

# MOTIVATIONAL INTERVIEWING



**19<sup>th</sup> January 2010**

**09:30 – 16:30**

**Abbey Room, Abingdon Guildhall  
Abbey Close, Abingdon, OX14 3JE**

The training is aimed at anyone who wants to empower themselves to motivate clients and patients.

You'll be taken through a range of issues, strategies and tips designed to improve your motivational strategies, whatever your client group.

Learn how to tackle clients who "don't want to be here", or who don't think they need your support

### ***Aims & Objectives:***

- Practical ideas developed from Motivational Interviewing, environmental psychology and learning theory
- Effective evidence-based strategies for all practitioners – whether working in long term therapeutic relationships with brief 5 minute contacts
- Learn to motivate clients who do not want even to be in the same room as you!
- Learn how doing LESS can motivate your clients MORE
- Discover the research on how what your client SAYS increases what they DO afterwards....and how to get them to say it!
- Prevent and manage resistance more effectively
- Learn how to make goal setting work and feedback more effective as motivating factors

Please complete the attached booking form to book a place.....

***Please note that if you are not up-to-date with or do not inform L&D of the dates of your Statutory and Mandatory training, your application will not be considered***

Oxfordshire PCT Learning &  
Development Team  
**APPLICATION FOR TRAINING**



**COURSE DETAILS (Please use block capitals and complete all boxes)**

Course Title:	Venue:
Training Date(s):	Time:
Surname:	Forename(s):
Assignment No: (Number on the top left hand side of your pay slip)	
Workplace Address:	
Occupation:	Band:
Tel:	Email: *A confirmation letter will be sent to you via e-mail if provided.
Address for Correspondence (if different from above):	
Disability Discrimination Act 1995 – If you have any special needs which require to be taken into consideration please state:	
To ensure your personal safety it is important that you advise us of any medical history, injury or disability which may affect your participation in this training:	
Medical details (please attach a Doctors' or Occupational Health Certificate stating your fitness to undertake training, if required):	
<b>This section should be completed and signed by the applicant. Incomplete forms will be returned.</b>	
I confirm that I have discussed attending this training with my manager who authorises my attendance and that all the information I have provided is correct to the best of my knowledge and belief.	
Your signature:	Date:
Manager's Name: (please print)	
Designation:	
Manager's Contact details:	
Email:	Tel. No:
I confirm that I am up-to-date on all statutory and mandatory training required for my role within Oxfordshire PCT and will be at the time of the above requested training course:.	
Signature:	
Date of last training: (as in Line Manager's Database)	<b>Fire: Moving and Handling: Resuscitation (clinical staff only):</b>
<b>Please return to:</b> Learning & Development Team, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Cowley, Oxford OX4 2LH Email: <a href="mailto:kaye.hewer@oxfordshirepct.nhs.uk">kaye.hewer@oxfordshirepct.nhs.uk</a> Tel: 01865 336815 / Fax: 01865 336822	