motivational interviewing
coaching and supervision
methods & strategies for fidelity monitoring

Adrienne Lindsey, MA, DBH
Denise Beagley, M.Sc.
disclaimer*
this session will likely be more helpful if you have a foundational knowledge of MI

2nd disclaimer**
attending parts 1 & 2 will be critical
audience poll

By a show of hands:

• Has your agency or clinic 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 staff’s 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
helping styles

• following
• directing
• guiding
Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.” (Miller & Rollnick, 2013)
MI 3.1 changes

- “resistance talk” now “sustain talk”
- introduction of the concept of discord
- greater emphasis on change talk (technical skills)
- the 4 processes (steps/stages of MI)
“MI Spirit”

- **Acceptance**
  - accepting the person without judgment (without condoning their behavior)
  - avoiding confrontation

- **Compassion**
  - ≠ sympathy
  - advocating for the person
  - empathizing with the person

- **Partnership**
  - collaborating
  - working as equals
  - remaining outside of the ‘expert’ role

- **Evocation**
  - evoking change talk
  - eliciting the person’s reasons for change
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
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
To stay abreast of new findings in the literature.
part 4: methods of fidelity measurement & coaching
MI core competencies

- 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
demonstration video
MI as a supervision style

• identifying target behaviors (e.g. improved documentation, skill development)
• using internal motivation (change talk) to change staff behavior rather than persuasion, corrective action plans, etc.
• meeting & communication norms stemming from the “MI Spirit”
  – active listening
  – non-judgment
  – open versus closed questions
  – affirmations for positive staff behavior
• to reduce burnout (for staff and managers)
• for corrective action plans/conversations (when needed)
• conflict resolution between staff/mediation
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
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 MI TI 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
a peer coach is...

- vested
  - personally interested in seeing peers succeed
- honest and fair
- helpful
  - observations are constructive, specific, and behavioral
  - debrief after each interaction
  - share constructive feedback
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
What’s the problem with giving/receiving feedback?

– based on a lifetime of experience; feedback is more often linked with 'reprimand' than 'praise.'

– feedback is sometimes a negative experience and can cause hard feelings.

– many coaches are afraid that the individual will not be able to handle the feedback so they do not tell the learner the truth.
feedback, when given correctly, is:

- one of the fastest ways to improve
- sharing positive, future-oriented suggestions
- not criticism
- an objective description of a situation intended to guide future performance
- constructive (designed to improve)
- focuses on the behavior, not the person
- helps motivate a change in behavior
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

### Key MI Concepts

<table>
<thead>
<tr>
<th>Concept</th>
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<tbody>
<tr>
<td>MI Style and Traps</td>
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<tr>
<td>MI Assessment Sandwich</td>
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<tr>
<td>MI Principles</td>
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<tr>
<td>Using Your OARS*</td>
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<tr>
<td>Stages of Change</td>
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<td>Reflections</td>
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<tr>
<td>Exploring Ambivalence</td>
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<tr>
<td>Eliciting Change Talk</td>
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<tr>
<td>Assessing Readiness to Change</td>
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</table>

*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
## MOTIVATIONAL INTERVIEWING
### ADHERENCE AND COMPETENCE FEEDBACK FORM

<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>
</tr>
<tr>
<td>2 Open-ended Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Affirmations of Strengths &amp; Self-efficacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Reflective Statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Fostering Collaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Motivation to Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Developing Discrepancies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pros, Cons and Ambivalence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Change Planning Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Client-centered Problem Discussion and Feedback</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

- pronounced ‘mighty’
- developed by Terri Moyers & Denise Ernst
- validated tool
- available at: 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
- sustaining 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)
Summaries (1-2x)
## MITI feedback form

### MITI 4.2

#### Global Ratings

<table>
<thead>
<tr>
<th>Technical Components</th>
<th>Rating</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultivating Change Talk</td>
<td>1, 2, 3, 4, 5</td>
<td></td>
</tr>
<tr>
<td>Softening Sustain Talk</td>
<td>1, 2, 3, 4, 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relational Components</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Empathy</td>
<td>1, 2, 3, 4, 5</td>
</tr>
</tbody>
</table>

#### Behavior Counts

<table>
<thead>
<tr>
<th>Behavior Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving Information (GI)</td>
<td></td>
</tr>
<tr>
<td>Persuade (Persuade)</td>
<td></td>
</tr>
<tr>
<td>Persuade with Permission (Persuade with)</td>
<td></td>
</tr>
<tr>
<td>Question (Q)</td>
<td></td>
</tr>
<tr>
<td>Simple Reflection (SR)</td>
<td></td>
</tr>
<tr>
<td>Complex Reflection (CR)</td>
<td></td>
</tr>
<tr>
<td>Affirm (AF)</td>
<td></td>
</tr>
<tr>
<td>Seeking Collaboration (Seek)</td>
<td></td>
</tr>
<tr>
<td>Emphasizing Autonomy (Emphasize)</td>
<td></td>
</tr>
<tr>
<td>Confront (Confront)</td>
<td></td>
</tr>
</tbody>
</table>

**Start time and sentence:**

**End time and sentence:**

### CABHP MITI Feedback Form

#### Interviewer:

**Change Goal:**

<table>
<thead>
<tr>
<th>Coders:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### Global Ratings

(1=low; 5=high)

<table>
<thead>
<tr>
<th>Technical Components</th>
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#### Behavior Counts

<table>
<thead>
<tr>
<th>Behavior Type</th>
<th>Count</th>
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<tbody>
<tr>
<td>Closed Questions</td>
<td></td>
</tr>
<tr>
<td>Open Questions</td>
<td></td>
</tr>
<tr>
<td>Total Questions</td>
<td></td>
</tr>
<tr>
<td>Simple Reflections</td>
<td></td>
</tr>
<tr>
<td>Complex Reflections</td>
<td></td>
</tr>
<tr>
<td>Total Reflections</td>
<td></td>
</tr>
<tr>
<td>Persuade with Permission</td>
<td></td>
</tr>
<tr>
<td>Giving Information</td>
<td></td>
</tr>
</tbody>
</table>

#### MI Adherent

<table>
<thead>
<tr>
<th>MI Adherent Behavior</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirm/Affirmations</td>
<td></td>
</tr>
<tr>
<td>Seeking Collaboration</td>
<td></td>
</tr>
<tr>
<td>Emphasizing Autonomy</td>
<td></td>
</tr>
</tbody>
</table>

#### MI Non-Adherent

<table>
<thead>
<tr>
<th>MI Non-Adherent Behavior</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persuade</td>
<td></td>
</tr>
<tr>
<td>Confront</td>
<td></td>
</tr>
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</table>

#### Motivational Interviewing Proficiency Thresholds

<table>
<thead>
<tr>
<th>Proficiency Threshold</th>
<th>Fair</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical (Cultivating Change Talk, Softening Sustain Talk)</td>
<td>≥ 3.0</td>
<td>≥ 4.0</td>
</tr>
<tr>
<td>Relational (Partnership, Empathy)</td>
<td>≥ 2.5</td>
<td>≥ 4.0</td>
</tr>
<tr>
<td>Percent Complex Reflections</td>
<td>≥ 40%</td>
<td>≥ 50%</td>
</tr>
<tr>
<td>Reflections to Questions Ratio</td>
<td>≥ 1:1</td>
<td>≥ 2:1</td>
</tr>
</tbody>
</table>

Adapted from Motivational Interviewing Treatment Integrity (MITI) Coding Sheet, Version 4.1.1.
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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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)
<table>
<thead>
<tr>
<th>try...</th>
<th>avoid...</th>
</tr>
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<tbody>
<tr>
<td>modeling MI</td>
<td>attempting to manualize MI</td>
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<tr>
<td>creating a culture of</td>
<td>using a directing style to teach a guiding style</td>
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<tr>
<td>professional development &amp;</td>
<td>setting unrealistic expectations for workshop attendance</td>
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<tr>
<td>growth</td>
<td></td>
</tr>
<tr>
<td>discovering your baseline</td>
<td></td>
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<tr>
<td>aligning management &amp; line</td>
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<tr>
<td>staff MI skill level</td>
<td></td>
</tr>
</tbody>
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additional resources

Motivational Interviewing
Helping People Change

Third Edition

William R. Miller
Stephen Rollnick

Mindset
The New Psychology of Success

How We Can Learn to Fulfill Our Potential

*parenting
*business
*school
*relationships

Carol S. Dweck, Ph.D.
free patient simulations

Avatar practice:
https://training.simmersion.com/Launch/Free/3f9f4dde-c68c-44d3-a143-041e6604aaf5

https://training.simmersion.com/Launch/Free/e2011ae6-0e5b-4ed6-87d1-ede0ce9db0e4
web resources

- Center for Applied Behavioral Health Policy Events Calendar: https://cabhp.asu.edu/events
- 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
- TIP 35: Enhancing Motivation For Change in Substance Abuse Treatment: https://store.samhsa.gov/shin/content//SMA13-4212/SMA13-4212.pdf
Thank you!

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