Mentor Handbook

http://dos.uiowa.edu/assistance/critical-mass/

The Office of the Dean of Students
http://dos.uiowa.edu

Follow us:

Facebook - University of Iowa - Dean of Students
Twitter - IowaDOS

Contact: Angie Reams – Critical MASS Program Coordinator
135 IMU, 335.1162, dos-criticalmass@uiowa.edu
# Table of Contents

**Information and Guidelines** 3  
**Motivational Interviewing** 5  
**Key Elements of MI** 6  
**MI Techniques** 7  
**Ambivalence & DEARS** 8  
**Additional MI Points** 9  
**Asking Powerful Questions** 11  
**References** 13  

**Additional Materials**  
**Student Health and Wellness AOD Services** 14  
**Stages of Change** 15  
**Example CMASS Meeting Updates** 16
Critical Mentoring and Student Support (Critical MASS) Information and Guidelines

Students found responsible for a violation of the Code of Student Life may be placed on Disciplinary Warning for a specified period of time. Anecdotal experience is that students without a good support system will often will have additional Code violations during the probation period, especially first year students. These violations could lead to a suspension of a student for at least one semester. To assist students, the Critical Mentoring and Student Support program (Critical MASS) was established in 2010 with UI faculty and staff serving in this role.

Critical MASS mentors will provide support and a faculty, staff, graduate student connection for referred students. The goals of the Critical MASS program include:

- providing a connection between referred students and a knowledgeable, caring faculty, staff, or graduate student on campus
- creating a “check-in” system meant to increase accountability for personal behavior on the student’s part
- implementing an early intervention system that will facilitate referrals for needed academic and other support services

The primary evaluation of this program is to reduce second violations of the Code of Student Life.

Meeting with the student
As a Critical MASS mentor, you will be asked to meet or check-in regularly with your student(s). This check-in should be in person for a minimum of four face-to-face meetings, but you can also use email or phone check-ins at other times. The purpose of the check-in is to see how the student is doing, monitor their progress toward their behavior change goals and provide them with information about additional resources on campus, if needed.

Getting the conversation going
You can expect that some students will be more talkative than others. At the same time, students will demonstrate a variety of responses to their referrals – some will understand their personal responsibility for the consequences they are experiencing, while others will focus on having been caught or being in “the wrong place at the wrong time.” As a Critical MASS mentor, it’s not your job to convince them of anything. Rather, simply asking questions and helping the student think through how they got here can be very useful. Even if it seems a student is just “going through the motions” your interactions with them can provide some important dissonance to how they have previously viewed their actions. In fact, resistance can be useful, as it gives you a picture as to how the student views the problem.

Highlighting discrepancy between goals and behaviors
The following pages include some information you will find useful as you meet with students. The Motivational Interviewing approach focuses on getting the student talking in order to help them identify the discrepancy between their actions (e.g., drinking and vandalizing something, for instance) and their goals (e.g., getting a law degree). Highlighting this discrepancy and pointing it out in a nonjudgmental way helps move individuals toward changing their behavior.
Individuals move through different stages as they change a behavior – you will see these stages as well as hallmarks to identifying them on the next page. Again, you may find that it doesn’t seem that the student is all that interested in changing – focusing your discussion on how things are going, and how the student will be able to meet the goals they have for themselves is a helpful approach.

Referrals
As you meet with students, you will certainly find that they may benefit from connection with other resources on campus, such as University Counseling Service, Student Health and Wellness, or academic support services, such as the writing center, a tutor, or academic advising. We’ve included a list of common resources in this handout for your use. If you become concerned about a student’s safety or wellbeing, please contact the Office of the Dean of Students at 335.1162 or angela-reams@uiowa.edu.

What’s expected of Critical MASS Mentors
All Critical MASS mentors will be asked to complete an annual training session and to provide regular updates to the Office of the Dean of Students. These updates can be brief (a template follows) with the main focus on experiences or discussion during the meeting and items requiring action by the Office of the Dean of Students. Please submit meeting updates online at http://dos.uiowa.edu/cmass-update.

Update Template
Student Name: Jane Doe
Meeting Number: 1, 2, 3, 4
Latest steps: (a brief description of latest meeting, time/date/in person, e-mail, phone)
Next steps: (note regarding any pending referrals, plan of action for next meeting)
Next Meeting Date and Time: (please list the exact date or at least the week you plan to meet instead of “TBD” or “in a couple of weeks”)
Action required by the Office of the Dean of Students: (e.g., do you need the Office to initiate a referral, notify the student of noncompliance, etc.)

A note about boundaries
You are volunteering to take on this role because you care about students and their success. Your role as a Critical MASS mentor is to provide support and connect students with appropriate resources. However, it is the student’s responsibility to take action. You are not expected to make calls or accompany students to appointments, etc. While, you are certainly welcome to form a more personal relationship with your mentee(s), for instance, having your meeting over lunch, this is not required.

Finally, thank you for your willingness to commit your time toward this endeavor. The University of Iowa is a large institution but programs such as this can make it smaller.
Motivational Interviewing

Introduction

Motivational interviewing (MI) is a technique designed to help students and others change a specific health behavior such as alcohol use. William Miller (1983) is given credit as the first person to describe MI as a counseling technique. MI is client-centered as opposed to clinician-centered. The focus is on helping students arrive at the conclusion that they need to change a behavior. These behaviors may be reducing their alcohol use, stopping smoking, increasing exercise, changing dietary habits, decreasing risk for STDs, etc.

MI is similar to many of the basic skills taught in doctor/nurse/social work training on basic patient communication. Many elements of MI are identical to what physicians, nurses, social workers, and other health care professionals have used for centuries to convince patients to take their medications, change a health behavior, or follow through on completing a test or procedure.

MI is based on a number of assumptions. These assumptions include: a) the theory that most people move through a series of steps prior to changing their behavior; b) change comes from within rather than from without; c) confrontation and negative messages are ineffective; d) knowledge alone is not helpful; and e) reducing ambivalence is the key to change. This is an active area of research in which all of these assumptions are being studied and tested. While there is much to learn about its effectiveness with college students, many clinicians have found that skill in MI techniques enhances the delivery of brief intervention.

What is Motivational Interviewing?

—Miller (1995) defines MI as follows:

"Motivational interviewing is a directive, client-centered counseling style of eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-direcitive counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal."

MI is a way to help students recognize they need to make a change. Many students seeking care in a student health center are already concerned about their drinking, tobacco use, or some other behavior. They just don't know where to start. MI attempts to "unstick" students, so they can begin to change. MI techniques create an openness and readiness to change. Some students will change after one or two MI encounters, while others may require more intensive counseling.
Key Elements of MI

1. Express Empathy

Empathy is based on respect, an acknowledgement of the student's perspective, and acceptance of the student's point of view. The clinician tries to understand without criticizing, judging, or blaming. Reluctance to give up a behavior such as high-risk drinking is a normal psychological process. It is not pathological. However, MI does not give the student permission to continue his/her high-risk behavior. Acceptance of a student's position is not the same thing as agreeing with the student's position or condoning high-risk behavior. The next principle is designed to change the student's position by developing discrepancy.

2. Develop Discrepancy

Many students understand their behavior is having an adverse effect on many aspects of their lives. For example, students participating in high-risk drinking understand they are at risk for alcohol-related accidents, injuries, and academic problems, especially if they are under 21 years of age. While they like to drink and party, they also recognize many of the negative things associated with high-risk drinking. Discrepancy seeks to amplify, intensify, and accentuate these negative thoughts and ambiguous feelings about their behavior. Discrepancy tries to help students set personal goals such as academic success, health, and strong personal relationships above their desire to participate in high-risk behaviors. MI tries to identify specific examples of how the behavior resulted in an experience that conflicted with the students' personal goals, values, and internal beliefs about themselves.

3. Avoid Argumentation

Direct argumentation often evokes resistance and hardening of the student's position. MI uses low-key persuasion. MI tries to start from the student's position and to work from that point. Strong statements such as, "You are in denial" or "You are an alcoholic", often lead to an increase in student resistance. From a harm-reduction paradigm, practitioners will help more students reduce their high-risk behavior by spending two minutes with 10 patients using MI techniques than arguing with one student for 20 minutes.

4. Roll with Resistance

Jay Haley, who is an expert on family therapy, coined the term "psychological judo". As with judo and martial arts, one can use a student's own momentum to move them into a different position. MI can move students such that they say, "How did I get here?" Reluctance to change is acknowledged by the therapist as normative, based on the students' perception of their behavior and its relationship to their peers and environment.

5. Support Self-Efficacy

A fifth MI principle is self-efficacy. Students need to believe they can change and successfully reduce their high-risk behavior. Hope and faith are important elements of change. Practitioners can use positive statements to facilitate the sense that students can alter their behavior. The other element of self-efficacy is taking personal responsibility for change.
MI Techniques

- Use open-ended rather than closed-ended questions.
  - "Tell me about your drinking."
  - "What concerns do you have about your smoking?"
  - "How can I help you with your drinking?"

- Use affirmative statements in order to gain students' trust and confidence.
  - "You are very courageous to be so revealing about this."
  - "You've accomplished a lot in a short time."
  - "I can understand why that behavior feels good to you."

- Use reflective listening to focus on students' concerns and ambivalence toward their alcohol use.
  - "I hear you."
  - "I'm accepting, not judging you."
  - "Please say more."

- Use summary statements.
  - "What you said is important. I value what you say. Here are the key points."
  - "Did I hear you correctly?"
  - "We covered that well. Let's talk about..."

- Elicit self-motivational statements - these statements fall into four categories.
  - Problem recognition - "I never realized how much I am drinking." "Maybe I have been taking foolish risks."
  - Expression of concern - "I am really worried about my grades and how my behavior may be affecting them."
  - Intention to change - "I don't know how but I want to try."
  - Theme about optimism - "I think I can do it. I am going to overcome this."

Reflective Listening

- Mirrors what the patient says
- Creates a sense of safety for the patient
- Deepens the conversation
- Helps patients understand themselves

Says:
  - I hear you
  - This is important
  - Please tell me more
  - I'm not judging you

Affirmation

- Conveys support, respect, and encouragement
- Helps patients reveal less positive aspects about themselves
  "You've tried very hard to quit."
  "You are very courageous to be so revealing about this."
  "You've accomplished a lot in a short time."
  "I can understand why drinking feels so good to you."
**Summarization**
- Gauges understanding of the key points of the conversation.
  - “What you've said is important.”
  - “I value what you say.”
  - “Here are the salient points.”
  - “Did I hear you correctly?”
  - “We covered that well. Now let's talk about ...”

**Elicit Self-Motivational Statements**

**Problem recognition:**
- “Has alcohol caused you any problems?”

**Concern:**
- “Do you ever worry about your alcohol use?”

**Intention to change**
- “What might be some advantages of quitting or cutting down?”
- “On a scale of 0 to 10, how important do you think it is for you to quit? Why didn't you say (1 or 2 points lower)?”
- “On a scale of 0 to 10, how important is it for you to change your (behavior)?”
- “Why didn't you say (1 or 2 points lower)?”

**Optimism**
- “What difficult goals have you achieved in the past?”
- “What might work for you if you did decide to change?”

**For Ambivalence - DEARS**

**Develop** discrepancy
- Compare positives and negatives of behavior
- Positives and negatives of changing in light of goals
- Elicit self-motivational statements

**Empathize**
- Ambivalence and pain of engaging in behavior that hinders goals

**Avoid** Arguments
- Don’t push for change, avoid labeling

**Roll** with resistance
- Change strategies in response to resistance
- Acknowledge reluctance and ambivalence as understandable
- Reframe statements to create new momentum
- Engage patient/client in problem-solving

**Support** self-efficacy
- Bolster responsibility and ability to succeed
- Foster hope with menus of options
Additional points that may be helpful to practitioners utilizing MI:

1. The primary goal of MI is to resolve ambivalence and resistance and move students into a commitment to change their alcohol use.

   **Move student from the following position:**
   "I am not interested in reducing my alcohol use. I drink less than my friends." "I see no reason to change how much I drink. It is part of the college experience. I am not having problems so why should I cut down?"

   **To:**
   "If I stop drinking I will feel better and maybe do better in school. However I am not sure what my friends will think. I am not sure how I can party and have fun if I don’t drink so much."

   **To:** "Maybe I do drink too much. I am willing to try to cut down. How much do you think it is safe for me to drink?"

2. Motivation to change is elicited from the student. It is not imposed from without. MI does not involve the use of external threats.

   **Practitioner statements not based on MI:**
   "If you don’t stop drinking, you will be expelled."
   "If you don’t stop drinking, you will lose your job."
   "If you don’t stop drinking, you will never get into graduate school."
   "If you don’t stop drinking now, you will turn into an alcoholic."

3. In MI, the practitioners are not passive agents or mirrors. They direct and facilitate change with a number of methods. Practitioners utilize empathy, summarization, reflective listening, and other techniques. MI is not 100% practitioner-directed or 100% client-centered but rather someplace in between. It is meant to be interactive, with both sides giving and taking. In this way, it is similar to developing a relationship based on mutual respect, trust, and acceptance.

4. MI avoids arguments, coercion, and labels. While a practitioner using MI techniques may not agree with a student, he/she respects the student's perspective. For example:

   **Student:** "I don’t think I have a problem or need to cut down."
   **Practitioner:** "John, I have to respectfully disagree. You had a serious accident after you were drinking. You are not doing well in your classes. Your girlfriend left you. I am not sure how serious things are, but I think you should consider how alcohol is contributing to these problems."

5. MI does not use negative comments or scare tactics. MI reframes consequences and negative aspects of student drinking. Here is an example of statements that use MI techniques:
"The X-ray on your arm that we took today suggests your broken arm is healing well. Based on the extent of your injuries, it sounds like you had a serious accident. Your medical record says you had a blood alcohol level of 0.16. How about telling me about the accident and the role of alcohol in that accident?"

6. MI insists that students take an active role in the decision to change their alcohol use

**Provider:** "Only you can decide to reduce your alcohol use. This is your decision. I am here to treat your medical problems and to hopefully prevent you from getting into trouble with your drinking. What do you think about agreeing to cut down for a month or two and seeing how it goes?"

7. MI is not necessarily used when practitioners conduct brief talk therapy or brief intervention (BI). While the most effective way to conduct BI is to utilize MI techniques, BI can be 100% practitioner-directed. Practitioner-directed BI does, however, appear to be less effective with students. The following is an example of a 100% practitioner-directed scenario.

**An example of brief intervention without the use of MI principles:** "John, you drink too much. It is bad for you. It will affect your grades and you may have a serious accident. I am recommending that you cut down to 3 or 4 drinks when you go to party with your friends."

This type of interaction is practitioner-directed; it does not take into account the student's readiness to change or other factors (e.g., untreated depression, anxiety, other drug use, or stress) that may make change very difficult for John.

8. MI is not the same as cognitive behavioral therapy (CBT). CBT is designed to teach skills. MI is designed to deal with ambivalence. If necessary, CBT can occur after MI has convinced students they need to change their behavior. CBT offers very specific strategies students can use to successfully reduce their high-risk behavior. However, in order to use CBT, a student must first be motivated to change.
Asking Powerful Questions

Why Do We Use Questions?
- Gather information we might not have gotten otherwise
- Develop rapport
- Allow the individual to go deeper inside to help clarify what the real issue is
- Keeps individual focused on the solution
- Offers a possible new perspective
- Stimulate answers/possibilities
- May result in a greater focus about an issue
- Honors client and empowers them (They know the answers)
- Stimulate creativity

The Elements of Powerful Questions
In order for a question to be powerful, it should:
- Open the individual up to possibilities
- Not presume an answer
- Promote deep thinking
- Be in positive terms
- Be delivered in an appropriate tone of voice

It is important that questions are not leading. The practitioner needs to be in a centered place in order for this to happen.
- Stay in the present – don’t anticipate what to say next or to hand out the solution
- Listen without judgment
- Don’t be attached to the outcome
- Be more concerned about the person’s experience than the details and the drama of the situation at hand
- Work from the assumption that our natural state is curious
- Know that being wrong is a blessing in disguise and a learning opportunity
- Support the individual to see their own answer instead of giving them your answer

Types of Questions
“How”
- How can I support you on achieving that goal?
- How would things be different for you if you...
- How would someone with that skill...

“What”
- What changes do you need to make in your schedule to make room for this important goal?
- What would it look like if you were to not be so stressed?
- What resources do you need in order to make this work?

“Who”
- Who do you need to be in order to reach that goal?
- Who can best support you as you work on this?
- Who do you know who has achieved this before?
Disempowering Questions

- Often begin with “Why” – (do not ask these)
- Point to a Yes or No answer and can be leading or directive
- Imply that the individual is wrong, incapable or lacking
- Shut down the person – puts them on the defensive
  - “Why didn’t you complete that project like you said you would?”
  - “Why is this difficult for you to understand?”
  - “Why don’t you just tell him ‘No’?”

Sample Questions

- How should I coach you now?
- Whom do you most admire that does what you’d like to do?
- How did you create that?
- What is one thing that you felt real good about over this past week?
- When did you last create exactly what you wanted? What did you do to do this?
- And how do you intend to handle that?
- Who do you know who’s gotten through that the way you want to?
- If you were the coach, how would you coach yourself to win here?
- What is next?
- What are the 5 steps to...
- Can you see what is ahead?
- Are you open to a completely different way of looking at it?
- Is it time to take a break and come back and look at this later?
- Five years from now, what will have been the better decision?
- What will happen if you keep doing that for the next 10 years?
- What is your vision for yourself and the people around you?
- What do you really want?
- Are you really doing what you are “meant“ to do?
- May I push you a bit here?
- Do you mind if...?
- Can you have that completed/handled by__________?
References


Student Health and Wellness Alcohol and Other Drug (AOD) Services

Evaluations
Biopsychosocial substance use evaluations are completed when required by court or another legal entity, a medical professional, or if a student is referred throughout the typical judicial hearing process due to concerns of the judicial officer. Evaluations cost $80.

Pieces
Pieces consists of two individual meetings with a Health Iowa Graduate Assistant. Pieces focuses on an individual’s high risk behaviors and offers methods to reduce negative consequences. The total cost for Pieces is $100.

BASICS
Brief Alcohol Screening and Intervention for College Students is for students who have already completed Pieces, who had a violation involving any drugs other than alcohol, or if the incident involved very high-risk behavior with alcohol. BASICS is 2 individual session with the substance abuse counselor. The total cost for BASICS is $192.
Stages of Change:

- **Precontemplation**
  - Not thinking of changing behavior
  - Feel that things are fine
  - Do not see a problem
  - Questions at this stage: “Have you tried to change in the past?” “What warning signs would let you know alcohol is becoming a problem?”

- **Contemplation**
  - Thinking of making a change
  - Wondering how I affect others
  - Maybe trying small changes
  - Questions at this stage: “What do you think you need to learn about changing this behavior?” “What would keep you from changing at this time?”

- **Preparation**
  - Have a plan to change behavior
  - May have “cut down”
  - Can see benefits of quitting
  - Questions at this stage: “What would help you be successful in changing?” “Let’s look together at the steps you’ll be taking to change”

- **Action**
  - Have implemented plan
  - Is avoiding triggers
  - Asking others for support
  - Continue to ask about successes, difficulties, and problem solving
  - Provide reinforcement

- **Maintenance**
  - New behavior practiced (6 months)
  - Accepting myself
  - Helping others who are trying to change behavior
  - Continue to ask about successes, difficulties, and problem solving

- **Relapse** (can happen at any time)
  - Questions: “What have you learned about yourself in this process?” “You did it for 10 days, what made that work?”

Examples of Critical MASS meeting updates:

**Example #1**

Student Name: John Doe  
Date/Time/Location of meeting: 9/20/13, 3 pm, location  
Type of meeting: One on one conversation

Latest Steps (brief description of meeting): I asked John to tell me about himself, his interests and his goals. I then asked him to provide background about what happened the night he drank too much alcohol and he was very forthcoming. We talked about what he’s involved in on campus, how classes are going, how the transition has been for him, roommate, and other health concerns. I asked him what he was involved in when in high school (lots of service). Given his interest in premed, we talked about the longer term consequences of institutional or legal action. He identified that 3 beers is about what he can drink before getting sick so is learning his limits. He did not drink much if at all in high school. He has a loving relationship with his mother, a single parent, and is upset that he disappointed her. She drove to Iowa City from North Pole the day after the incident and also arranged for him to talk with either a psychiatrist or psychologist when he went home the following weekend. John spoke of possibly being depressed and was having trouble with sleeping too much. He indicated that it seemed difficult to schedule an appt at UCS. He has two big exams in the upcoming week. John is also on medication (testosterone cream) that may have side effects. John seemed very self-reflective, mature in some ways and spoke openly about feelings.

Next Steps (date/time for the next meeting, note any referrals or action steps): Next meeting is scheduled for 10/15 at 3 pm. I referred him to UCS and gave him Julie Corkery’s name as it sometimes is easier to call if you are asking for someone specifically. I also suggested that he make an appt even if it is two weeks out as he’s then assured that he’ll talk with someone. He thinks that if he’s not awake at 8 am to place a call to UCS for a same day appt, he'll not get in. As he’s sleeping way too much, he’s not been able to awaken at 8 am and misses the opportunity to schedule an appt. This is a convoluted way of relaying that we did some brainstorming about how best to handle his interest and need for an appt at UCS and his sleep schedule.

Action required by DOS (How can we assist you or the student? Did the student no show for the meeting?): None at this time.

**Example #2**

Student Name: Jack Doe  
Date: September 27, 2013  
Date/Time/Location of meeting: Friday, September 24, 2013, 2:30-3:20, C110 Pomerantz Center

Type of meeting: Initial face-to-face informational meeting with student. (Student left phone message to schedule meeting on 9-20-10) Student phoned day of interview to explain he would be 5 minutes late. He was just leaving from residence hall. Meeting started at 2:37. He left at 3:20 to attend his Friday afternoon class.

Latest Steps (brief description of meeting): We discussed the violation of the code that occurred to place him in the Critical MASS program and the purpose of the Critical MASS advisor. Jack acknowledges that
what he did was wrong and he takes full responsibility for his actions, and will complete the steps he must now take (his words). His explanation was that he was just experiencing “the culture”. We also discussed his classes, his attendance at them, and other activities he has been involved with since arriving on campus. He has picked an environmental group as his PICK-One activity. We talked about his support system at home and his future goals as a writer. He spent one year after high school working in North Pole and then decided to attend college. Because of his year off he appears to see himself as very independent. He likes his roommate and has met a few friends.

Next Steps (date/time for the next meeting, note any referrals or action steps): Jack will continue with his Health Iowa recommended programs. He is still waiting to hear on what will be expected of him. His family has talked to an attorney about the charges and he will see what happens with all of that. Jack will continue to attend his classes-he has only missed two of them-and keep his homework up to date. He actually likes school he says. He is not a big fan of football, but really likes the writing culture here in Iowa City and will try to attend some of the readings that take place. He has not yet been in the new campus recreation facility. He likes swimming and may give that a try.

Our next meeting is scheduled for October 29, 2010 at 2:30 PM, my office. He has my card (said he has collected quite a few of them lately) and knows he can contact me with any questions, concerns or just to talk.

Action required by DOS (How can we assist you or the student? Did the student no show for the meeting?) : No action required by DOS at this time.

Example #3

Student Name: Jane Doe
Date/Time/Location of meeting: 9/16/13 @ 2:30pm in the Admission Visitors Center
Type of meeting: First Meeting, one-on-one meeting

Latest Steps (brief description of meeting): During this meeting I got to know Kayleigh. We talked about where she was from, her high school and family background. We discussed the incident and how she felt about being charged with a PAULA and how she felt about the required monthly meetings. In addition to talking about the incident, we talked about academic and personal goals that she has set for herself for the semester and what she can do to achieve these goals.

Next Steps (date/time for the next meeting, note any referrals or action steps): Kayleigh is looking into meeting with her professors during office hours in addition to utilizing the free tutoring services in the residence halls. She is also looking into getting involved with Health Ninjas, since she likes to stay active and work out. We also discussed how to use jobnet to find a part time job.

We are planning to meet during the week of October 18th.

Action required by DOS (How can we assist you or the student? Did the student no show for the meeting?) : Nothing at this point in time, thanks 😊