

APPLYING YOUR MOTIVATIONAL INTERVIEWING TO CLIENT DOCUMENTATION

After trainings it is often a concern regarding how new skills can be incorporated into current documentation. Given our current documentation, here are some ideas around how to incorporate some of the concepts of MI in your case management documentation.

Interventions – Remember, you are an Interventionist. Therefore, any discussion focused on achieving identified goals with parents and families is an intervention and should be documented. Typical interventions that could be used with identified goals include: case management, discussions on childhood development or appropriate disciplinary practices, referrals to necessary services, engaging in trauma-informed discussions to address challenges.

Case Notes – Here are a couple of ideas about how to record the services you provide through motivational interviewing:

- Be sure to discuss the client's progress in reaching goals, even if there is no progress to date.
- It is also a good idea to report the type of specific intervention you used in your work with the client. Here is a brief list of the techniques you may frequently use when working with clients around the goals of behavior change:
 - Develop discrepancy
 - Roll with resistance
 - Empathic listening
 - Support, develop, reinforce self-efficacy
 - Develop, clarify values,
 - Encourage
 - Role Play
 - Advise
 - Suggest
 - Reinforce
 - Set limits
 - Contingency management
 - Model skills
 - Teach and practice coping skills
 - Relaxation Training
 - Advocacy
 - Referral to supportive resources

Motivational Interviewing:
Tools for Success

MOTIVATIONAL INTERVIEWING PROGRESS NOTE PHRASES

INTERVENTIONS AND SERVICE DETAIL:

Acknowledged attempts to	Discussed patterns of	Inquired about
Actively listened to client as	Directed/redirected	Informed
Addressed clients concerns	Educated	Interpreted
Addressed worries/fears	Elicited	Investigated
Aided in developing insight	Encouraged	Led client in practicing
Allowed client to ventilate	Encouraged verbalization	Listed client's
Amplified	Engaged client in play	Modeled
Affirmed	Empathically responded	Monitored
Asked about	Established boundaries	Normalized clients feelings
Assessed risk	Established connections between	Praised
Assessed for	Examined benefits/consequences	Probed
Assigned task	Explained	Processed
Assisted client in/with	Explored	Problem solved
Attempted to generalize	Explored self-defeating life patterns and beliefs	Provided feedback
Built rapport by	Explored options	Provided a corrective social experience
Built trust through	Evaluated	Provided client with unconditional positive regard
Challenged beliefs/thoughts	Facilitated	Provided psychoeducational information regarding
Clarified/sought clarification	Focused	Questioned
Commended	Gave feedback	Reassured
Connect comments about	Guided	Redefined
Confronted	Helped client develop	Reflected
Contracted for	Helped client to express anger constructively	Refocused
Cued	Helped client redefine	Reframed
Deescalated	Highlighted consequences	Reinforced
Developed a contingency plan	Identified	Responded to
Developed behavioral program	Identified themes	Restated
Developed positive affirmations	Identified triggers	Reviewed
Discussed	Increased awareness	Reviewed events from previous week

Motivational Interviewing:

Tools for Success

Reviewed limits

Recommended

Role played

Set limits

Summarized

Supported

Taught coping skills

Titrated exposure to traumatic events to avoid re-traumatization

Used directive comments to

Utilized desensitization

Utilized imagery/visualization

Utilized assertiveness training

Utilized relaxation training

Utilized humor

Utilized empathic understanding

Utilized silence

Validates clients point

Verbalized

Worked on behavioral program

CLIENT'S RESPONSE TO INTERVENTION, PROGRESS TOWARDS GOALS & OBJECTIVES, STATUS OF SYMPTOMS & FUNCTIONING

Client reports

Client reports somatic complaints in the form of

Client states

Client is currently working on

Client's initial complaint of

Client is making progress towards

Client is lacking progress towards

Client has made significant changes to

Client seems to be lacking improvement due to

...as evidenced by

Client dissociated briefly while discussing

Client seemed to have a physiological reaction when discussing

Client disclosed recurrent memories/nightmares of trauma

Client expressed a pattern of

Client expressed concerns

Client has experienced intense distress when discussing

Client is unable to recall certain aspects of traumatic event

Client continues to experience persistent negative beliefs/expectations about self

Client continues to blame self/others for causing traumatic event or resulting consequences.

Client reports loss of interest in previously enjoyable activities.

Client reports feelings of

Client reports reactivity in the form of (irritability, aggression, self-destruction, reckless behavior, hypervigilance, problems with concentration, sleep disturbance)

Client continues to employ –as a defense mechanism in order to avoid

Client continues to make SMART goals for self throughout week

Client continues to make plans for the future

Client continues to avoid making plans for the future

PLAN

Client was assigned

Client will contact clinician to schedule follow up appointment.

Clinician will contact

Collateral meeting needed with ..to verify

Continue working on treatment plan and make adjustments prior to finalizing with client.

Follow up with

Follow up at next appointment regarding

Next appointment scheduled for

Prepare for termination/discharge at next session.

Referral made to

Research referrals for Research

Revision of goals warranted, will review at next session.

Treatment/service goals remain appropriate.

Titrate exposure to traumatic events in order to avoid re-traumatization during mental health evaluation.