"Ideas for Treatment Improvement"

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Using and Building Motivational Interviewing Skills - Part 2

Tools for Enhancing Proficiency

"One change makes way for the next, giving us the opportunity to grow."

~ Vivian Buchen ~

Short-term workshops often deliver exciting new knowledge, insight, and awareness but, as many of us have found, they result in little or no substantive change in clinical work. Cultivating valuable skills usually requires planful, sustained efforts. Research shows this to be especially true in building Motivational Interviewing (MI) skills. In this article we will introduce a toolkit of resources - Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP) - for clinical supervisors or peer mentors to use in partnership with counselors to develop and enhance MI skills.

The Need for Supervisory Feedback and Coaching

The first issue of this series showed how adding a short MI segment to an agency's regular assessment process can significantly improve client participation and retention in treatment, as demonstrated by the NIDA National Drug Abuse Treatment Clinical Trials Network. The same study provides important insight related to counselor training in MI. It demonstrated the difficulty of ensuring that counselors competently and consistently apply MI skills in clinical practice. In order for counselors to deliver the MI-assessment protocol effectively they had to be observed, have their interviews rated, and receive feedback from MI-proficient clinical supervisors.

"Becoming a proficient MI therapist requires hard work, intense focus, mindfulness, sharp skills, dedication, and effective supervision," says John Hamilton, director of LMG Programs in Stamford, Connecticut. "From this study I learned that ongoing quality supervision is the key to enhancing clinical skills and strategies… I learned that even counselors ingrained in a radically different treatment approach can perfect MI with focused supervision..."

Another pivotal research study, Evaluating Methods for Motivational Enhancement Education (EMMEE), also demonstrated the need for supervisory coaching and feedback (Miller, 2004). The study, designed specifically to evaluate MI training, randomized 140 licensed substance abuse professionals into the following five training groups: 1) clinical workshop only, 2) workshop plus practice feedback, 3) workshop plus individual coaching sessions, 4) workshop, feedback, and coaching, and 5) a control group of self-guided training. All the workshops consisted of the same two-day curriculum; and all groups received a copy of a therapist manual (Miller and Rollnick, 1991) and a series of seven MI training videotapes (Miller, Rollnick, and Moyers 1998). Audio taped practice samples were analyzed at baseline, post-training, and four, eight, and 12 months for all the participants.

Results revealed that the four trained groups showed larger gains in proficiency than the untrained, self-guided control group, which showed no significant change in MI skills at four months. Conversely, those receiving feedback and/or coaching more fully retained clinical

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proficiency skills; indeed, only those that received the full training package (workshop plus feedback and coaching) showed significant changes in client response. Notably, the workshop only group, while obtaining a surprisingly high level of proficiency right after training, lost nearly all proficiency gains at four months.

The EMMEE study also found that self-reports by clinicians about their skills in MI were unrelated to proficiency levels in observed practice, i.e., while many counselors say and think they are doing MI, observation reveals they are not using MI appropriately, effectively, or consistently. MI is simply harder to do well than clinicians expect, and it is easy to fall into the trap of MI's deceptive simplicity.

The good news is that the demand for professional training in MI is high, there is plenty of high-quality training available, and research has demonstrated that skillfulness in MI methods can be acquired within a relatively short span of months, if training is followed up with supervisory observation, feedback, and coaching. The bad news is that, while the key to successful implementation of MI is supervisory feedback and coaching, the type of clinical supervision needed to maintain MI skills among counselors is generally lacking. Clinical supervisors need to be competent in MI and have access to effective tools and procedures in order to help staff develop and maintain the MI proficiency level that produces improved engagement and retention.

Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP)

To meet the need for supervisory tools, and to support the implementation of the evidence-based MI assessment, the NIDA/SAMHSA Blending Initiative brought representatives of the ATTC network and NIDA CTN researchers together to collaborate on how best to facilitate earlier adoption of MI assessment skills in community treatment settings. The result of that collaboration is the MIA:STEP toolkit which you can view and download at the NFATTC website (www.nfattc.org).

MIA:STEP is a multi-media array of resources geared toward building and honing counselor skills in MI methods, while focusing on the delivery of the CTN MI assessment protocol. The use of the tools can help enhance both counselor MI skills *and* the quality and nature of the clinical supervision or mentoring process - a win-win for clients and agency staff alike.

The toolkit includes an introductory overview and briefing materials that summarize the MI assessment protocol, and the contents of the MIA:STEP package. The key resources consist of a set of teaching tools, self-assessment skill summaries, an interview rating guide, forms for rating interviews, and transcripts and ratings of demonstration interviews. The kit also contains a 10-hour training curricula to prepare supervisors to rate recorded interviews and four CDs that contain the entire package, including three demonstration interviews (two in English and one in Spanish).

In short, MIA:STEP contains what you need to know to begin using the MI assessment protocol and building the proficiency of counselors in using MI. Here are some key steps you might follow in using the toolkit:

1. Introduce the idea of using the MI assessment protocol during the agency's standard assessment process;

2. Assure that counselors and supervisors have basic training in MI;

3. Supervisors learn to use a simple tape rating system;

4. Rate counseling sessions on a regular basis;

5. Use recordings, ratings, teaching tools, skill summaries and demonstration interviews to guide ongoing supervision; and,

6. Use an MI style of inquiry during supervision.

It is important to understand that MIA:STEP is not a set of resources for introducing MI. The materials will be most effective when used by clinical supervisors and peer mentors who are knowledgeable and skillful in the use of MI; and by counselors who have participated in at least a basic MI course.

MIA:STEP – Sampling Teaching Tools and Self-Assessment Summaries

To illustrate the use of MIA:STEP resources, imagine a clinical supervisor who is mentoring a counselor new to MI. The counselor has recently completed an MI workshop. She is willing to make recordings of some of her counseling of assessment interviews and seeks a collaborative, MI-spirited type of mentoring.

She has taped her early efforts at conducting an MI-style assessment and, not surprisingly, finds she needs some work on basic MI skills. She and her supervisor decide to focus on the initial portion of the MI assessment sandwich which uses OARS micro-skills (open-ended questions, affirmations, reflective listening and summaries) to elicit a discussion of problems from the client's perspective. They turn to the teaching tools and self-assessment skills summaries in the MIA:STEP manual. Those resources were developed by clinicians for clinicians to serve as practical guides and reminders to help clinical supervisors, peer mentors, and counselors build proficiency in the use of MI.

The counselor and supervisor decide to work on improving the counselor's use of open-ended questions. They review both Teaching Tool No. 4: Using Your OARS, and Self Assessment Skill Summary No. 3: Open-Ended Questions. The following are condensed excerpts from the MIA:STEP manual.

Teaching Tool No. 4: Using Your OARS OARS help you navigate a client's discussion through rapids of resistance and help steer your counseling into calmer waters of change talk. The acronym OARS combines four basic MI methods

that can be especially helpful when first building rapport with a prospective client. We will look at just the first skill.

Open-ended questions: Asking open- versus closed-ended questions helps clients get started talking. An open question is one that does not invite one-word responses but rather encourages the client to take control of the direction of the reply, which can help the client feel more safe and able to self-disclose. When a counselor starts off with several closed-ended questions, it is likely to cause the client to answer in short phrases and fall into a passive role waiting for the counselor to ask for information. Instead, with open-ended questions, a counselor sets an interested, open, collaborative tone. The client is then likely to provide more information, explore issues of concern, and reveal what is most important.

Open-ended examples: What types of things would you like us to talk about? How did you first get started drinking? What would change in your life if you stopped using? How do you think smoking pot is related to the problems you talk about in your marriage?

Closed-ended examples not appropriate for collaboration and inconsistent with MI: Don't you think your wife and kids have been hurt enough by your using? Isn't your friend's idea that you should quit using really a good one? Have you ever thought about taking the stairs instead of waiting in frustration for an elevator to take you up three floors?

Closed-ended examples which are relatively neutral: Are there good things about your drug use? How long have you been concerned about your drug use?

Self Assessment Skill Summary No. 3: Open-Ended Questions To assess your skill in using open-ended questions it is helpful to have some criteria to help make your assessment. Following are some examples that might help you assess your current skill level.

Examples of Higher Skill:

1. Questions are relevant to the clinician-client conversation;
2. Questions encourage greater client exploration and recognition of problem areas and motivation for change, without appearing to be judgmental or leading to the client;
3. Inquiries are simple and direct, thereby increasing the chance that the client clearly understands what the clinician is asking;
4. Usually, several open-ended questions do not occur in close succession. Rather, high quality open-ended questions typically are interspersed with reflections and ample client conversation to avoid the creation of a question-answer trap between you and the client; and,
5. You pause after each question to give the client time to respond.

Examples of Lower Skill:

1. Questions are poorly worded or timed or target an area not immediately relevant to the conversation and client concerns;
2. Questions often occur in close succession, giving the conversation a halting or mechanical tone;
3. Inquiries may compound several questions into one query making them harder to understand and respond to by the client. For example, "Tell me about how you felt before and after you got high and how that all affects your future risk for using cocaine.";
4. Questions lead or steer the client;
5. Inquiries have a judgmental or sarcastic tone; and,
6. Pauses after each question are not sufficient to give the client time to contemplate and respond.

After the counselor reviews these and perhaps other relevant materials, the supervisor collaborates with her in developing a plan for improving her skill in the use of open-ended questions. In time, down the road, they will focus on the more challenging third phase of the MI assessment, where success depends very much on the skill of the clinician to use the higher, more integrative MI methods involved in summarizing information, evaluating readiness for change, and selectively use MI strategies to elicit change and manage resistance.

In conclusion, MIA:STEP is not prescriptive, but is designed as a set of resource materials for supervisors to incorporate into their own style of mentoring. It allows a supervisor to select from among a variety of materials depending on the depth of information they want to provide and the audience they are trying to reach. There are tools to both introduce MIA:STEP to an agency interested in adopting the MI assessment, and there are tools to use in mentoring counselors to become highly skilled in an MI style of counseling.

Unless counselors can be observed, and/or sessions recorded that later can be rated, it is not possible to know if counselors are really doing MI (or adhering to any type of practice). The heart of using MIA:STEP lies in the ability of a clinical supervisor or peer mentor to rate audio recordings and develop learning plans in order to systematically monitor, develop, and refine a clinician's adherence to and competence in MI methods. The final issue of this series will discuss using the MIA:STEP interview rating system as a vehicle for providing and receiving highly individualized supervisory feedback and coaching.

Next Issue:

"MIA:STEP Interview Rating System"

Source:

Martino, S, Ball, SA, Gallon, SL, Hall, D, Garcia, M, Ceperich, S, Farentinos, C, Hamilton, J, and Hausotter, W (2006). **Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP)**. Salem, OR: NW Frontier ATTC, Oregon Health and Science University. Available for free download now; training for clinical supervisors will be available after June 2007: http://www.nfattc.org/

Miller WR, Yahne CE, Moyers TB, Martinez J, Pirritano M [Univ. of NM] (2004). **A randomized trial of methods to help clinicians learn motivational interviewing,** *Journal of Consulting and Clinical Psychology*, Vol. 72, No. 6, 1050-1062.

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