Ambivalence is a natural state of uncertainty that each of us experiences throughout most change processes (e.g., dieting; exercising; managing mental health symptoms; quitting alcohol, tobacco, and other drugs; restructuring an organization). Ambivalence occurs because of conflicting feelings about the process and outcomes of change.

Although ambivalence is natural, many of us are not aware of it. In addition, many service providers have not been trained to respond to people who are ambivalent about change, and most of our service programs are not designed to accept and work with people who are ambivalent. Yet, there is a solution.

Motivational Interviewing (MI) is an evidence-based treatment that is one of the best available to address ambivalence to change. MI is a therapeutic technique designed to help people resolve their ambivalence about making meaningful personal changes in their lives. MI also helps people identify their readiness, willingness, and ability to make the change. There are four core principles of MI:

- Express empathy
- Roll with resistance
- Develop discrepancy
- Support self-efficacy

**ADVANTAGES**
Change your service approach and the culture of your organization with MI:

- **Increase**
  - Positive treatment outcomes
  - Consumer quality-of-life
  - Consumer engagement and retention
  - Staff recruitment, satisfaction, and retention

- **Decrease**
  - Staff burn-out and attrition
  - Confrontations with consumers
  - Consumer no-show and drop-out

**CONSULTING & TRAINING SERVICES**
For direct-service providers, supervisors, team leaders, and organizations in the following service areas:
- Substance abuse
- Mental health
- Psychiatry
- Supported employment
- Tobacco cessation & recovery
- Vocational rehabilitation
- Residential
- Housing
- Healthcare
- Criminal justice

**BUILD YOUR CAPACITY**
Become self-sufficient with using, evaluating, and supervising MI.

**LEARN MORE**

www.centerforeebp.case.edu/mi
OUR EXPERIENCE
MI is one of the core clinical components of evidence-based practices such as Integrated Dual Disorder Treatment (IDDT) and Supported Employment (SE), as well as other service models like Tobacco and Recovery (TR)—all of which are disseminated by the Center for Evidence-Based Practices (EBPs) at Case Western Reserve University. MI is also a complement to a variety of other clinical interventions in many different settings, including the evidence-based Assertive Community Treatment (ACT) and Wellness Management and Recovery (WMR) models.

The consultants and trainers at the Center for EBPs at Case have accumulated decades of combined experience utilizing, supervising, training, and consulting around MI in a variety of direct-practice settings.

MEMBER OF MINT
Several consultants and trainers from the Center for EBPs at Case have been trained by and participate actively in the international Motivational Interviewing Network of Trainers (MINT), an initiative which is directed by MI co-creators William R. Miller, PhD, and Stephen Rollnick, PhD.

Through MINT, the Center for EBPs maintains regular communication with peers throughout the world who are actively producing new research about and practice innovations for MI, enabling us to bring those innovations to you today.

Our MINT consultants and trainers have developed an enhanced menu of MI consults and trainings for organizations that serve people diagnosed with mental illness and co-occurring substance use disorders.

OUR CONSULTING & TRAINING PROCESS
Our philosophy
The Center for EBPs has developed its MI consulting and training with the following principles in mind:

- Training for training’s sake is not likely to promote long-term change in service provider behavior or consumer outcomes.
- Supervisors are the key to sustaining any new practice because they promote and support experiential learning among staff members.
- Training must be followed by observation and feedback, coaching, and ongoing supervision.
- Supervisors need ongoing professional development opportunities.
- Successful training occurs within an organizational context that supports supervisors and direct-service providers during the process of mastering and sustaining the new practice.
- Sustaining effective practice requires organizational planning, evaluation, and commitment to ongoing quality supervision.


Methods
The Center for EBPs emphasizes the importance of experiential learning. Therefore, consulting and training occur through a variety of methods and settings, including the following: live and recorded interactions; role play; team meetings; supervision sessions; and in-vivo/community-based practice.

### Learning objectives
Participants will learn the following in classroom and experiential settings:

- **Clinical consulting & training**
- **Theory/concepts of MI**
- **Practice/principles of MI (introductory and advanced techniques)**
- **Supervision consulting & training**
- **Supervision of MI (introductory and advanced techniques)**
- **Implementation of MI program within an organization**

<table>
<thead>
<tr>
<th>Consulting &amp; training method</th>
<th>For direct-service providers</th>
<th>For supervisors and team leaders</th>
<th>For service organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory and advanced MI training</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Onsite consulting (coaching) following the training</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Evaluation of live and recorded practice skills</td>
<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>MI support group</td>
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</tbody>
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For more information about MI consulting and training, visit us online or call:

*www.centerforebp.case.edu/mi*

The Center for Evidence-Based Practices (EBPs) at Case Western Reserve University is a partnership between the Mandel School of Applied Social Sciences at Case and the Department of Psychiatry at the Case School of Medicine. The partnership is in collaboration with and supported by the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services, and the Ohio Rehabilitation Services Commission.

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**RESOURCES**
- Motivational Interviewing Website: [www.motivationalinterview.org](http://www.motivationalinterview.org)
- Motivational Interviewing Network of Trainers (MINT): [http://motivationalinterview.org/training/mint.htm](http://motivationalinterview.org/training/mint.htm)