Motivational Interviewing
Coaching & Supervision

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audience poll

By a show of hands:

• Has your department adopted Motivational Interviewing?
  – If yes, do you practice MI clinical supervision?
  – If yes, do you utilize a fidelity instrument (e.g. MITI, MIA:STEP)?

• How would you rate your colleagues’ proficiency in MI on a scale from 1-5 (1=not at all proficient, 5=very proficient)?

• How would you rate your MI proficiency on a scale from 1-5 (1=not at all proficient, 5=very proficient)?
part 1: MI defined
Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.” (Miller & Rollnick, 2013)
The “Spirit” of MI

- evoking change
- eliciting the person’s reasons for change
- collaborating
- working as equals
- remaining outside of the ‘expert’ role
- ≠ sympathy
- advocating for the person
- empathizing with the person
- accepting the person without judgment (without condoning their behavior)
- avoiding confrontation
- evoking change talk
- eliciting the person’s reasons for change
- accepting the person without judgment
a formula for MI

- increase **reflections** ↑
  - focus on complex reflections
- decrease questions ↓
  - use *2x’s as many* reflections as questions
  - eradicate closed-ended questions
- reflect **change talk**; deflect sustain talk
- **ask permission** to provide information
- express empathy through affirmations and reflections
- step out of the expert role; avoid advice giving
what MI is not

1) tied to the transtheoretical model of change
2) manipulating clients into doing things they don’t want to do
3) a ‘technique’
4) a decisional balance exercise
5) an extensive assessment
6) CBT
7) simple or easy
8) what (most) people are already doing
9) a cure-all, end-all
10) merely a person-centered approach

(Miller & Rollnick, 2009)
MI learning continuum

introductory MI training

receiving coaching on MI skills

intermediate MI training

giving feedback on MI skills (coaching others)
part 2: why MI?
>1,200 publications on the MI model since 1990

>200 randomized clinical trials reflecting a wide array of problems, professions, and practice settings

(Miller & Rollnick, 2013)
applicable for variety of provider types

- physicians
- counselors
- nurses
- case managers
- peer support
- administrative staff
- probation officers
- managers
- social workers
Effective in even very brief interventions.

(Bernstein et al., 2005; Nock & Kazdin, 2005; Rubak et al., 2005; Soria, Legido, Escolano, Lopez Yeste, & Montoya, 2006)
“We know of no evidence, however, that directing-style interventions are more effective than MI when time is brief. If patient behavior change is what’s needed and time is short, MI is likely to be more effective than telling people what to do and why.”

-Bill Miller & Steve Rollnick
In a meta-analysis of 72 RCTs, MI was 2-3 times more effective with ethnic minorities.

(Hettema, Steele, & Miller, 2005)
part 3: why does MI fidelity measurement matter?
Training alone is insufficient for ongoing skill development.
Training alone is insufficient for ongoing maintenance of skills.
what types of trainings are effective?

140 clinicians randomly assigned to:

- Book only (waiting list)
- Two day workshop only
- Workshop + feedback on practice samples
- Workshop + 6 telephonic coaching samples
- Workshop + feedback + coaching

(Miller, Yahne, Moyers, Martinez, & Pirritano, 2004)
% Of Counselors Proficient in MI at 4 Months

- Manual: 22%
- Workshop: 37%
- Workshop + feedback: 60%
- Workshop + coaching: 60%
- Workshop + feedback + coaching: 78%
Our skills begin to drift.
We neglect key elements of the model.
Our own perceptions of our skills are often not accurate.
we overestimate our skill level...

- study by Walfish, McAllister, & Lambert (2012)
- surveyed helping professionals (social workers, marriage & family therapists, psychologists, etc.), to include all 50 states, n=129
  - NO ONE rated themselves as ‘below average’
  - the average rating was in the 80th percentile
  - a quarter of respondents (25%) rated their skill level at the 90th percentile

(Scott Miller, Achieving Clinical Excellence)
experience ≠ better outcomes

(Miller & Rollnick, 2013)
professionals & paraprofessionals have similar outcomes...

• extensive review of the literature by Atkins & Christensen (2011)
• minimal difference in therapeutic outcomes of professionals versus paraprofessionals – in some studies, the paraprofessionals performed better

(Scott Miller, Achieving Clinical Excellence)
knowing MI ≠ consistently using MI
part 4: methods of fidelity measurement & coaching
core skills to target

- reflective listening
- **OARS** (open questions, affirmations, reflections, summaries)
- identifying a change goal
- pulling for change language ("change talk")
- responding to "sustain talk" (formerly "resistance talk") appropriately
- providing professional advice or information in an MI-consistent way
- moving toward **planning** at an appropriate time
- change plan development in an MI-consistent manner
- blending MI with other EBPs

(Miller & Rollnick, 2013; Miller & Moyers, 2006)
MI as a supervision style
MI as a supervision style

- identifying staff **target behaviors** (e.g. improved documentation, skill development)
- using internal motivation to **change staff behavior** rather than persuasion or corrective action plans
- meeting & **communication norms** stemming from the “MI Spirit” (e.g. active listening, nonjudgement, open-ended questions)
- to **reduce burnout** (for staff and managers)
- for **corrective action plans/conversations** (when needed)
- **conflict resolution** between staff/mediation
using empathy in supervision

• we were once new on the job
• being willing to talk about our own mistakes as new employees learn on the job
• form an alliance (80/20 rule)
• acceptance works better than judgment
learning communities
“A bridging process between science and practice, in which a group of individuals with shared values and common purpose gather for knowledge and skills acquisition…”

-Addiction Technology Transfer Center Network
tips & hints

1) **meet regularly** (e.g. one hour on a biweekly basis)

2) **assign short readings between meetings or practice sessions** (e.g. an MI article, a chapter from Miller and Rollnick's book, a segment of the MITI manual)

3) **obtain permission to record clients/patients; inform them of the purpose** (improving provider skill for the purpose of improving their care)

4) **rotate providers** for work sample submission for review or for live practice
practice activity for learning community

1) decide on a practice area (e.g. increasing complex reflections, pulling for change talk)
2) conduct a 10 minute **real play** (not role play) with a colleague
3) **learning community members**: observe one particular skill set each (e.g. open questions)
4) **debrief**: how did the interaction feel as the helper? as the client/patient?
5) **feedback from observers**:
   1 or 2 suggestions for things to refine in future interviews, 1 or 2 things that were done well

(Miller & Rollnick, 2013)
next steps…

→ identify your MI champions
→ develop a learning community (of identified champions)
→ begin regular observations
    - listen to your own recordings
    - listen to each other’s recordings
    - watch each other’s sessions in real-time
    - as resources permit, use outside labs for fidelity checks
→ create an MI-adherent coaching and feedback process
    - emphasis should be on skill development vs. skill evaluation
peer coaches
a peer coach is not ...

- a supervisor
- a competitor
- a cynic, critic or judge
- an enforcer

-your duty is not to “catch” people doing wrong
-embrace coaching sessions as an opportunity to help team members improve and gain proficiency
a peer coach...

- is supportive
- supports staff through early stages of implementation until new behavior is embedded
- supports staff during negative reactions from clients
- understands that this is NOT tied to performance evaluations
- may use observation forms for training and research purposes
four steps of coaching

1. direct observation
   – to identify strengths and weaknesses

2. discussion
   – actual observable behaviors
   – be truthful, frank, and supportive
   – clarify with probing questions

3. active coaching
   – offer ideas and advice in such a way that the staff member can hear them, respond to them, and appreciate their value

4. follow-up
   – monitor progress
coaching summary

- alternate between praise & feedback
- provide examples
- avoid a directing style
MIA:STEP
Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP)

• an observation-based toolkit for supervisors to enhance supervisees’ existing MI skills
• the MI assessment is integrated into the normal admission and clinical evaluation process
• the tool measures clinician:
  1. **MI adherence**: frequency & extensiveness of MI skills (not at all to extensively)
  2. **MI competence**: skill level (unacceptable to high level of mastery)
MIA-STEP

<table>
<thead>
<tr>
<th>STEP</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>STEP 1</td>
<td>Building a Bond with the Client</td>
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<tr>
<td>STEP 2</td>
<td>Gathering Essential Information and/or Providing Feedback</td>
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<tr>
<td>STEP 3</td>
<td>Summarizing and Reconnecting with the Client</td>
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**Key MI Concepts**

- MI Style and Traps
- MI Assessment Sandwich
- MI Principles
- Using Your OARS*
- Stages of Change
- Reflections
- Exploring Ambivalence
- Eliciting Change Talk
- Assessing Readiness to Change

*O: Open-ended questions
A: Affirmation
R: Reflective listening
S: Summarizing
MI assessment “sandwich” concept:

- MI strategies during opening 20 minutes
- Agency assessment
- MI strategies during closing 20 minutes

Apx. 90 minutes
<table>
<thead>
<tr>
<th>MI Consistent Items</th>
<th>Adherence Rating*</th>
<th>Competence Rating**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7</td>
<td>NA 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>1 MI Style or Spirit</td>
<td></td>
<td></td>
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<tr>
<td>2 Open-ended Questions</td>
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<tr>
<td>3 Affirmations of Strengths &amp; Self-efficacy</td>
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<td>4 Reflective Statements</td>
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<tr>
<td>5 Fostering Collaboration</td>
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<td>6 Motivation to Change</td>
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<td>7 Developing Discrepancies</td>
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<td>8 Pros, Cons and Ambivalence</td>
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<td>9 Change Planning Discussion</td>
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<tr>
<td>10 Client-centered Problem Discussion and Feedback</td>
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</table>

**How often are they doing this?**

<table>
<thead>
<tr>
<th>MI Inconsistent Items</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Unsolicited Advice, Directions &amp; Feedback</td>
<td></td>
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<tr>
<td>12 Emphasize Abstinence</td>
<td></td>
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<tr>
<td>13 Direct Confrontation</td>
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<tr>
<td>14 Powerlessness, Loss of Control</td>
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<td>15 Asserting Authority</td>
<td></td>
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<tr>
<td>16 Closed-ended Questions</td>
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</tbody>
</table>

**How well are they doing this?**

*ADHERENCE: 1 – Not at all  2 – A little  3 – Infrequent  4 – Somewhat  5 – Quite a bit  6 – Considerably  7 – Extensively

**COMPETENCE: 1 – Very poor  2 – Poor  3 – Acceptable  4 – Adequate  5 – Good  6 – Very Good  7 – Excellent
MITI
Motivational Interviewing Treatment Integrity (MITI) instrument (version 4.2):

- pronounced ‘mighty’
- developed by Terri Moyers & Denise Ernst
- validated tool
- available at: [http://casaa.unm.edu/download/miti4_2.pdf](http://casaa.unm.edu/download/miti4_2.pdf)
The MITI:

- is a treatment integrity measure and a means to provide feedback
- gauges helper’s behavior, *not* the person being interviewed
- the tool measures:
  1. **global scores** (e.g. empathy)
  2. **behavior counts** (e.g. complex reflections)
global ratings

{ cultivating change Talk
  softening sustain talk
  partnership empathy
}
behavior counts

neutral codes:
• Giving Information
• Persuade w/Permission
• Questions
• Simple Reflections
• Complex Reflections

MI-adherent codes:
• Affirmations
• Seeking Collaboration
• Emphasizing Autonomy

MI non-adherent codes:
• Persuade
• Confront
proficiency levels

Global ratings (3.5 - 4.0, out of 5)

Open-ended questions (50-70%)

Affirmations (@ least 1x)

Reflections (2 for every question; 40-50% complex)

Summaries (1-2x)
Upload Sample

Select an audio or video file to upload

Select file...

Who is the subject in the sample?

Peer

I have read the instructions for creating a recording and obtained proper consent. View Instructions

Submit

Certificates

Once all your samples/assignments have been reviewed and scored your certificate will appear here.

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Sample 2 - 1/24/2018

Relational Skills
Average of Partnership & Empathy Ratings

- Partnership: 4
- Empathy: 4

You used an empathic, nonjudgmental tone throughout the interview.

Technical Skills
Average of Cultivating & Softening Rating

- Cultivating Change Talk: 4
- Softening Sustain Talk: 3

You did well to utilize complex reflections which emphasized the client’s reasons for change.

You might consider avoiding asking the client about the benefits of not changing as this pulls for sustain talk.
Choose 1 or two:

- **count questions**
  - how many are open-ended versus closed?

- **count reflections**
  - how many reflections were utilized when compared to questions?
  - goal: 2 reflections for every 1 question (2:1)

- **count utterances of change talk versus sustain talk**
  - how often is the client talking about change? not changing?

- **listen for methods inconsistent with MI**
  (e.g. unsolicited advice, warning of the dangers of not changing, etc.)
  - observe the client response to these

(Miller & Rollnick, 2013)
part 5: perceived barriers to fidelity measurement
“We can’t protect client/patient confidentiality.”
“Staff won’t like being observed/recorded.”
“We don’t have the time.”
“I’m afraid of what we’ll find.”
part 6: next steps
something is probably better than nothing...

...even moderate amounts of coaching have been shown to significantly improve skills.

(Miller, Yahne, Moyers, Martinez, & Pirritano, 2004)
try…

modeling MI
creating a culture of professional development & growth
discovering your baseline
aligning management & line staff MI skill level

avoid…

attempting to manualize MI
using a directing style to teach a guiding style
setting unrealistic expectations for workshop attendance
additional resources

**Motivational Interviewing**

*THIRD EDITION*

**MOTIVATIONAL INTERVIEWING**

*Helping People Change*

William R. Miller and Stephen Rollnick

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**Mindset**

*THE NEW PSYCHOLOGY OF SUCCESS*

*HOW WE CAN LEARN TO FULFILL OUR POTENTIAL*

*parenting, business, school, relationships*

CAROL S. DWECK, Ph.D.

"If you manage any people or if you are a parent (which is a form of managing people), drop everything and read Mindset."

—Guy Kawasaki, author of The Art of the Start
free patient simulations

https://training.simmersion.com/
go to “train for free”
.web resources

Center for Applied Behavioral Health Policy:
https://cabhp.asu.edu/content/motivational-interviewing

Motivational Interviewing Network of Trainers (MINT):
http://motivationalinterviewing.org/

Motivational Interviewing Treatment Integrity (MITI) instrument manual:
http://www.motivationalinterviewing.org/sites/default/files/miti4_2.pdf

Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA-STEP):
http://ctndisseminationlibrary.org/PDF/146.pdf

TIP 35: Enhancing Motivation For Change in Substance Abuse Treatment:
Thank you!

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