

POWER Evaluation Form- 3 Month Follow-up Motivational Interviewing Training

Please complete this brief follow-up survey on the Motivational Interviewing (MI) training that you participated in on _____. This training explored the basic principles of MI, including the elements of the Brief Negotiated Interview. The training was intended to help those working with older adults learn how to use MI to engage with clients around their substance use and other behavior change.

Your responses will help us to understand the impact of the training on your work with women ages 55+. IHR relies on your honest opinions & suggestions for improvement of future trainings. All of your responses will be kept confidential and will only be reported in the aggregate. Your name will not be used in any reports put together for this project.

Have issues related to opioids or other substance misuse arisen in your work with older women since the IHR training? € Yes € No

Have you used principles of Motivational Interviewing in your work with older women (ex. OARS, MI sandwich, etc.)? € Yes € No

If Yes, please describe how you used this material in your work.

If No, please describe any barriers to using Motivational Interviewing in your work.

Have you used elements of the Brief Negotiated Interview (guided script for conversations around unhealthy substance use) in your work with older women? € Yes € No

If Yes, please describe how you used this material in your work.

If No, please describe any barriers to using the Brief Negotiated Interview in your work.

What additional trainings or other supports would benefit your work with older adults around the risks of opioids and other substance misuse?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



What is your title/role? (Select One)

- € Social worker
- € Doctor
- € Nurse
- € Other Clinical Staff – Please specify: _____
- € Case Manager
- € Personal Care/Home Care Attendant
- € Medical Assistant
- € Activity Assistant
- € Other: _____

Do you have any other comments about the training you participated in?
