personal recovery narratives, supporting persistence in change, and becoming more aware of how the MI interaction may fulfill psychological needs of autonomy, relatedness, and competence as proposed by self-determination theory (SDT).

WEDS 9:45 - 10:30a (pt. 2) RESTORATIVE COMMUNITIES

Using Motivational Interviewing to Contemplate Change and Create Dialogue in a Restorative Community
Elizabeth Smull, MS, CADC, International Institute for Restorative Practices
Dawn B. Schantz, MS, International Institute for Restorative Practices

Restorative practices is an emerging social science based on the premise that people are happier, more productive and increasingly willing to make positive changes in their lives when people in positions of authority do things with them, rather than to or for them. Restorative practices provide a framework that include engagement, collaboration, empowerment, mutual respect and restoration. Motivational Interviewing (MI) has historically been used in addictions treatment but has applications to any field where individuals have the need to make changes in their lives. This presentation will explore the kinship between the spirit, principles and foundations of MI and restorative practices. The presentation will include a discussion on implementing MI in a restorative milieu, specifically in the non-profit sector with private academic learning institutions, community-based foster homes, reporting centers, and a licensed drug and alcohol outpatient program.All of the programs operate according to the principles of restorative practices and are implementing MI to create restorative dialogue to help young people make positive intrinsic changes. We will discuss the early stages of implementation which includes: developing training, engaging leaders and staff, and direct observation of MI in the field.

WEDS 9:00 - 10:30a   SHARED DECISION-MAKING

Motivational Interviewing Meets Shared Decision Making: Training in a New Stepwise Method for Social Workers in Community Teams
Jannet M. De Jonge, PhD, Windesheim University of Applied Sciences
Co-authors: L. M. Groen-van der Ven, MSc & C. H. M. Smits, PhD, Windesheim University of Applied Sciences

In the Netherlands citizens are increasingly expected to have resilience to overcome their complex life challenges. Social workers in community teams should cooperate with local residents and their network of family, neighbors or other professionals to solve complex situations. On the side, they have to engage with clients and their network as equal partners and they have to be 'experts 'on the other side. This professional dilemma started the development of a communication method for community social workers. The theoretical background of this method was based in motivational interviewing (MI) and shared decision making (SDM).
MI and SDM are both relevant in situations where change is needed and the appropriate decisions and course of actions depend on clients 'preferences (Elwyn et al., 2014). The SDM model has recently been enriched to incorporate elements of complex issues that make decision making particularly difficult: e.g. the client's and professional network. We developed a stepwise method incorporating MI and SDM that supports professionals to cooperate with clients. The current exploratory study evaluates its feasibility and its application in community teams.
A total of 93 social workers were trained in the new stepwise method. The training consisted of three 3 hour sessions. Their knowledge of MI and SDM was assessed after the training and the appreciation of the training itself. Furthermore, semi-structured interviews were held with social workers (n=5) and trainers (n=4). After the training, social workers still found it difficult to handle the different preferences of a client and their network members. After training their knowledge of MI and SDM was fair to good. The training itself appeared to be feasible to the social workers and a useful tool in practice. The combination of MI and SDM has potential for social workers in community teams working with local residents with complex life's challenges.

Development of a Shared Decision Making Tool Informed by Motivational Interviewing
Connie Davis, MN, ARNP, Kathy Reims, MD, FAAFP & Sam Burnett, MA, Centre for Collaboration Motivation and Innovation
Carey Cook, Patient Representative

Patient-centered care requires a complex set of skills and includes eliciting values and preferences; providing information and options; and guiding patients and families in decision-making. CCMI sought to co-design an approach to Shared Decision Making (SDM) that was consistent with Motivational Interviewing. Working with a group of patient and family and friend caregiver representatives, we developed a decision-making worksheet for patients built on the acronym BRAIN (Benefits, Risks, Alternatives, Intuition and Next Steps.) The original source of the acronym is widely attributed to the International Childbirth Education Association, who consented to develop it for wider use. For 6 months, the working group refined a print version of the approach that could be completed independently or used to guide a conversation with a health care professional. Since that time, the approach has been taught to health care professionals via webinar and in face-to-face workshops and the worksheet is available for download in health care and non-health care versions. Using the BRAIN approach is consistent with principles and practice of MI and facilitates a structured conversation to support exploration of values, care options, alternatives, and patient-determined actions. BRAIN increases confidence in the decision-making process. In this presentation, we will review the evidence base for SDM, the intersection of SDM and MI, the process of collaborating with the public to design the BRAIN tool, and our experience teaching BRAIN alongside MI.

A Community-Academic Partnership to Deliver a Motivational Interviewing-based Peer Support Program: Success and Challenges.

Marlyn Allicock1, PhD, MPH, The University of Texas, School of Public Health
Co-authors: William R. Carpenter, PhD, MHA2, Lindsey Haynes-Maslow, PhD, MPH3, Anissa I. Vines, MS, PhD2, La-Shell Johnson, MA2, Denise Belle, MPH4, Ray Phillips5, Michele Cherry, MPA5, 1University of Texas, 2University of North Carolina at Chapel Hill, 3North Carolina State University, 4Rural Health Group, Inc., 5Vidant Edgecombe Hospital

Improved cancer screening and advances in treatment have led to higher cancer survival rates in the United States. However, racial disparities in breast cancer survivorship continues to be a major concern. African American breast cancer survivors have many unmet psychosocial needs that are further compounded for those in underserved and rural areas. Peer support programs that address the psychosocial needs of African American cancer survivors can promote health and well-being. Additionally, community-academic research partnerships have the potential to further facilitate access to much needed psychosocial support programs for African-American survivors and caregivers in rural areas. However, barriers and facilitators of successful implementation are not well understood. Purpose. In partnership with two community-based health groups serving 30 underserved counties in North Carolina, Peer Connect, a motivational interviewing (MI)-based peer support program, was adapted and implemented using a train-the-trainer model. We describe program adaptation, training and evaluation of Community Coaches and Guides (peer supporters).   *Methods.* Community-engagement strategies were used to adapt and implement the Peer Connect program. Quantitative and qualitative methods guided adaptation and examined implementation outcomes of feasibility, MI fidelity, and acceptability—precursor outcomes necessary before examining intervention effects on psychosocial care. *Results.* Training was feasible to implement and replicable by the trained Community Coaches, but MI fidelity was modest. Community Coaches and Guides identified facilitators (e.g. culturally appropriate embedded social networks, delivery mode) and barriers (e.g. time delays from training to implementation, organizational capacity changes) to both MI-training and program implementation that could impact the effectiveness of community-engaged programs to improve survivorship outcomes. *Conclusions.* Identifying barriers and facilitators is important because it allows for the assessment of program fit and sustainability. Community-engaged strategies hold promise in

Mam-Kind Study: A Novel Peer Support Intervention Using Motivational Interviewing for Breastfeeding Maintenance: a UK Feasibility Study

Lauren Copeland, MD, School of Medicine, Division of Population Medicine, Cardiff University

In the UK 81% of women start breastfeeding however less than half continue beyond six weeks. Breast-feeding peer-support (BFPS) was found to be effective for breastfeeding maintenance in low or middle income countries, but not in UK-based studies. We developed a motivational interviewing (MI) informed BFPS intervention for breastfeeding maintenance (Mam-kind) and assessed its feasibility and acceptability to new mothers living in three areas of high social deprivation in the UK.   *Methods:* The intervention was co-produced with stakeholders (peer supporters, health professionals and mothers). Peer supporters were recruited and trained to deliver Mam-kind from 34 weeks antenatally to six weeks postnatally. Data from follow-up questionnaires at 10 days and 8 weeks postnatal and peer-supporter diaries were analysed using descriptive statistics. MI intervention fidelity was assessed using the MITI 4.1. Interviews were conducted with mothers (n=28), health care professionals (n=12) and peer supporters (n=8) and analysed thematically to assess the acceptability of the intervention. *Results:* Trained peer-supporters delivered Mam-kind to 70 participants (39% eligible) over a six month period. The majority of participants were white (94%), had a higher education (49%) and were in work (76%). Mothers reported that peer supporters provided helpful information and reassurance, and were non-judgmental and approachable. Peer supporters delivered the intervention content with fidelity (93% of intervention objectives were met), and developed some MI skills to a competency level (ratio questions to reflections and complex reflections). However they reported difficulties in confidence and in working collaboratively. Healthcare professionals suggested that integration with existing services was feasible.   *Conclusions:* We developed an intervention that is acceptable to mothers, health professionals and peer-supporters and is feasible to integrate within existing services. Feasibility study findings have informed intervention and training refinements. The next step will be to evaluate the effectiveness of this MI-informed intervention for maintenance of breastfeeding.

WEDS 11:00a - 12:00p   CLIENT ENGAGEMENT EXPERIENCES

Engaging Adolescents in Mental Health Treatment
Shaystah Dean, Suicide and Mental Health Research Group, University of Otago
Eileen Britt, PhD, Psychology Department/School of Health Sciences, University of Canterbury
Co-Investigators: Dr Elliot Bell, Dr James Stanley, and Dr Sunny Collings

There is growing support for the use of Motivational Interviewing (MI) as a stand-alone, pre-treatment intervention for treatment engagement (Arkowitz, Westra, Miller, & Rollnick, 2015). Low adolescent engagement in mental health treatment for conditions such as anxiety and depression is a significant problem (Gopalan et al., 2010). Given the chronic course and detrimental consequences associated with these difficulties (Kessler et al., 2007, National Institute of Mental Health, 2001), engaging adolescents in evidence based mental health treatment is crucial. This paper will present results from a randomised clinical trial (Dean, Britt, Bell, Stanley, & Collings, 2016) demonstrating that adolescents with a primary diagnosis of an anxiety or mood disorder, randomized to MI as a pre-treatment intervention, attended significantly more group trans-diagnostic therapy sessions compared to those in the active control condition. Greater treatment initiation was noted for those who received MI, and their ratings of treatment readiness were significantly higher. The distinction between MI for treatment engagement and MI for behaviour change will be discussed (Zuckoff, 2015). The presentation will also include a discussion of: barriers to treatment, including beliefs about treatment; developmental considerations; and practical implications.

Motivational Interviewing for Enhancing Engagement in Intimate Partner Violence Treatment: A Review of the Literature
Sara Soleymani, Psychology Department/School of Health Sciences, University of Canterbury
Eileen Britt, PhD, Psychology Department/School of Health Sciences, University of Canterbury

Client engagement is an essential component in intimate partner violence (IPV) treatment. Engaged clients are more likely to engage with program facilitators and the treatment itself. Studies show that treatment engagement is low in IPV treatment programs, which leads to early drop-out from treatment. Furthermore, those who don't complete IPV treatment are at greater risk to continue their violent behaviors and assault their partners. Low motivation as a reason for drop out has identified in a number of studies. Thus, the need to address motivation and treatment engagement in IPV treatment programs is essential. Motivational interviewing (MI) may be particularly well suited for violent individuals who are reluctant to attend treatment programs. Studies evaluating the efficacy of MI to increase IPV treatment engagement are limited. This presentation will review research on the efficacy of MI as a pre-treatment intervention to promote treatment engagement. *Method*: A search of database from 1980 to 2016 was conducted and five articles were identified in which an MI intervention was employed to promote engagement in an IPV program.*Results*: Although limited in number, these studies revealed a significant improvement in the session attendance, and homework compliance following MI. However, the following limitations to these studies were identified: a lack of measurement of and reporting data on the integrity of the MI delivered; the distinction between MI for treatment engagement and MI for IPV behavior change was not clear; the follow-up periods tended to be short (6months) so it was difficult to identify the impact of MI for engagement on the longer term outcome of IPV recidivism. *Conclusion*: MI for IPV treatment engagement has shown promise. However, further research is required to address the limitations in past research. in past research.

How People Who Inject Drugs Experience Motivational Interviewing? A Qualitative Study with a Subsample of Participants to a Randomized controlled trial in Montreal

Karine Bertrand, PhD & Karine Gaudreault, PhD candidate, Université de Sherbrooke, Addiction Research Study Program.
Co-author: Prof Élise Roy, Université de Sherbrooke, Addiction Research Study Program.

There is only limited evidence to support the effectiveness of behavioral interventions, in outreach settings, to reduce injecting risk behaviours (IRB) in people who inject drugs (PWID). Innovative strategies in this field must be developed and tested. Motivational interviewing (MI) in a single session format is of particular interest in the context of needle exchange programs. A better understanding of how PWID experience MI is essential to appreciate the applicability of MI for this population and to explore the mechanisms of change. *Objective:* To explore the mechanisms and effects of the interventions, MI and a brief educational intervention (EI), from PWID's perspective. *Methodology:* An embedded experimental design was used combining 1) a two-group parallel randomized controlled trial (RCT) that compared MI with a brief educational intervention (EI) (n= 221) and 2) in-depth interviews with a subsample of the RCT participants. After the completion of the RCT, a subsample of 29 participants who received MI (n= 14) and EI (n= 15) were interviewed, after the 6-month follow-up period. *Results*: Participants' accounts showed that they liked EI and felt it was helpful. EI not only allowed them to learn safer injection techniques, it also made them take stock of their good and bad habits. Participants who received the MI had fuzzy memories of the intervention. Many perceived MI useful to explore the meaning of change in their own life and at the same time some reported that they felt disturbed and challenged due to the introspection it implied. *Conclusions*: Both brief MI and EI can contribute to reducing IRB among PWID. The acceptability and effectiveness of MI may be enhanced when offered in the real context of needle exchange program, with appropriate timing, by a person with whom the trustful relationship is already built.

WEDS 11:00a - 12:00p   MI IN NON-CLINICAL SETTINGS

Thinking Outside the Box while Maintaining the Integrity of the Box: Applications of Motivational Interviewing in Nonclinical Settings

Michelle L. Drapkin, Rutgers University,
Larry Anderson & Tony Chamblin, One System/One Voice

The technical definition of Motivational Interviewing (MI) reinforces its broader application beyond a clinical intervention: "MI is a collaborative, goal-oriented style of communication with particular attention to the language of change" (Miller & Rollnick, 2012, emphasis added). Nonclinical organizations have begun to see value in the use of MI to facilitate organizational transformation and foster effective discussions. These are newer, nonclinical applications that merit more systematic investigation. This discussion we will bring together leaders in the field who have implemented MI in nonclinical settings and/or nonclinical applications in clinical settings (for example, front desk staff). The discussion will be interactive throughout and broken into three parts. In the first part, we will invite individuals who have been involved in designing and implementing MI in a nonclinical setting. Coaches from one of the U.S.'s largest banks will discuss their experience using MI to facilitate the organization's operational excellence transformation. A MINT trainer will discuss the implementation of MI to enhance the effectiveness of Medical Science Liaisons in a pharmaceutical company and with nonclinical staff in a clinical setting. The use of MI in coaching, supervision and customer service will be discussed. In the second part, we will discuss some of the barriers and facilitators to implementing MI in a nonclinical setting. This will include an introduction to tools that have been developed to foster MI implementation in these settings. We will discuss what measures have been taken to ensure MI fidelity, including adaptation of existing fidelity measures.
Finally, we will open the discussion to learn about other implementation projects to develop collaborations and opportunities. The goal of this discussion will be to bring together individuals who are conducting work in this field and to develop plans to support the implementations in an ethical manner, maintaining the fidelity and spirit of MI.

WEDS 11:00a - 12:00p   VULNERABLE YOUTH

Blending MI with Adventure Therapy to Support Vulnerable Youth in Schools or Social Settings
Richard Rutschman, Northeastern Illinois University, Center for College Access & Success

This workshop will focus on how blending MI with Adventure Therapy (Experiential Education) provides an ideal way to complement MI in engaging vulnerable young people in schools or social service settings. This session will integrate some theories that help explain the value of combining these approaches and will include some demonstrations of experiential activities. This is based on the work in Chicago high schools that found improved performance of vulnerable students over the past eleven years to support behavior change (as a Positive Behavior Intervention Support or restorative discipline practice). This combined approach begins with community-building activities that use challenges (always "challenge by choice") that create laughter, cooperation and trust, helping students become engaged in preparation for a productive MI conversation. A compilation of activities/initiatives used in this motivation enhancement program will be shared. Ideas from neuroscience will be referenced that may help explain why combining these approaches is effective at helping young people think and decide, including for those carrying the scars of adverse childhood experiences, trauma, or toxic stress. Participants will explore the importance of positive mindsets for clear thinking, of ways to help balance neurotransmitters, of developing trust to reduce stress, and of how reflective listening facilitates the connection of brain regions for integrated thinking. The workshop will touch on the value these combined approaches have in meeting the psychological needs essential for intrinsic motivation (Self Determination Theory) and how it helps individuals with the neural integration needed to make decisions that can help strengthen motivation, self-regulation, support growth and executive functioning. Participants who already use MI to work with young people may be interested in exploring the addition of these experiential tools and join the empirical work of making educational and social service endeavors with vulnerable young people more effective in enhancing motivation to change, grow and be happy.

WEDS 1:00 - 2:30p   PLENARY
                          THEORY

MI Persuasion: Opposites or Overlapping Forms of Influence

David B. Rosengren, Ph.D., Prevention Research Institute
Raymond Daugherty, BS, Prevention Research Institute
Allan Zuckoff, Ph.D., Vital Decisions
Theresa Moyers, PhD, University of New Mexico (discussant)

MI developed in contrast to a substance use disorder field that relied heavily on confrontation. MI thinkers and trainers looked at persuasion as something to be avoided. With the advent of the MITI 4.0 the language of persuasion has been reinserted into the discussion of what is MI. A closer examination suggests MI and persuasion are both forms of influence, which can be quite discomfiting for those of us who come from a client-centered tradition. If MI overlaps with the central route to persuasion, part of a theory of persuasion developed in social psychology, perhaps these two fields have things to contribute to each other. In this session, panelists will discuss the central and peripheral routes of persuasion, the role of influence, the overlap between MI and persuasion, points of divergence and areas of concern. We will anchor this discussion in a case example that illustrates core concepts of MI and persuasion theory. Come to this session with the expectation of broadening your view of what happens within MI, deepening your thinking about how influence and persuasion might fit into the MI process and

leaving with areas to consider for additional work and research.