



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Join the Conversation!
Culturally Responsive Evidence-Based & Community-Defined Practices for Mental Health
Session 4: Motivational Interviewing

Maria Restrepo-Toro: Welcome everybody.

Maria Restrepo-Toro: My name is Maria and I am the New England MHTTC Co-director and also the Chair of the cultural responsiveness working group.

Maria Restrepo-Toro: We welcome you and behalf of our group to this fabulous conversation today, our fourth conversation of the office series today we're here to talk about motivational interviewing before we jump into the process i'm going to remind you a few house keeping items.

Maria Restrepo-Toro: Next slide.

Maria Restrepo-Toro: For today's presentation that's being every quarter.

Maria Restrepo-Toro: Please all the participants are going to be muted, so if you have any questions to the presenters please use the Q amp a pod.

Maria Restrepo-Toro: And the Co Chair of the cultural responsiveness working group is going to be monitoring the chat and we are grabbing sure to respond to every single question here today.

Maria Restrepo-Toro: In following this presentation will you will be receiving a certificate of attendance and will you will also receive this slides and we're going to be if for any reason, there are additional questions will be covered all of those.

Maria Restrepo-Toro: Next slide for today presentation we're going to be using polls everywhere, so if you haven't done so, yes.

Maria Restrepo-Toro: The way that it the it's going to be an interactive conversation we wanted to do go to the website listed on the screen and download it in your desktop or in your application and enter.

Maria Restrepo-Toro: The prompt on the screen and the text and all of the communications are going to be in the chat so the presenter will do are going to be using poll everywhere.

Maria Restrepo-Toro: If this is your first time joining us welcome to the mental health etc network, let it, let me tell you a little bit about in the next slide where the mental health etc network is.

Maria Restrepo-Toro: We are found that profit centers that seek to really accelerate their adoption and implementation of mental health practices.

Maria Restrepo-Toro: We are here to all the entire country to help the friend regions disseminate resources provide free local training and technical assistance and to really increase the awareness knowledge in this case of the mental health for.

Maria Restrepo-Toro: Next slide, you will see a map, where all the mental health statistics are listed every single region has a mental health, etc, as I said initially I come from the New England mental health, etc.

Maria Restrepo-Toro: And then there are two amazing national centers they Latino Hispanic mental health, etc, as well as the native American mental health, etc, so you will see those and you can access for additional information on our next.

Maria Restrepo-Toro: Just next slide everything would you clearly our disclaimer this is prepared for the mental health etc network on this agreement that we have with sensor.

Maria Restrepo-Toro: And all this materials at this time of the presentation we we acknowledge that Tom could the year is setting serving as the sounds Assistant Secretary and the opinions expressed here.

Maria Restrepo-Toro: Either the views of different panelists or the presenters are not the positions do not reflect the position of Santa.

Maria Restrepo-Toro: And the next slide very important for our network or the mental health agency, technology transfer Center.

Maria Restrepo-Toro: collect information and we do that, to what we call great right, we are here to serve your all your communities, but it's extremely important that you actually.

Maria Restrepo-Toro: tell us how we are doing with the different presentation so after this training you're going to see a link that's going to appear on the screen, and I quote, and here you will complete a very brief survey it's only two minutes and we asked you to please complete this clip of keep rolling.

Maria Restrepo-Toro: This conversation, as I said, is the four series of our conversations and the conversations, which really are designed to really.

Maria Restrepo-Toro: hear from amazing presenters to hear from you how to implement this practices is actually a work from the cultural responsiveness working group of the mental health etc network next slide.

Maria Restrepo-Toro: This group is composed with ope sorry we jump to this slide i'm sorry.

Maria Restrepo-Toro: Yes, this is a very important slide and we invite everybody, and we want to acknowledge that the mental health it to see transform the APP technology transfer centers we use a filming and respectful of recovery oriented language.

Maria Restrepo-Toro: First things first person first language, we know inspires hope and it's uplifting put people in recovery, and it is essential to respect is inclusive on knowledge is diversity and promotes equal opportunities, so we invite all of us today to you know respect those guidelines.

Maria Restrepo-Toro: So, in relation to the series what I was going to describe to you is the series is being created by the.

Maria Restrepo-Toro: amazing cultural response and it's working group of them into DC network that's comprised of many Members from around the country and we seek to really promote and disseminate appropriate information and technical assistance that is cultural responsiveness to mental health services.

Maria Restrepo-Toro: Through this work, initially, we discover that is extremely important to really acknowledge and promote controlling closer mental health practices and community and for practices, therefore, we have been developing the listening series sessions next slide.

Maria Restrepo-Toro: So this is how we're for and through this listening sessions what we've been trying to do is engage all of you in a very interactive conversation that so we can actually hear from you and learn from the.

Maria Restrepo-Toro: You know presenters here to they're the experts on this practices.

Maria Restrepo-Toro: And how to really include and provide evidence based practices and counter to how we can also refined practices, based on the Community.

Maria Restrepo-Toro: So you are here for a three and a wonderful conversation today, so we would like to welcome you now.

Maria Restrepo-Toro: David brown my colleague from the mental health agency network and a member of the culture of response in this group to introduce the presenters and month a moderate the rest of the things defection Thank you so much.

David Brown: Hello everyone.

David Brown: My name is Dave brown I am the senior associate for school based training behavior health equity for the central East mental health, technology transfer Center.

David Brown: And our goal for today are engaged constituents and interactive conversation about culturally inclusive mental health practices, including evidence based practices and community to find products.

David Brown: We explore the strengths and barriers of Community find practices to elevate them to culturally and linguistically appropriate services.

David Brown: Standards identify ways to increase promotion of evidence based practices and community of fine practices and technical assistance and training offered by the.

David Brown: Network today that focus is around motivational interviewing.

David Brown: Next slide.

David Brown: Our agenda for today will be to our panelists to provide an overview of motivational interviewing to define, am I discuss how am I may be implemented with various cultural groups.

David Brown: To discuss culturally responsive EMI practices, it goes culturally and linguistically appropriate services standards as they pertain to EMI.

David Brown: And really discuss the polls are conversation starters examples and lessons learned during the implementation of Mr balancing Am I and the cultural needs of the people, serve.

David Brown: And really to discuss fidelity considerations and then we're going to look at the polls that we're going to ask you to complete notice, at the very end there'll be a time for everyone for Q amp a session and finally we'll end with with our wrap on.

David Brown: Next slide.

David Brown: Right now we're going to ask everybody to take a poll, so we can get a sense of what the group's familiarity is with motivational interviewing.

David Brown: And the way to access the poll is to we're using a tool called poll everywhere, you can access poll everywhere, by going to your computer web browser.

David Brown: And typing in.

David Brown: As you'll see on the screen P O I I ev COM forward slash end nw n ht etc.

David Brown: or there is a link in the chat room which you can click on.

David Brown: Or you can text nw n ht DC to to to 333.

David Brown: If you do go to the link in your browser if you type in the link that on there you'll download the APP whole every winner.

David Brown: will enter nw mm hmm etc.

David Brown: If you have any questions as my instructions might have been confusing or if they're confusing on the screen, you can certainly ask any questions in the chat room but take a minute to answer the poll.

David Brown: Is that will help our two panelists.

David Brown: Here, with.

David Brown: Their expertise in a more targeted.

David Brown: You see, already people have already logged in and beginning to answer the poll.

David Brown: on a scale of one to five.

David Brown: moderately familiar on average.

David Brown: We do have some people were fairly familiar.

David Brown: very familiar with.

David Brown: Very good.

David Brown: Everybody another minute or two to respond and then we'll move to the next, all club.

David Brown: Half of our attendees who have responded so far.

David Brown: And I think we could continue to answer the questions, even as we move on to the next slide.

David Brown: It says sense.

David Brown: we'd like to welcome our panelists said, certainly, both my pleasure my honor to welcome our panelists Dr Henry gregory's a clinical psychologist with a wealth of experience as a clinician educator trainer and researcher.

David Brown: He currently is assistant professor at the University of Maryland school of nursing where he teaches among other subjects motivational interviewing at the undergraduate and graduate levels.

David Brown: He has served as a facilitator mentor at georgetown university's national Center for cultural competence as the assistant director of the University of Maryland.

David Brown: baltimore county Center for Community collaboration and as a cultural competence coordinator at ND cares a samhsa funded system of care and he's from baltimore my hometown.

David Brown: also like to welcome Laura Sanders and somebody with the with the University of Wisconsin Madison college of engineering Center for health enhancement system studies Great Lakes at etc, etc, etc, and mh PTC had an independent consultant since 2001.

David Brown: Laura has design facilitate it and delivered, am I, an earth expert training and coaching in person online and via distance learning in the fields of healthcare human services, public health and criminal justice.

David Brown: is provided feedback and coaching hundreds of learners who are interested in using evidence based practice to fidelity.

David Brown: Laura has also conducted train the trainer events between the international group of motivational interviewing network of trainers men in 2006, it is an active member of Wisconsin motivational interviewing group.

David Brown: i'd like to welcome both of our panelists and i'm thrilled to listen to them speak and i'm going to hand it off to Laura thank you both for being here.

Laura Saunders: All right, thank you Dave all right Good afternoon, it looks like I am like going to be talking to people who already know quite a bit about motivational interviewing, which is one of my.

Laura Saunders: Most fun things to do to talk to people who already knows something about this, because then I get to learn some stuff from you.

Laura Saunders: So I want you to keep that in mind, I want you to keep what you already know about motivational interviewing and what you already know about motivational interviewing.

Laura Saunders: As a culturally responsive practice in mind your experiences with motivational interviewing and your experiences with.

Laura Saunders: Your culturally diverse populations that you work with are the most important thing that you can bring to this workshop today.

Laura Saunders: i'm going to say some things that hopefully will generate some discussion and then what we'll do is we'll take what I said and pair that with what you already know.

Laura Saunders: about my about the people you work with about what the people you work with genuinely need from you in order to do their best and so that's what we're going to talk about today.

Laura Saunders: So motivational interviewing is indeed a person centered approach, it is based very much of what am I is is.

Laura Saunders: based in person centeredness and it's that person centered part of motivational interviewing that creates the opportunity for me to be a culturally responsive evidence based practice.

Laura Saunders: Well it's an evidence based practice it's also spiritual an artful.

Laura Saunders: How a person views themselves as a helper and how they regard the person who's needing the help the client consumer customer and their role in that person's change process requires us.

Laura Saunders: helpers to transcend any ideas we have about hierarchy or otherness that's what's so wonderful about motivational interviewing so i'm coming so slide i'm coming to you like Dave said I am coming from the Great Lakes at etc, etc, and m ht DC that's where I spend my time slide.

Laura Saunders: So.

Laura Saunders: motivational interviewing asks us as helpers to do this to not do harm.

Laura Saunders: And one thing that I think is important to remember when we're talking about evidence based practices is is that us as mental health providers as mental health and substance use disorder providers, we have an obligation.

Laura Saunders: to learn evidence based practices and we have an obligation to learn those evidence based practices to fidelity.

Laura Saunders: We expect the same thing when we're getting care when we're getting care in the physical realm we wouldn't be comfortable seeing a doctor seeing someone to help us with our physical problems, who treats a broken leg with an amputation.

Laura Saunders: And so we deserve and expect updated practices our clients, the people that we work with in the mental health and substance use field deserve that same respect.

Laura Saunders: We need to stay abreast we can't just make things up and say oh it's good enough it's good enough, I use the Laura style of helping people and that's good enough, sometimes when we do that we are doing harm slide.

Laura Saunders: So what we're going to talk about today is we're going to talk about the facts just a little tiny bit about what the research evidence tells us about the cross.

Laura Saunders: Cultural transfer ability of motivational interviewing we're going to talk about what motivational interviewing is it looks like the bulk of people who are attending today.

Laura Saunders: know what motivational interviewing is so we're going to talk about just quickly what it is and then how it as an evidence based practice travels well across cultures.

Laura Saunders: And then I want to just get just like get a little deeper and think about why it works so well with people with all people why motivational interviewing work so well and identify some of the elements of this complex style of communication that support its adaptability.

Laura Saunders: it's like.

Laura Saunders: So here's just a little bit about the Cross cultural transfer ability and motivational interviewing the the premise has always been before we even had good research, the premises, always been.

Laura Saunders: That motivational interviewing is inherently transferable, but there are there's some evidence to support.

Laura Saunders: Some examples where motivational interviewing was used successfully to lead people out of a place where they were reluctant to change their behaviors to a place of action in situations that weren't just.

Laura Saunders: In in multiple situations right that's what I want to say so um what these slides don't hang on one second sorry get weird notes all right.

Laura Saunders: hang on sorry i'm getting all messed up Okay, so this is just an example of some places where motivational interviewing was used safe water practices in Zambian village, increasing the fruit and vegetable intake through African American churches encouraging HIV.

Laura Saunders: Testing among Native Americans and smoking cessation is for parents of six children and Hong Kong, from the start, we knew and that's what I was starting to say that we knew that.

Laura Saunders: motivational interviewing would work well, no matter who you were using it with as a matter of fact, in one of the very first Meta analyses of motivational interviewing.

Laura Saunders: Jenny had a ma and just from 2005 so that the effect size of motivational interviewing with African American women in a particular trial was double the effect size, it was double it was working better.

Laura Saunders: Alright slide please.

Laura Saunders: So what is this thing called motivational interviewing that apparently works so well across cultures.

Laura Saunders: It the definition is is that it's a collaborative conversation style for strengthening a person's own motivation and commitment to change.

Laura Saunders: So let's just pull it apart, a little bit collaborative.

Laura Saunders: Collaborative collaborative means partner, it means the same It means that I am not better than you I don't have more information I don't have the stuff and things that I bring to our interaction are not.

Laura Saunders: are not more worthy of what you bring I bring expertise I bring knowledge I bring experience I bring compassion.

Laura Saunders: And a passion for helping people that's what I bring but the person who i'm working with brings expertise on themselves.

Laura Saunders: They know themselves better than literally anybody else and so those things are hierarchical their collaborative.

Laura Saunders: And so we do all kinds of things and i'll tell you a few of those things, to make sure that we're not creating any sort of hierarchy in our relationships.

Laura Saunders: And what i'm trying to and then it's a conversation style and the fact that it's a conversation style means this looks like a smooth flowing conversation between two equal partners.

Laura Saunders: This isn't a trick it isn't a technique it's not a gimmick it's not a way to trick people into doing things they otherwise don't want to do it is a conversation between two equal partners.

Laura Saunders: And then, it says that it's for strengthening a person's own motivation, if I am strengthening your motivation, I am believing that you have motivation.

Laura Saunders: When you go to a to a gym when you go to a personal trainer at a gym they never say to you as you walk in the door hey.

Laura Saunders: grab a bicep there out of that basket by the door will use one of the borrowed biceps here that we have at this gym today.

Laura Saunders: They never seen anything like that would be crazy right they don't say that they know that even though your bicep may not be right, or you wanted and exactly how you want it, you have one.

Laura Saunders: And they're going to help you strengthen it, we have to believe that same thing about people's motivation that they have it.

Laura Saunders: That they have it, it just needs strengthening and then, once we strengthen it, we can help them move out of that place of indecision into a place where they're committed to changing slide.

Laura Saunders: So what I see in practice what I see when I begin working with people is, I see a lot of here's what you should do.

Laura Saunders: And, and what I want them to be thinking is, what do you think about this, I see a lot of here's why you should do this, instead of what about this change appeals to you.

Laura Saunders: I hear some come on it's gonna be so much better just make this change, instead of what would be better in your life, what would you avoid what would get better or.

Laura Saunders: You don't want to live like this, instead of you get to choose how you live.

Laura Saunders: Like.

Laura Saunders: here's hagar turns out that hagar this, this is what I see in practice this it's very, very hard to not fix people, and this is a.

Laura Saunders: doctor, he says, you look tired egger I am I spent most of the day in my doctor's waiting room doctor looks that I have to make big changes in my diet.

Laura Saunders: To begin with, he said, I have to switch from beer to water, then he said, I have to switch from fatty foods to cook vegetables and fresh salads fast that he says wow What did you do, he says, I switched doctors.

Laura Saunders: hagar is saying that what is it what is he saying what is he doing is he saying I switched doctors he's having a beer is any.

Laura Saunders: Because what the doctor did instead of thinking, he was fixing him, which is what his intention was i'm going to fix you I need to fix you.

Laura Saunders: What he did, is he got hagar more defensive and when people get more defensive when they're looking at people from a deficit worldview, then people just do more of the very behavior we're trying to get them to stop slide.

Laura Saunders: So this deficit worldview, when we look at people like this, this is what we think this is what we're doing we're treating people like hagar doctor it's as though we say.

Laura Saunders: you're an empty head and I have what you need.

Laura Saunders: And when we push people like that we get what we asked for we're going to get a person who's defending their behavior rather than being in an accepting space where they can consider what they want to do.

Laura Saunders: or not you, and so, rather than pathology using people's reluctance to change or better yet, except that our insistence and telling people what they ought to do.

Laura Saunders: is partly responsible for the reduction reluctance or frat of flat out defensiveness that's what we need to do we what happens when we do, that is, we inadvertently.

Laura Saunders: strengthen the wrong side of the argument, instead, if we look at people's reluctance to change as expected or accepted then that's when the magic can happen.

Laura Saunders: So the next on the next slide what you see is, you see the competence worldview and that's a switch from the deficit worldview, when we look at people.

Laura Saunders: All people as competent we're saying you're competent you have your own knowledge, you have your own attitudes, you have your own capabilities my role is to evoke and guide this competence, you have what you need together will find it.

Laura Saunders: Because what we believe slide what we believe in motivational interviewing is is that people possess some substantial personal expertise and wisdom regarding themselves and tend to develop in a positive direction when they're given the proper conditions and support.

Laura Saunders: When you look at motivational interviewing like this, you see that, rather than installing expertise.

Laura Saunders: barfing our expertise all over people were instead part of their proper conditions and support so that they can want to change, they can change, they need to change, they have their own reasons to change.

Laura Saunders: Our way of guard guiding our style of helping is what helps people go from indecision to committed change slide.

Laura Saunders: So we have to regard ambivalence not as something pathak not to pathologies it not to think it's weird not to guard against it, or argue people out of being stuck.

Laura Saunders: We have to look at their ambivalence as normal natural and normal so that we can support the side of the argument that supports change.

Laura Saunders: right if we're constantly just battling against the I don't want to I don't think I can not today it's really hard, all we do is we get them more and more defensive and then we do what we've always done.

Laura Saunders: Now next slide, so there are some things that we do in motivational interviewing to honor the fact that we see ambivalence as normal.

Laura Saunders: One is we look at, we take a long hard look at how I view myself as the helper and how I view you, as the person who needs help that's the spirit of motivational interviewing.

Laura Saunders: And then we make that come alive, through various tasks, there are things that we focus on doing we engage we figure out who you are we focus we figure out what we're talking about.

Laura Saunders: We talk about why you might want to do something about it that's evoking and then we plan and that's the how the words that you use to follow.

Laura Saunders: My daughter's home for the weekend apparently she's just talking way in the other support the words that you use follow a pneumatic which is ores, and we, so we use open questions affirmations reflections and summaries.

Laura Saunders: So I want to just touch a little bit on the spirit and give you an opportunity to consider how it fits into your ideas of cultural responsiveness from your perspective so partnership.

Laura Saunders: Partnership is looking at I already said this, looking at the person as an equal partner, a dance partner that's metaphoric don't actually dance with clients we get in trouble when we do that right so it's not it's metaphorically like meeting you where you're at next slide.

Laura Saunders: Oh sorry go to partnerships, you can skip ahead now Gabriella sorry, and then the next element of spirit, I want to touch on is acceptance.

Laura Saunders: and acceptance is multifaceted acceptance is absolute worth no matter who you are what you've done you're deserving of my own.

Laura Saunders: i'm going to look to affirm you, what are your strengths, what are your values what's important to you what efforts have you put forward what characteristics of successful changers do you possess.

Laura Saunders: Maybe you haven't been using them towards making change but you've been using them you possess them and i'm going to point those out to you i'm going to describe them for you, rather than evaluate you and cheerleading you that's not helpful.

Laura Saunders: i'm going to be especially accurate and my expresses of empathy and then i'm going to talk about autonomy i'm not going to be afraid to say, and ultimately what happens here is your choice.

Laura Saunders: That is so scary it's so scary for mental health and substance use disorder providers it's so scary next slide and then skip this one and go to the empathy slide please.

Laura Saunders: Thank you so just to be clear about empathy it is really important that we're on the same page about empathy empathy is a very important ingredient and motivational interviewing.

Laura Saunders: And we want to be clear that we're not being overly empathic that we're not trying on people's feelings that's going to burn us out and we're not just having it up in our head and kind of a.

Laura Saunders: kind of way that's not good enough either what we really need to do is, we need to listen to people.

Laura Saunders: offer our reflections of what they're seeing from their perspective we're holding up a mirror but it's not my own perspective on you.

Laura Saunders: Even if two people, people often think that empathy comes from having had the same experience or problem that they're going to join with this person, because they have the same experience that's especially disrespectful in a culturally responsive realm.

Laura Saunders: And so, even if two people have very similar experiences their experiences of those life circumstances are likely to have something that's unique for each of them.

Laura Saunders: So me, assuming that I know because I went through something the same and that that you have the same thing, what that doesn't me as the helper is it shuts down my curiosity and i'm not going to be very good at empathy.

Laura Saunders: I have to be curious in order to be empathic it's disengaging to think that you automatically know another person because of some characteristic or something you share or something you've assumed about them.

Laura Saunders: period next slide compassion compassion is just alleviating the suffering of other people you're doing that, by coming to this workshop right even thinking about changing the way that you communicate with people is compassionate.

Laura Saunders: Finally, evocation evocation is about being curious I don't know what your dials and levers of change are.

Laura Saunders: Oh, you can go to the next slide sorry I don't know what your dazzling flavors of change are I need to get curious i'm going to listen to you i'm going to reflect them and ask open questions i'm going to ask your questions overall i'm really going to just listen and do a lot of reflecting.

Laura Saunders: So that's those are the elements of spirit go to the next slide so I want you to think about how the elements of spirit, how you might have been the recipient of one of these elements of spirit how who surprised you by being a partner treating you like a partner.

Laura Saunders: Who communicated a deep acceptance of you, just as you are, have you experienced compassion in your life someone who was concerned, for you committed to your well being.

Laura Saunders: Maybe you've been the recipient of evocation somebody who really knew how to bring out the best in you, who saw your strengths and your your talents that you didn't even know you had.

Laura Saunders: So, as you think about this, we can you can go to the next one gabrielle and get ready to participate in a poll.

Laura Saunders: And I think gabrielle you can put the question up.

Laura Saunders: So, which element of the spirit partnership expect acceptance compassion evocation which one have you received from another person in your own life just sit in what that felt like for just a moment.

Laura Saunders: Look at all that compassion partnership and compassion acceptance mm hmm pretty powerful stuff.

Laura Saunders: As people are answering we can just keep going a little bit here and almost done going to pass the baton, so there are some key.

Laura Saunders: skills in motivational interviewing key skills that people, we have to learn how to think with our head in our heart and our gut.

Laura Saunders: adopt these these spirit principles and then there's ways that we make those things come alive and the way we make those things come alive is by doing these skills, the skills of listening.

Laura Saunders: learning how to listen, many practitioners need to relearn how to listen.

Laura Saunders: How to ask open questions, what the purpose of an open question is how to get out of assessment mode thinking if I find out all the information about you, I can fix you.

Laura Saunders: Like really being genuinely curious about the right things, the things that move people in the direction of change, using affirmations versus compliments or cheerleading.

Laura Saunders: Reflecting genuinely reflecting what people really need you to reflect they need you to reflect they're leaning in the direction of change.

Laura Saunders: They need you to help them look for little tiny elements and what they're saying that lean in the direction of change being empathic to they're stuck but at the same time helping them see hope holding out hope for people and our summarization is how people get organized.

Laura Saunders: Alright, and then gabrielle if you can just skip down to slide seeking collaboration.

Laura Saunders: Thank you one more there we go.

Laura Saunders: Well, this is fine, actually, this is a good one we'll postpone pause here for a second in order to fully embrace I keep saying this, but this is just the big guy says this to right Carl Rogers.

Laura Saunders: was really into listening and i've said listening is important, a number of times, and you know what Carl Rogers said is we think we listened, but rarely do we listen with real understanding and true empathy listening of this very special kind is one of the most potent.

Laura Saunders: forces of change that I know.

Laura Saunders: So at the heart of everything is listening just listening to other people.

Laura Saunders: Ah, got slide.

Laura Saunders: And slide again you already talked about the or skills and then just a couple things there's the seeking collaboration, which is where you ask the person, do you want my information, do you want to talk about this that's awesome we also a big.

Laura Saunders: thing that we do in motivational interviewing and then here, finally, emphasizing autonomy being willing to say to the other person it's your choice yeah.

Laura Saunders: So lots and lots of stuff lots of knowledge to learn in the practice of motivational interviewing and lots of skills to practice.

Laura Saunders: And what when you get to fidelity with the model, you can use it, you can you can use it in a adaptable flexible way to really truly meet people where they're at.

Laura Saunders: Lots of places where you can get some more information about this and they'll be shared with you at the end of this presentation.

Laura Saunders: So what I thank you for letting me blab about motivational interviewing it's one of my passions I love being able to talk about motivational interviewing.

Laura Saunders: And what i'm going to do is i'm going to hand the baton to someone else who likes to talk about motivational interviewing and Dr Henry is going to share some of his experiences with motivational interviewing with us so.

Thank you.

Dr. Henry Gregory: Thank you Laura.

Laura Saunders: Thank you.

Dr. Henry Gregory: Good that was lacking in a little small space.

Dr. Henry Gregory: So.

Dr. Henry Gregory: When I went to graduate school I took a course on on doing therapy and my instructor ended up hiring me and when he hired me.

Dr. Henry Gregory: I was assigned to work for this agency.

Dr. Henry Gregory: In the county at a Catholic Parish.

Dr. Henry Gregory: So I go in and and even I see clients and people would come in with two parent families.

Dr. Henry Gregory: white.

Dr. Henry Gregory: middle class and i'd come in, and I do therapy for four or five hours, I give them homework assignments, they do the homework assignments, they will open to the interaction and I felt like super therapists I felt like everything was going well.

Dr. Henry Gregory: Then I started working downtown also in the inner city in baltimore.

Dr. Henry Gregory: And things change real quickly.

Dr. Henry Gregory: Because I found out that.

Dr. Henry Gregory: The people in.

Dr. Henry Gregory: The county in the Paris, I was working in we're working out of a different worldview than the people downtown.

Dr. Henry Gregory: The people downtown we generally black low income and didn't we're not necessarily open to systems coming in, did not really trust systems and even though I didn't consider myself part of the system they saw me as representing the system, so they didn't care.

Dr. Henry Gregory: How many degrees, I had where I went to school what my experience was being a therapist they were looking for a more relational evaluation of who I was.

Dr. Henry Gregory: There I seem to really care what did I seem to be competent was I genuine was at present, so they wouldn't kind of assess me by what's considered a more relational world view.

Dr. Henry Gregory: Then, my other clients who are assessing me from a more what's called a more linear or our worldview, a more linear worldview.

Dr. Henry Gregory: Later in my career as I continue to work.

Dr. Henry Gregory: And we started via even developing some models that we saw as being culturally relevant to different populations, I was.

Dr. Henry Gregory: really impressed when I found out about motivational interviewing because it was so consistent with what we were getting from our interactions on the ground in the neighborhoods every day, every day.

Dr. Henry Gregory: It was more about what what how to do than what to do, lot of talked about this thing of Problem Solving you know.

Dr. Henry Gregory: I teach nurses and nurse practitioners and such and they all the time they talk about how they trained to solve problems and they'll come in with that mindset.

Dr. Henry Gregory: But when we start talking about motivational interviewing things shift because you're not there to solve somebody else's problem you're there to assist them as big on that journey of problem solving.

Dr. Henry Gregory: Know lauren mentioned it's a.

Dr. Henry Gregory: A person centered way of interacting with people it's a communication style it was Rogers Rogers would probably say, and when we talk about communication, the main thing we have to do is listen.

Dr. Henry Gregory: And and it's easier said than done when it does happen, it gets our attention excuse my language that's how we hook up a lot of times.

Dr. Henry Gregory: we're talking to somebody and they start really listening to us, they get us and start letting us know and next thing you know we want more relationship with that person.

Dr. Henry Gregory: Because they are genuinely listening to us so when I started hearing about this motivational interviewing I started realizing that it was more than just a technique, more than a model it's a way of being in the world.

Dr. Henry Gregory: A way of being because it has certain assumptions that respect everybody's a right to be who they are, and to.

Dr. Henry Gregory: To to adjust to adapt to the world in ways that a characteristic of their specific culture, and when I say this assistant culture i'm gonna take a little step further, I say, each one of us is a culture unto ourselves.

Dr. Henry Gregory: Think about it, but we may be male or female, we may be black or white, we might be.

Dr. Henry Gregory: Mental health professionals, we might be have graduate degrees, we might like baseball we made like our tenants, we might be from a two parent family a blended family all those things, make each one of us.

Dr. Henry Gregory: Have a unique culture, a unique culture.

Dr. Henry Gregory: And that means whatever interaction is going to be relevant to the most people has to be adaptable and it has to be about more about how then what.

Dr. Henry Gregory: Part of what's happening in our society as, as I see it is we, you know really caught up in this outcome things.

Dr. Henry Gregory: Excuse my language, but I think it comes from the financing from the top, of whatever, but the outcome, say that you know when we have to work, we have to do certain things in a certain amount of time in order to be successful, and you know that that probably has its place.

Dr. Henry Gregory: But what I found out early in my career is lot of times when I interacted with clients and we had a real good interaction sometimes.

Dr. Henry Gregory: We did meet those outcomes, I can remember several situations, one where.

Dr. Henry Gregory: Two years after the client went to jail.

Dr. Henry Gregory: i'm on the tennis court and he he comes and gets me off the tennis court he when he sees me and he just tells me how please, he was waiting line for me as excuse me.

Dr. Henry Gregory: But you went to jail, he said, oh no you don't understand I was going to do away before I met you but and you need skills in jail so Oh, he was teaching me.

Dr. Henry Gregory: Another cloud I ran to just kind of running behind a car, and he stopped my car and I said.

Dr. Henry Gregory: I came up and started talking and I didn't recognize the voice, because in the six months, I saw him as a teenager I never heard his voice, he was quiet I couldn't get in to really talk and he started talking to me about what he learned, for me, and what he.

Dr. Henry Gregory: Was transferring now to his infant son some of those same skills My point is this when you have a healthy process good is going to come out of it, it may not come out in the time that you want it may not come out in the way that you want what's good is going to come out.

Dr. Henry Gregory: What I love about motivational interviewing.

Dr. Henry Gregory: assume that it has that are relevant to what's all, no matter what culture we have from or influenced by and some of those some of those assumptions one is that.

Dr. Henry Gregory: All people want to be healthy and happy now now suddenly met folks and i'm sure you have who didn't know how to be happy didn't think they could have never met anybody who didn't want to be happy.

Dr. Henry Gregory: and healthy.

Dr. Henry Gregory: As long as all people have motivation for change, maybe not to change the way I want them to change, but they have motivation for change, one of the things this model requires.

Dr. Henry Gregory: A lot of kind of hidden and so, in the end it requires to us as providers that we be opening careers and available in a different way you can't.

Dr. Henry Gregory: not be present and and do this because you'll be bringing your stuff to the table pushing it on the clock to really do these attitudes and skills properly you really have to.

Dr. Henry Gregory: be working on yourself, you really have to know how to listen, how to be present and open to someone else's way of seeing the world and processing the experience.

Dr. Henry Gregory: Again, the ambivalence piece ambivalence about change is natural, we all are ambivalent right now.

Dr. Henry Gregory: Those of you who who might be might you know you may have met the person of your dreams, you know that you've been dreaming about since you were five years old and that person's was ready to get married with you.

Dr. Henry Gregory: And 99% of you said yes, this is the person, this is what I want to do, but there's gonna be a little bit ambivalence back that's going to say.

Dr. Henry Gregory: Do I really want to give up my freedom can I really do this, what will this cost me that's just natural that's just natural and ambivalence edit extreme can be resistance resistance.

Dr. Henry Gregory: and mental health is the only field we see where resistance becomes a negative thing if somebody tells you today to doctor tells you today, you are resistant to cancel or tuberculosis, a coven you feel good.

Dr. Henry Gregory: But when we see a client has been resistant, we think there's something.

Dr. Henry Gregory: something wrong but resistance is a way of organism attempts to take care of itself Oh, the way it attempts to set boundaries has filters and to make decisions about what it will engage in and what what it won't talk for its own welfare.

Dr. Henry Gregory: So it's really a healthy thing and again, you know of you know, coordinate Milan, while making the largest said it again when we meet resistance, what do we do.

Dr. Henry Gregory: We go to reflecting we go to a listen active listening stance to hear and understand from that person's perspective, why they may not be accepting are open to the ideas that come, because that will tell you what they are open to that will tell you what will work for them.

Dr. Henry Gregory: And in the process, the.

Dr. Henry Gregory: Another piece that I love about this is the unspoken assumption is that we all have free will, we all have free will.

Dr. Henry Gregory: i've met clients younger days when the judge say either you do this or you go to jail time say up well i'll go to jail, you know I know how to do jail, all my buddies down anyhow let's go to jail.

Dr. Henry Gregory: With the client was saying was I make my decisions not to judge about what i'm going to do.

Dr. Henry Gregory: And and and and as a human sometimes that's all that's, the only thing we get we can't determine our circumstance, but we always have free will to determine how we're going to respond to our circumstance again this model represents, to me, a way of being.

Dr. Henry Gregory: It accepts that change is a natural process we've all heard the saying the one constant is change the only issue is how we deal with change.

Dr. Henry Gregory: matter of fact, my definition of intelligence is one's ability to adapt and adjust to whatever changing environment.

Dr. Henry Gregory: What may have been an intelligent move last year may not be one this year, and so forth, we are constantly required to.

Dr. Henry Gregory: adapt and adjust.

Dr. Henry Gregory: And I think pandemics just bring out more that but that's always an issue.

Dr. Henry Gregory: The piece, that the assumption that that probably touches me most is the assumption that everyone has what they need inside of themselves.

Dr. Henry Gregory: Everyone has what they need inside of themselves so it's not my job to come up with a solution for them it's not my job to give them.

Dr. Henry Gregory: New new stuff it's my job to help them explore what's already inside of them in their effort to move forward in their lives because everybody has what they need.

Dr. Henry Gregory: Now, the thing about that, if we apply that as a as a society all over the world have different with interaction speech.

Dr. Henry Gregory: When we can see a person is having worth.

Dr. Henry Gregory: Having value having competence and our job is just to assist them in tapping into sometimes interpreting what they already have because a lot of times what beat people up is their interaction with this larger society that isn't not so much accepting, particularly when it's not conformity.

Dr. Henry Gregory: And this model works so well with talk about Carl Rogers work with.

Dr. Henry Gregory: maslow's work mansell's talking about hierarchy of needs, we all basically have the same needs.

Dr. Henry Gregory: From physiological needs and safety love and belonging esteem and actualization.

Dr. Henry Gregory: And it says generally people are not willing to work on the higher level needs if their basic needs aren't being taken care of and we have to listen to them in a deep and curious way to really find out how they perceive their needs, as being met or not met.

Dr. Henry Gregory: So so so, so this is, this is a model that I see, although there's been a lot of evidence that is supported it.

Dr. Henry Gregory: And that's a good thing i'm not particularly real big on evidence based practice don't tell them about it don't tell them, you know, because you know it's it's a science is art and it's and it's economics, you know you can do some research and.

Dr. Henry Gregory: In.

Dr. Henry Gregory: Southern iowa with people who left handed and who were born on Thursdays and then you know, want to apply that same way to everybody in the world.

Dr. Henry Gregory: Whatever model, you have it has to be adapted.

Dr. Henry Gregory: To the people that you're practicing it with.

Dr. Henry Gregory: This model and so many miles that I see as really culturally applicable and consistent with the class standards.

Dr. Henry Gregory: are bottom up models in what we call practice based evidence.

Dr. Henry Gregory: What what I learned, when I was going into the project and meeting with people and was with getting there listening to their stories.

Dr. Henry Gregory: Hearing feeling their attitudes getting their interpretation of of what their needs, were.

Dr. Henry Gregory: That is practice based evidence that comes out of a more subjective worldview objectivity is one way to know things, and it has its place.

Dr. Henry Gregory: But what also is a part of the major worldviews and many people had this relational worldview is about subjectivity believe believing what you experience.

Dr. Henry Gregory: there's some things that you cannot know objectively, for instance, if you if you're talking about spirituality whether it is a creator whatever you know that's not something that you can reproduce it will show to others in a way that makes it empirically validated.

Dr. Henry Gregory: But that doesn't mean you don't have the experience to say it's real.

Dr. Henry Gregory: And that must be attended to.

Dr. Henry Gregory: part of my point is so much of what we deal with in this society is comes out of that linear worldview, that is based on materialism objectivity.

Dr. Henry Gregory: outcome facts it sucks.

Dr. Henry Gregory: And you know it has its place but that's not the only way to see the world, and many of the cultures and subcultures we deal with are more relational oriented so again look at the world more subjectively the whole concept of.

what's to come.

Dr. Henry Gregory: I forget the term now but it's but it says there's no such thing as facts there's only social agreements, you know.

Dr. Henry Gregory: I live in baltimore is that a fact was that a social agreement.

Dr. Henry Gregory: Well, we may consider the fact that day, but it hasn't always been called baltimore we don't know if it's going to be called baltimore 10 years from now that's a social agreement to green stuff in your pocket was dead Presidents on it, is that a fact or social agreement well.

Dr. Henry Gregory: According to the Wall Street, the value of that changes that's a social agreement all i'm saying is there's more than one way to see the world and the many cultures that.

Dr. Henry Gregory: Look at the world in a more relational way again with not the outcome that's important but it's the process, this model is more about how the what.

Dr. Henry Gregory: This model is more about how than what it says when it first started talking about the spirit of man oh man.

Dr. Henry Gregory: I really got my attention is the first time I ever heard a clinical model talk about spirit spirit be first to me to energy to vibration, to the connection between people and this model focuses on that as a primary vehicle appealing.

Dr. Henry Gregory: The spirit of Emma and again it's not something you can fake is something each one of us has to live in order to do because you can't.

Dr. Henry Gregory: You can't take somebody somewhere you haven't been you can't in a genuine way.

Dr. Henry Gregory: introduce them to something that you're not using yourself.

Dr. Henry Gregory: Because again relational a relationship oriented people i'm not as concerned about the cognitive, you know what it looks like on paper they're concerned about the an effective, high fields, if it does not feel genuine if it does not feel.

Dr. Henry Gregory: concerned if it does not feel competent, then you get less access you get less access.

Dr. Henry Gregory: So.

Dr. Henry Gregory: So motivational interviewing, as I see it, is a prime model for moving across cultures, because, again, the main skill you use is listening, and when you talk about listening there's a nomenclature that using motivational interviewing for for.

Dr. Henry Gregory: Listening for active or reflective listening, but the other ones that come out of structural family therapy in other places.

Dr. Henry Gregory: But there's there are a set of skills that come with listening, as well as attitude and learning how to be still.

Dr. Henry Gregory: and learning how to be still if your mind is racing all the time you're thinking about what what's the dinner how much money you don't have what you need while you're sitting with the person then it's going to be a little difficult for you to really actualize.

Dr. Henry Gregory: That what's intended through motivation immigrant.

Dr. Henry Gregory: But if you are working on you learning how to still be present lit to listen inside of you it's going to make it easier to listen to other people in a genuine and helpful way.

So.

Dr. Henry Gregory: So it's not about fixing people it's about assisting people system.

Dr. Henry Gregory: I had the privilege of working for 10 years with a column D Clemente who was one of the.

Dr. Henry Gregory: founders of the what was the stages of change stages of change and I worked for about five years before before I realize heard about this thing about pre contemplated, you know different kinds of attitudes that people have when they when they say i'm not ready to change like that.

Dr. Henry Gregory: And in the clear and these two models coordinate a million round Nick you know also these two models work so well together, because they say if we can figure out where that person is.

Dr. Henry Gregory: In relationship to what's being offered, then we can be appropriate in how we respond to them appropriate supportive and encouraging like that.

Dr. Henry Gregory: And again Laura said, if you get a pre contemplated as a rebellious be contemplating you want to make sure that you say in sometime in the process, you want to say.

Dr. Henry Gregory: Oh, but it's up to you, but it's up to you, you know because that's you know.

Dr. Henry Gregory: If they're one who is a.

Dr. Henry Gregory: resigned with less energy, then you have to instill hope you know different ones require different approaches so.

Dr. Henry Gregory: it's about learning the nomenclature, the techniques to skilled, but then applying them in a genuine and real way acknowledging that the person has what they need in and we're just partnering collaborating with them to evoke from them what is best for them according to them.

Dr. Henry Gregory: Okay.

Dr. Henry Gregory: I don't know that was 15 minutes or 20 minutes, though, but uh okay we'll stop there, and take some questions.

Christina, she/hers, UW/R10 MHTTC: Great Thank you so much, both of you, this has been fantastic this is Christina here one of the co chairs of our group and helped.

Christina, she/hers, UW/R10 MHTTC: have the pleasure of working with all of you to get these setup that was fantastic material, and as long as i've.

Christina, she/hers, UW/R10 MHTTC: done and heard about him I These are the things that I always think about so I really appreciate all your really helpful points, given that this is just a taste of of what we can dive into we do have a few questions.

Christina, she/hers, UW/R10 MHTTC: The first one is, is there a good way of using EMI with someone who is in the grieving process, especially if they have recently experienced a significant traumatic loss or let either both of you answer that.

Dr. Henry Gregory: Well i'll say, the first thing you want to do is.

Dr. Henry Gregory: reflect the feelings acknowledged the feelings, you know again in our society, we tend to run from feelings and and but the feelings always catch up with us.

Dr. Henry Gregory: And then we end up acting them out in some way, so if you can help a person to process the feelings that are already there to identify them.

Dr. Henry Gregory: Which Daniel siegel set said, if you can name it, you can tame it.

Dr. Henry Gregory: doesn't mean you're going you're not going to have some discomfort that doesn't mean you're not going to be sad but all feeling feelings of messages.

Dr. Henry Gregory: feeling just a messages and assisting come with messages and lessons, so the more we in touch with them, the more we informed guided with taken care of through the process and with loss with loss as.

Dr. Henry Gregory: With loss always comes a couple of issues, one is that when we have we lose something with giving something in return.

Dr. Henry Gregory: And loss always requires us to reassess our identity.

Dr. Henry Gregory: We assess my mother passed, you know say who am I without her.

Dr. Henry Gregory: I mean.

Dr. Henry Gregory: My wife passed, you know you, you have to grieve assess yourself, so you we help people by helping them to process their feelings.

Dr. Henry Gregory: about what is going on in their life what it means to them, because it means something different to everyone, of course, giving them as much support time as they need, because no there's no time limit zone.

Christina, she/hers, UW/R10 MHTTC: yeah right yeah.

Laura Saunders: And I can just add a little bit.

Laura Saunders: piggybacking on that it I think it's also important to and Dr Henry was was talking about this.

Laura Saunders: That that there are things that we do in motivational interviewing they're just excellent relational skills in.

Laura Saunders: Dr Henry was talking about how important how some cultures well everybody really just wants relational stuff right like we all just want to have people understand us.

Laura Saunders: And so, learning, like the or skills and and seeking collaboration and emphasizing autonomy Those are all skills and those can be used, no matter what style of communication you're using those are really good skills.

Laura Saunders: motivational interviewing per se is for the resolution of ambivalence so if the person who's grieving isn't ambivalent.

Laura Saunders: about changing a bit like there, I mean sometimes people are ambivalent about moving out of the grieving process then motivational interviewing.

Laura Saunders: Can you can pull into the motivational interviewing lane and effectively use it if there's not ambivalence then it's about using something else, and still thinking about all of these good relational skills, that being that learning motivational interviewing can help you bolster absolutely.

Christina, she/hers, UW/R10 MHTTC: But you're not really.

Laura Saunders: Trying to use the technical parts yeah.

Christina, she/hers, UW/R10 MHTTC: Great Thank you so much, I want to make sure we have a couple of other polls so i'm going to go ahead and turn it back over our team to share there's a couple of open ended polls and.

Christina, she/hers, UW/R10 MHTTC: we're going to skip ahead to that and just reminder, the link should help you be able to type in your answer and if not, you can put it in the chat if need be.

Christina, she/hers, UW/R10 MHTTC: All right, let's go ahead and get to that pole So what do you like most about this particular practice of motivational interviewing.

Christina, she/hers, UW/R10 MHTTC: I don't know if either of you have any comments, but it's it's always.

Christina, she/hers, UW/R10 MHTTC: really interesting to see what people appreciate about am I, and I think when we feel in that low and it's working it feels really great and it's getting to these things that people are naming.

Christina, she/hers, UW/R10 MHTTC: it's not every day it's not every time, but you know when it work, you can feel it.

Christina, she/hers, UW/R10 MHTTC: i'm just a reminder, we are capturing all these polls, so, even if we move on to other slides will be able to capture your your comments here.

Christina, she/hers, UW/R10 MHTTC: Maybe while people if folks are still answering the poll.

Christina, she/hers, UW/R10 MHTTC: Or maybe we're kind of.

Christina, she/hers, UW/R10 MHTTC: done answering those okay perfect.

Christina, she/hers, UW/R10 MHTTC: Okay um we have another poll about what barriers might be.

Christina, she/hers, UW/R10 MHTTC: in place or sort of challenges for or no i'm sorry there's a what would be a reason to start using your your.

Christina, she/hers, UW/R10 MHTTC: This practice into work and then we'll talk about barriers and then we'll get to our last couple questions what's the reason for you to start using this as a practice in your work.

Christina, she/hers, UW/R10 MHTTC: folks we're having technical challenges there's some that don't work out but appreciate that's putting stuff in the chat as well.

Christina, she/hers, UW/R10 MHTTC: We have a couple questions i'll get to in a minute, but while these are rolling in I guess a related question that just came in, is what are some strategies to begin So if you are.

Christina, she/hers, UW/R10 MHTTC: Trying to enter into this space and use some of the spirit and skills of me, my question is what are some basic techniques to begin to in my process.

Christina, she/hers, UW/R10 MHTTC: And, and I know for me personally, when I teach her or talk about on I or is is always you know the easy thing to go to and reflective listening.

Christina, she/hers, UW/R10 MHTTC: But if either, if you want to speak to that How do people just get started, or what what are sort of the minimum steps to to weave this into your work.

Dr. Henry Gregory: But certainly the arm the orders as a good place to start just learning those basic skills.

Dr. Henry Gregory: Again, my experience is they don't just help work for clients they help with family members and friends and everybody.

Dr. Henry Gregory: You know so often, when we have disagreements it's about misunderstanding, we miss each other.

Dr. Henry Gregory: Or we with with everybody's trying to be right, you know some of us would rather be right than happy, you know so we're you know we're not listening and communicating we just trying to get our point across.

Dr. Henry Gregory: So the oils just learning them is an excellent place to start is an excellent foundation, and if you do them that's going to even take a deep into spirit.

Dr. Henry Gregory: The next step that I really like is change talk learning to listen for any listed change car, you know so so we always understanding that that we're listening for for for what's the Atlas acronym ah.

Laura Saunders: darn.

Laura Saunders: darn cat.

dog.

Dr. Henry Gregory: desire ability reason need and a commitment, you know we always listening, but anything that implies anyone in them, so we can jump right on.

Dr. Henry Gregory: You know somebody may say 10 thing that around you know they say yeah but I know I need a.

Dr. Henry Gregory: drink is not a problem to me, and this one any other metadata negate 10 liza may say you know yeah well you know, sometimes that doesn't make me a little foggy word boom they talked about need so.

Dr. Henry Gregory: For those other 10 thing.

Dr. Henry Gregory: She said oh tell me more about that about missing work, you know tell me more about the struggle even happen with it, you know you just be listening listening from them what's already there so subtle change top That to me is a very powerful to work well.

Christina, she/hers, UW/R10 MHTTC: Great I know we have one more or maybe we could get to that and then we'll finish up with a couple of other questions.

Christina, she/hers, UW/R10 MHTTC: And if i'm right, I think the next one, so this is, we have a number of full still sorry, what will it take you to implement this practice into your work.

Laura Saunders: canning them.

Christina, she/hers, UW/R10 MHTTC: yeah I know I taught at this a lot myself, but I will say.

Christina, she/hers, UW/R10 MHTTC: What i've experienced is yeah what people are putting in in the poll there's practice because.

Christina, she/hers, UW/R10 MHTTC: You can talk about it, you can sit in your office you can think about it, read a book watch a video, but unless you're actually doing it and the person across me says Yes, that was it.

Christina, she/hers, UW/R10 MHTTC: That felt good and and so i've seen staff in different places i've worked to do practice groups there are practice manuals out there.

Christina, she/hers, UW/R10 MHTTC: But really it's it's just getting out there, people hate role players but it's, the only way to really learn it so that's that's kind of echoing what i've seen and then it's just trying to use it, where we.

Laura Saunders: Hope you just needed yourself Christina but yet use it where you can yeah absolutely just.

Laura Saunders: Just practice practice practice practice practice so it's about finding a place where you can learn the basics learn enough about motivational interviewing that you can then try it.

Laura Saunders: In a role play situation or with with the people you work with you won't hurt them experimenting with motivational interviewing on that you're not going to hurt them you're not going to hurt them by reflecting.

Laura Saunders: you're not going to hurt them by trying open questions you just you can't hurt them.

Laura Saunders: And when is Christina just said, and when they give you positive feedback when they're like yes that's right and you start hearing more darn cat you start hearing them leaning in the direction of change, you know that what you're doing is right.

Laura Saunders: Sir, and move their practice as long as as as quickly as they do surgery like it's constantly learning new things, because they get immediate feedback.

Laura Saunders: We have to learn what the signs and symptoms of immediate feedback are from the people we work with its them engaging it's them moving more towards change it's them like feeling heard and understood and saying yeah that's right i'm going to keep talking to you.

Laura Saunders: Those are signs and symptoms of success.

Christina, she/hers, UW/R10 MHTTC: And again.

Christina, she/hers, UW/R10 MHTTC: But.

Dr. Henry Gregory: I think get gail have a piece in there, she said try with the toddler something.

Dr. Henry Gregory: But what I was thinking at that moment with your children because again you're teaching them communication, but think about it, you know your six year old and a four you're outside in the yard playing and then somebody running.

Dr. Henry Gregory: He hit me then you got a choice you can you can go in and trying to solve the problem, or you can just get reflected.

Dr. Henry Gregory: Oh, you heard you don't like what he did, because it, no matter what you did do they're coming back out there, playing again in five minutes.

Dr. Henry Gregory: You know if you show them that you have some faith in them you're connected you hear them that you're listening in now they'll be better equipped, but if you just try to solve the problem for them that that's not necessarily going to teach them how to solve the problem.

Christina, she/hers, UW/R10 MHTTC: Thank you well and in.

Christina, she/hers, UW/R10 MHTTC: My experience it's also when when it's not appropriate to use it so something's literally on fire and how do you feel about that.

Christina, she/hers, UW/R10 MHTTC: You know you're going to move to solve the issue, so you know, using a my where you can.

Christina, she/hers, UW/R10 MHTTC: there's some things that we all have to do in our work that just aren't very EMI spirited but yeah so that's great okay let's move on to the next poll.

Christina, she/hers, UW/R10 MHTTC: But I did want to you know, I think, hopefully, answer the the person asked you how to ask the right question using an Ai and so some of those links, hopefully, will help you.

Christina, she/hers, UW/R10 MHTTC: learn some of those skills, a question guidance it's really not about a ton of questions in my experience, so I don't know if you have advice for that, but.

Laura Saunders: yeah I totally agree Christina you want to because we're trying to minimize the number of questions that you ask, yes, I mean this the person who said, like Can you give us a question guide.

Laura Saunders: yeah you want to make sure that the questions you ask really count.

Laura Saunders: Because what you really, really want to be doing a lot a lot, a lot of to show this relational aspect to show this person that you're really working your butt off to try to understand them to show empathy.

Laura Saunders: you're you're doing a lot a lot, a lot of reflecting.

Laura Saunders: But you're not just reflecting every single thing they say, because every single thing they say you don't want them to hear every single thing they say again.

Laura Saunders: You want them to hear the things that they say that are holding out hope, where they have that little tiny bit right like Dr Henry said, like they have 10 things are red and dad this is terrible this is awkward but but.

Laura Saunders: I have been sort of thinking about this.

Laura Saunders: That you want to learn to reflect, so you can help them.

Christina, she/hers, UW/R10 MHTTC: So selective selective reflect.

Christina, she/hers, UW/R10 MHTTC: Very.

Laura Saunders: Clearly yeah it's it's hearing it and then saying it in a really intentional selective way.

Dr. Henry Gregory: Reflecting is not just repeating the words.

Dr. Henry Gregory: No feeling and just not you can reflect mimic with if you look about it, the research says excellent job is generally are reflective 85% of the time.

Dr. Henry Gregory: 85% of the time anything you can say in a question, you can make a statement on a reflective statement.

Laura Saunders: And with a lot of practice.

Christina, she/hers, UW/R10 MHTTC: And the difference.

Dr. Henry Gregory: Is when when you asked a question you put the other person.

Dr. Henry Gregory: On a defensive, you have to take a risk, but when you make a statement you take the risk you take this.

Laura Saunders: Much more higher questions or hierarchical I will ask a question, you will answer it, I will ask a question and you will answer it when you're reflecting you're keeping your staying here you're being much more of a partner.

Christina, she/hers, UW/R10 MHTTC: yeah yeah it's it does take a lot of practice to not have your everything be a question, this is um.

Christina, she/hers, UW/R10 MHTTC: So i'm looking so some questions have been answered quite so please do check your Q amp a if you type, the question that may have been answered, but I thought this was important.

Christina, she/hers, UW/R10 MHTTC: And I know this relates to our being culturally responsive and you've touched on this, but can you talk about how am I functions in non English language.

Christina, she/hers, UW/R10 MHTTC: Speaking communities or indigenous languages, or is there any research about linguistically, culturally responsive, am I.

Christina, she/hers, UW/R10 MHTTC: Any resources and and I will share I didn't put this in the chat yet, but we are going to have an faq for this session.

Christina, she/hers, UW/R10 MHTTC: As well as a fact sheet and so will list a bunch of resources, so if you share things with us later, as the speakers, we can include those but any any initial responses to that.

Laura Saunders: So Gloria just a couple things this may or may not answer your question there, there are many Members who are training and 45 different languages.

Laura Saunders: There are the MIT textbook the text book The latest edition of the textbook has been translated into 55 languages, I know there are members of the men who i've.

Laura Saunders: got some friends company and some other people who use motivational interviewing with indigenous populations in Australia and New Zealand.

Laura Saunders: So I don't know specifically of I mean, I know that that they use it, I don't know where you could access any research about that, but I could.

Laura Saunders: You could certainly start by looking on the site that Christina mentioned the motivational interviewing org site all of the latest and greatest research gets put on there constantly so that would be the place to start looking.

Christina, she/hers, UW/R10 MHTTC: Okay um then another question we have someone who deals with folks experiencing sexual abuse.

Christina, she/hers, UW/R10 MHTTC: Domestic suggestions about an eye when folks are having trouble explaining or naming their feelings, you know every.

Christina, she/hers, UW/R10 MHTTC: You know situation brings its own challenges that this is a particularly difficult one and so have you have you any experience or advice for when people are working in those settings or with clientele experiencing those things.

Dr. Henry Gregory: Again I think it's about meeting people where they are.

Dr. Henry Gregory: And if the person having difficult, you might you might just say that sounds like it may seem like you're having difficulty with this is really hard for you so again when you reflecting you, you are.

Dr. Henry Gregory: Sometimes, giving them the word it's a no it's not hard but i'm angry Oh, you really angry about this.

Dr. Henry Gregory: yeah so it's moving with the person and it's not about coming up with the right answer you know but it's about moving with the person.

Laura Saunders: helping them name their emotions by you doing doing the some of the work for them yeah.

Laura Saunders: That was frightening that was awful you're embarrassed you feel shamed you feel frustrated you feel angry you feel panicked you feel whatever whatever they're describing helping them.

Laura Saunders: reflect those feelings there's there's a fabulous old old example of motivational interviewing where Bill Miller is talking with a nearly silent man.

Laura Saunders: And he's having to help the guy and he I mean he just does naming emotions all over the place, so because the guy's not he's not doing it, but he's putting it out there, like is the energy is demonstrating what his emotions are and Dr Bill Miller just helps him.

Dr. Henry Gregory: My experiences nothing de escalate a situation more than reflecting feelings, because people are acting out.

Dr. Henry Gregory: Because they want you to understand that they're feeling something they may not have a word, but you can say oh that was upsetting.

Dr. Henry Gregory: That really bothered you then it starting to get words, so it helps to calm people down when they'd be like oh she's getting me he's understanding what i'm talking about.

Christina, she/hers, UW/R10 MHTTC: huh no, thank you, and you know we hear this in so many different avenues whether it's called empathy or validation reflection, and these are all the same feelings that you, you can express but it's not judging it's not having a.

Christina, she/hers, UW/R10 MHTTC: viewpoint on it it's and then that reflection like you're saying is not just peppering with more questions but, and I think that to that point about questions how I know if i'm doing it right.

Christina, she/hers, UW/R10 MHTTC: Even if you reflect it and it wasn't anonymous what that meant they'll tell you, hopefully more about why that wasn't right and they'll tell you more about what is right and so you'll still win.

Christina, she/hers, UW/R10 MHTTC: If you want to look at it that way you're still getting some information one last question, so I think i'm.

Christina, she/hers, UW/R10 MHTTC: Just more of a comment but laura's typing answer to you, Carlos as well sort of indecision ambivalence certainly be anchored to fears tears other thoughts.

Christina, she/hers, UW/R10 MHTTC: I guess, one thing I wanted to chime in as people i've worked with and settings i've worked with where people, maybe has some cognitive issues or weren't very sharing, for whatever reason, and I think you know.

Christina, she/hers, UW/R10 MHTTC: I certainly unknown that a lot of work has been done and how to adapt, am I not just with different cultural groups, but with different ways people use their language or may have challenges with language and so it's not impossible, but yes it's a talking mode and sometimes.

Christina, she/hers, UW/R10 MHTTC: That can be challenging for people, but hopefully Laura will get you some information.

Christina, she/hers, UW/R10 MHTTC: Where we are almost out of time and i'm going to wrap ups, up to the closing slides with Maria and so thank you so much for our speakers and.

Christina, she/hers, UW/R10 MHTTC: for getting through our questions and we'll make sure to capture these and post these along with our video and slides, we do have the upcoming series so Maria i'll turn it over to you to take us out.

Maria Restrepo-Toro: Well, thank you so much for this amazing amazing conversation Dr haley Laura day for bringing this fabulous speaker Christina and gabrielle for doing such a wonderful job and Jessica.

Maria Restrepo-Toro: Please join us, we have two more amazing conversations coming up in two weeks, the next one is on July 22 is achieving whole health balance mind body and spirit.

Maria Restrepo-Toro: And in August 5 we have preventing long term anger and aggression in youth both practices have been Community form, and they are evidence based practices, so we really hope that you can come back and continue to join us.

Maria Restrepo-Toro: On next slide In addition we please connect with your mental health, etc, in your region remember there's then mental health disease around the country, plus the two national.

Maria Restrepo-Toro: centers that you have, so please visit get resources get connected reach out to all of us we're here to support you.

Maria Restrepo-Toro: And lastly, remember, as we said at the beginning, the evaluation is critical for us for our funding and we really appreciate your feedback is extremely important.

Maria Restrepo-Toro: The information, you can either scan your phone or you can just link and just give us your feedback, it will take you literally two minutes.

Maria Restrepo-Toro: So please have a wonderful rest of the day, whatever you are in the country, but this was a really an amazing conversation I really appreciate everybody's help and support and in behalf of the entire cultural responsiveness.

Maria Restrepo-Toro: Working Group we think everybody and feel very grateful that you join us today so have a blessed day and have a wonderful afternoon.