



First 5
San Diego

Systemwide Implementation of Motivational
Interviewing to Engage Families in Relationship Based
Approaches

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Learning Outcomes



- Identify elements of Motivational Interviewing (MI) that support providers' ability to engage and empower families.
- Identify best practices and tools to address ambivalence and resistance to changes in service system practices.
- Recognize barriers to implementation and MI adherent approaches to reducing those barriers.

Today's Presentation

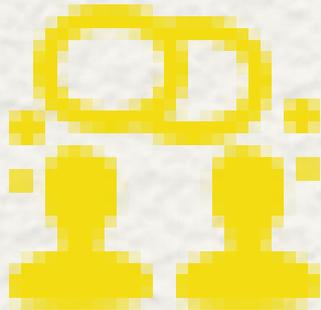


- What is Motivational Interviewing
- Healthy Development Services – A Developmental and Behavioral System of Care
- Implementing Motivational Interviewing in a System
- Lessons Learned

What is Motivational Interviewing?



collaborative, goal-oriented style of communication with particular attention to the language of CHANGE



Stages of Change



OARS: Guiding families to row their own boats towards change

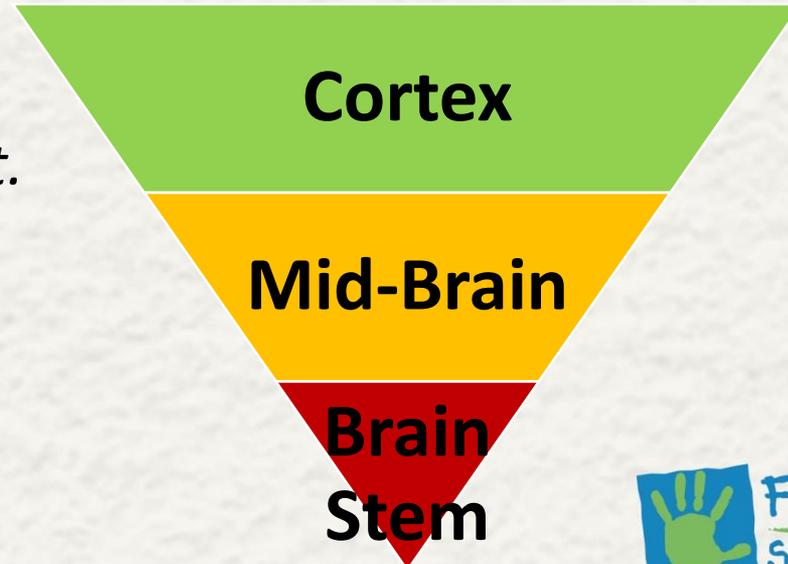


- **O**pen Ended Questions

- *What would you like to get out of these workshops?*

- **A**ffirmations

- *You are a concerned parent.*



OARS: Guiding families to row their own boats towards change



• Reflections

- Parent: *It has been hard to get to the class because we had a lot of other appointments.*
- Provider: *It sounds like you are very busy.*

• Summaries

- *So it sounds like you want to learn more about discipline and routines. You are also very busy but you want to find a way to get to the workshops.*

Video



Head Start North Carolina
Motivational Interviewing for Kids
Healthy Smiles

Activity: Practice Using OARS



1. Turn to the person next to you.
2. Each of you will take a turn being the MI practitioner that is using OARS.
3. Role #1 – Discuss your interest in implementing MI in your work.
Role #2 (MI practitioner) – Respond to your partner only using open-ended questions.
4. Switch roles. MI practitioner may choose to use reflections instead of open-ended questions.

Let's Talk Change



Ambivalence: *The state of having mixed feelings or contradictory ideas about something or someone.*

CHANGE TALK

Preparatory

- **D**esire
- **A**bility
- **R**eason
- **N**eed

Implementing

- **C**ommitment
- **A**ctivation
- **T**aking Steps

A Way of Being



Let's Get the Spirit!

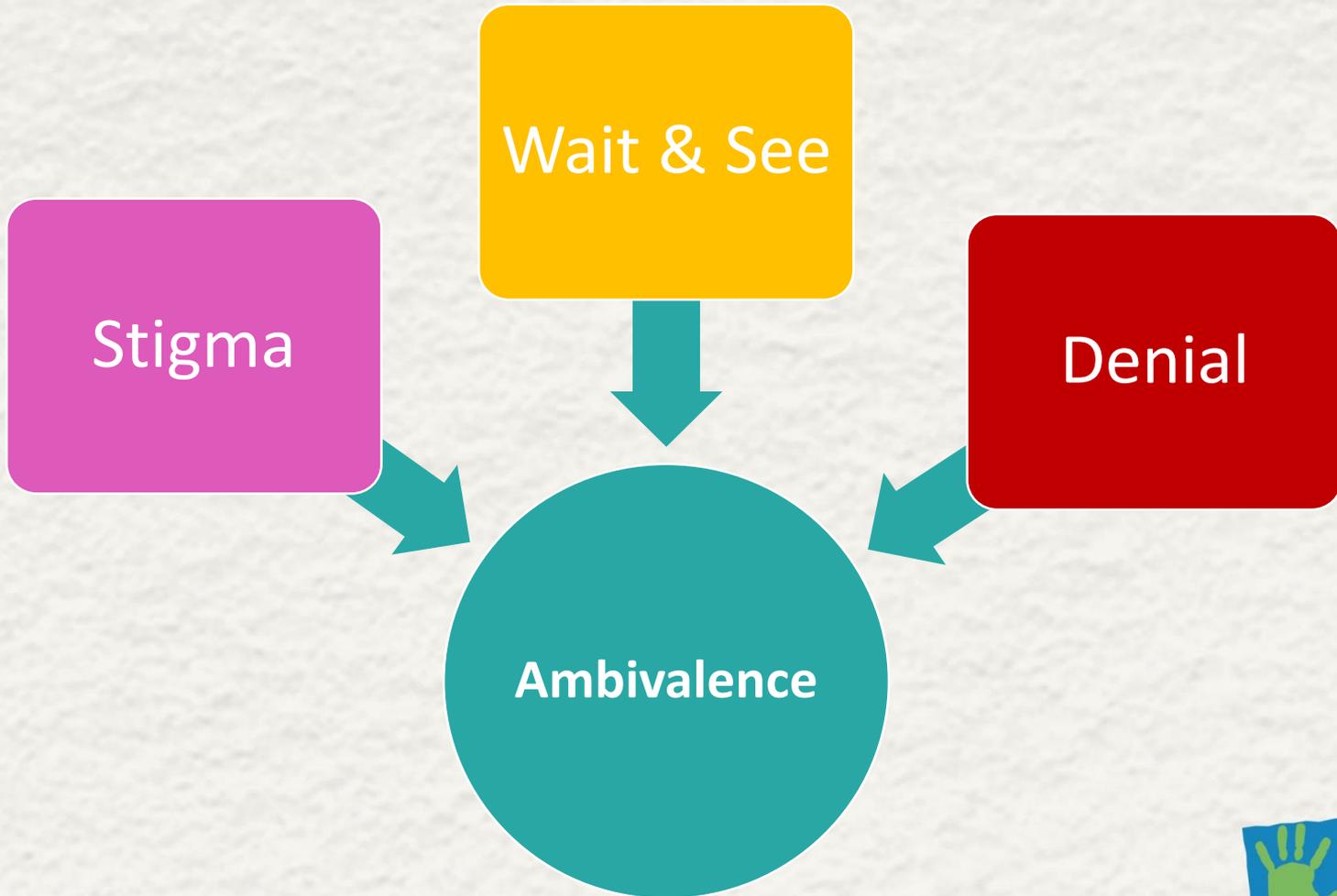


- Think about a parent or staff member you have worked with that may have been challenging.
- What was frustrating about their behavior?
 - Always late or misses appointments
 - Does not follow through
- What do you wish s/he would have changed?
 - Be more responsible
 - Try harder

Video



Ambivalence and Addressing Developmental Concerns

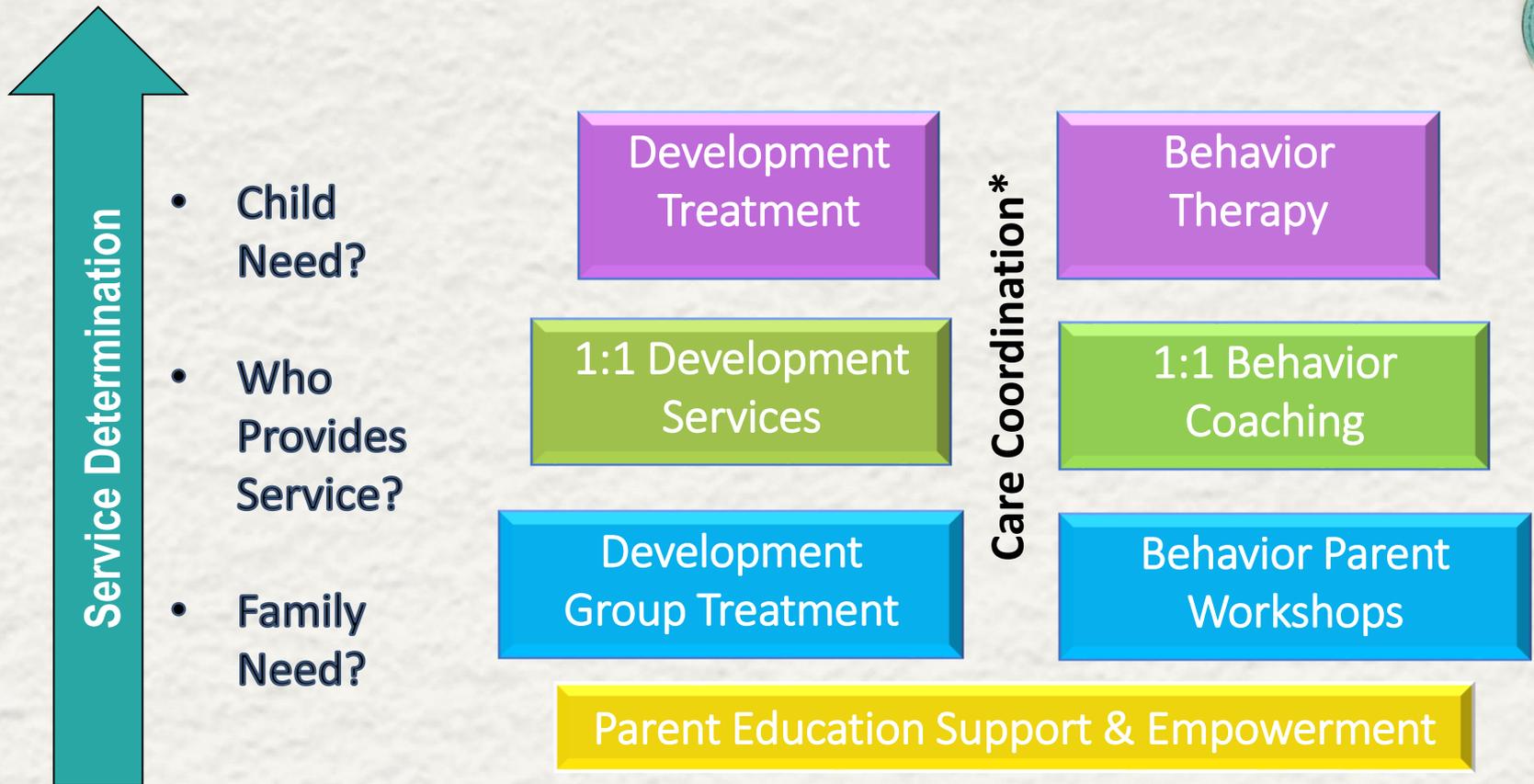


Healthy Development Services



Healthy Development Services treats children with mild to moderate developmental and behavioral concerns.

HDS – A Developmental and Behavioral System of Care



* Care coordination is provided to families needing assistance in navigating the system of care.

HDS Care Coordination



Parallels the
traditional
definition of
case
management



Level 3
Care Coordination

Level 2
Care Coordination

Referral
management



Level 1
Care Coordination

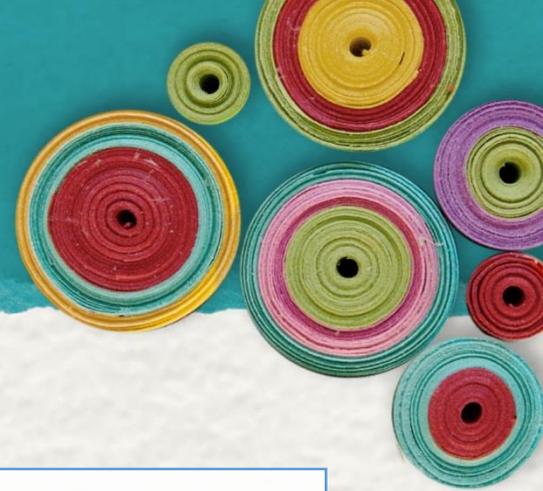
Families that
need
additional
support
based on
family factors
or multiple
referrals

MI and Care Coordination



- Initial point of contact in system.
- Service completed primarily by phone.
- Explore concerns and options with parents.
- Support families in accessing internal and external referrals.
- Attempt to re-engage families who are missing development and behavior services.

Implementing MI in HDS



Identify system need/interest

Engage funder

Partner with MINT* Trainer

*[Motivational Interviewing Network of Trainers](#)

Three Year Overview



Year 1

- Systemwide Training with MINT Trainer
 - 1.5 days

Year 2

- Regional Quarterly Coaching Circles
- Year End Countywide Training

Year 3

- Countywide Quarterly Coaching Circle
 - Leadership focus

On-Going MI Support



- Facilitating MI activity as on-going workgroup agenda item.
- On-site training and technical assistance.
- Blending with Infant-Family Early Childhood Mental Health approach.
- Integrating components of the model in program forms and documentation.

Lessons Learned



- Relationships matter!
- Feedback is key in building skills and confidence.
- Buy-in needs to happen at all levels of the system but especially leadership.
- Identify champions but know that there will always be staff moving on....keep developing new champions.

Activity: Drumming for Change



1. We need to bring MI to our program.
2. I don't know....this sounds like a big investment.
3. We don't have time to commit to the training and coaching.
4. MI could change our staff's relationships with families.
5. We are educators not therapists.
6. Maybe we can partner with another organization to implement MI.
7. It's a waste of time to start if we can't keep MI going.

Questions?



Thank you!



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