



# Skill Enrichment Series

## Motivational Interviewing

### Instructors:

*Mike Bradley, MA, LCMHC, MLADC and Jennifer Paris, LICSW*

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**Date:** Friday, January 17<sup>th</sup>, 2020

**Time:** 9:00 a.m. – 4:30 p.m. (Lunch is on your own)

**Location:** 5 Blodget Street  
Manchester, NH 03104

**Cost:**

- \$150.00
- Please make checks payable to: **The MHCGM**

**Registration:** Class size is limited; please complete the attached registration **as soon as possible** to reserve your seat.

**Description:** Many of the clients we work with struggle with the need to make changes in their lives. Their ambivalence about making changes is normal if one considers the conflict that naturally arises, as change can lead to a combination of positive and negative consequences. The strategies of Motivational Interviewing allow a practitioner to use a directive, client centered counseling style for eliciting change by helping clients explore and resolve ambivalence. Rather than confronting clients about the need to change, it leads them toward self-confrontation as a way to become unstuck from their indecision about change. The strategies also help clients strengthen their commitment to change specific aspects of their lives once they have decided to work toward change.

**Contact Hours:**

- The Mental Health Center of Greater Manchester is an approved provider of continuing nursing education by the Northeast MultiState Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- The participant will be awarded **6.0** contact hours for attending this program.
- This activity has been approved for **6.0** Category I Continuing Education Credits for relicensure by the NH-NASW - Workshop #3609.
- This activity has been approved by the NH Board of Licensing for Alcohol and Other Drug Use Professionals **6.0** credits

**Presented by:** The Mental Health Center of Greater Manchester, Manchester, NH



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- Cost:**
- \$150.00
  - Please make checks payable to: **MHCGM**

**Checks or electronic transfer payments must be sent with a completed registration form for each participant to:**

**MHCGM**  
**ATTN: Charlene Kach, Continuing Education**  
2 Wall Street  
Manchester, NH 03101  
Tel: 603-854-8384  
E-MAIL: [kachchar@mhcg.org](mailto:kachchar@mhcg.org)

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_ Degree: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

*(Required for confirmation & directions.)*

Registration fee in the amount of \$ \_\_\_\_\_  Master Card  Visa  Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV code on back \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_

**If using your personal credit card please provide the credit card billing address.**

Date Received by MHC-GM: \_\_\_\_\_

Reservation #: 005571