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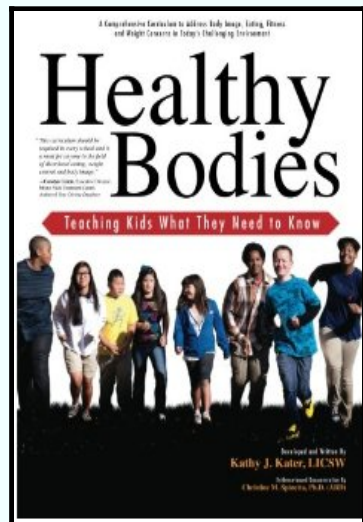


Training with Dr. Ellen
Training and Consultation in Motivational Interviewing



ISSUE #11 - November 2012

Books I Recommend



I recently reviewed this book for my colleague, Kathy Kater, and recommend it very highly. She has written an inspired

curriculum for teaching children about

Feature Article: [The Four Processes in Motivational Interviewing: Part II](#)

From Dr. Ellen's Blog: [Using Motivational Interviewing for Leadership Training](#)

diversity of body shapes and sizes and about healthy habits. The term "healthy" has come to mean "normal weight", which really has no meaning for all people. In a step wise, consistent fashion, Kathy has developed a method for teaching kids the truth about the size and shape of people's bodies. She includes material on healthy food choices in a most positive way, and as a Registered Dietitian I am delighted to recommend it.

[Click here to view on Amazon](#)

Where is Dr. Ellen?

**November 29 - Workshop
Trainer, Cambridge Health
Alliance, Cambridge, MA**

**December 5 and 6 -
Workshop trainer, MT for**

The Changing Times

Motivational Interviewing for Positive Behavior Change

Dear Friend,

I live in the northeastern US, in the Boston area. About three weeks ago we experienced one of the most violent storms I've ever been through, and lost power to our house for four days.

As problems from this storm go, this was mild, but disturbing to me and my family none-the-less. It's truly shocking how dependent we are on our electronic devices! I had no access to my computer with all of my work stored there. It always surprises me how dependent I am on my work to define me, and how I really don't know what to do with myself without my electronics, my work and my TV!

I wish you and your family a wonderful Thanksgiving!



**WORKSHOP trainer, MI for
Health Behavior Change,
Medical Care Development,
Portland, ME**

**December 8 - Lecture at
Harvard University Eating
Disorders Annual
Conference, MI and Eating
Disorders**

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The Four Processes in Motivational Interviewing: Part II

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The third edition of the Miller and Rollnick text, Motivational Interviewing [here](#) was published in October 2012. One important new set of concepts is the *Four Processes* used in Motivational Interviewing. These refer to the four basic sets of ideas that guide the clinician's relationship with the client, and dictate how the *guiding style* of MI is operationalized. In my October newsletter I discussed the first two of the processes, **Engaging** and **Evoking**. In this issue I will describe **Focusing** and **Planning**.

Focusing in MI refers to a particular agenda, or what the person came to you to talk about. This may also include *your agenda* for the client, and these may overlap or not. Your job as a clinician using MI is to help the client focus using the *guiding style* of MI. We avoid *telling* the client what to do, but rather guide in the direction of positive behavior change by helping the client to focus on behavior change goals. Focusing is the process by which you develop and maintain a specific direction in the conversation.

Hear Me Speak!

**A teleclass with Coach Jean Caton of
The Profitable Woman. Click the
audio link below and hear *How I
turned Motivational Interviewing into
a Business***

***The Business of Changing Behavior
with Dr. Ellen***

Teleclass Audio Link

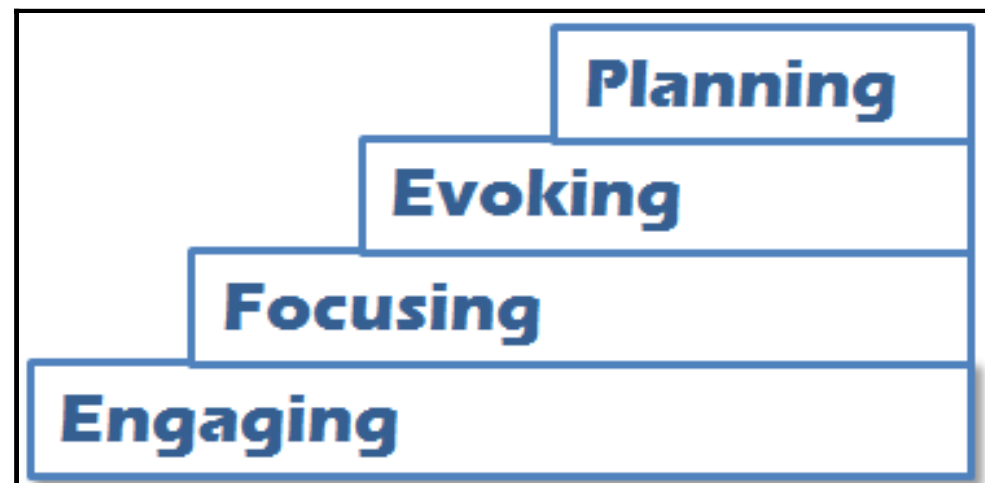
**Introduction to Motivational
Interview DVD available!**

Learn the basics of Motivational
Interviewing and its application to
health behavior change counseling

Planning includes both developing commitment to change and creating a specific plan of action. It is a conversation about action steps that includes the clinician listening carefully for the client's own solutions to the problem. Again, this is the guiding style of MI; we are not telling the other person what or how to change, but helping them formulate their own plan of action. An important aspect of the planning process is emphasizing the other's autonomy of decision making. We assume that our clients are experts in their own lives, and we let them know we respect that autonomy.

These four processes are operationalized throughout our relationship with the client. They are not sequential, that is, one does not end when another begins. They flow into each other and overlap, and each later process builds upon the ones before it. They can be visualized as stair steps, as seen below.

I will be writing more about this in the months to come



Discover the spirit and techniques of Motivational Interviewing including:

- The guiding, collaborative style of Motivational Interviewing
- Dealing with the “righting reflex” and client resistance
- Identifying and responding to change talk
- Using the Decisional Matrix and Importance/Confidence techniques

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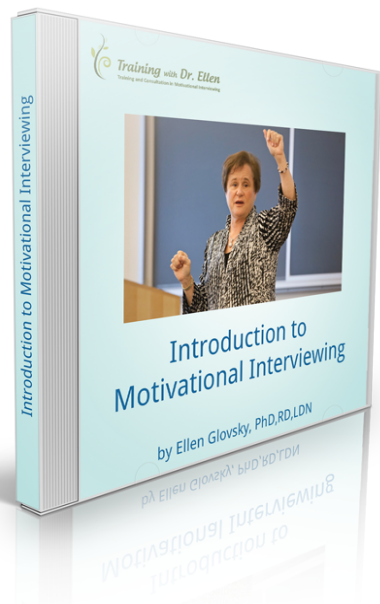
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From the Training with Dr. Ellen Blog



Using Motivational Interviewing for Leadership Training

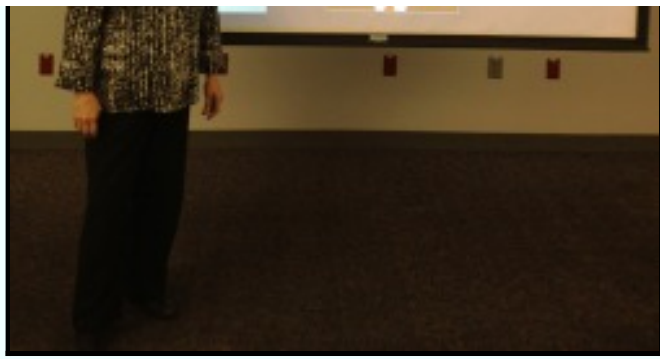
If you would like Dr. Ellen to speak at your next event, please contact Ellen@TrainingwithDrEllen.com

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Motivational Interviewing was originally developed to help clinicians in working with patients and clients. The idea is that the patient has free will, and can choose whether or not to change behavior. The goal of MI is to help the other person clarify their goals and values, and decide if their behavior is in line with those values. They can then make the decisions that work for them.

I've recently been asked to provide training for nurse managers and other team leaders in a variety of clinical situations. These managers are being asked to implement "patient-centered care" and "patient medical home". This means that the focus must be more on what the *patient*





Dr Ellen teaching Motivational Interviewing and Health Behavior Change at Connecticut Children's Medical Center, Hartford, CT, November 2012

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of Dr. Ellen on
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needs than on what works for the provider and the practice. The goal is to improve patient satisfaction scores.

To do this, the practices are being asked to institute a team approach, with providers, front desk staff and managers all working closely together. Each group would “huddle” or meet first thing each day and plan strategies to help provide the best care possible for each patient, and to increase their satisfaction with their visit. This means that team members must be aware of what the others are doing, be willing to share information, and really keep the patient’s welfare front and center.

[Read more](#)



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