

"Ideas for Treatment Improvement"

# ADDICTION *Messenger*

DECEMBER 2006 • VOLUME 9, ISSUE 12

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## SERIES 24

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## Motivational Interviewing - Part 3 Using Interview Ratings, Feedback and Coaching to Enhance Skills

*"Change is inevitable, growth is intentional."*

~ Glenda Cloud ~

By Lynn McIntosh

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Creating a safe environment in which counselors can critically examine the quality of their MI counseling skills is a challenge for agency management. Staff members often have concerns about exposing their work and wonder whether it will be considered good enough by clinical supervisors. To help facilitate a more open learning atmosphere a new tool kit, titled *Motivational Interviewing Assessment: Supervisory Tools for Enhancing Performance* (MIA:STEP), has been developed by the NIDA/SAMHSA Blending Initiative as a resource for counselors and supervisors to help facilitate the incremental process of learning and honing MI skills.

This is the third in a series of *AM* issues devoted to 1) highlighting how adding a short MI segment to an agency's regular assessment process can significantly improve client participation and retention in treatment, and 2) how important it is to provide ongoing support in building and sustaining clinical MI skills. This issue will introduce the *Interview Rating Guide*, the heart of the MIA:STEP system for giving and receiving highly individualized supervisory feedback and coaching. MIA:STEP can be examined or downloaded at the Northwest Frontier ATTC website ([www.nfattc.org](http://www.nfattc.org)).

### Feedback and Coaching

MI is not a set of specific techniques but a skilled style of counseling that requires careful training and mentoring. As discussed in the last issue, research shows that unless counselors can be observed and/or sessions recorded and rated we cannot know if counselors are really doing MI. The MIA:STEP Interview Rating Guide provides a system for identifying the degree to which a clinician's statements are consistent or inconsistent with MI. Rating a recorded interview is a great way to document what the counselor is doing well, and provides an opportunity to provide behavior-based guidance in areas where they could improve. Because the system relies upon direct observation of the clinician's MI practice, via audio recording, it has the capacity for highly individualized supervision based on what clinicians actually say and do in sessions rather than basing supervisory feedback solely on clinician self-report.

This type of systematic, disciplined clinical supervision quite possibly represents the gold standard in addictions treatment. Agencies providing this level of supervision are well equipped to implement new practices and other systems improvements, and tend to attract and retain highly skilled and competent counselors appreciative of becoming better and better at serving clients. The MIA:STEP toolkit provides resources to support and enhance this high standard of collaborative MI-spirited supervision. The toolkit, however, also includes resources useful to counselors who may lack regular clinical supervision and/or supervisors skilled in MI meth-

ods. Counselors can study the Interview Rating Guide and rate their own tapes to advance their MI skills.

### The MIA:STEP Interview Rating Guide

The Rating Guide is solidly based in research. It is a modification of the supervisor interview rating system used in the NIDA National Drug Abuse Treatment Clinical Trials Network MI-Assessment protocol, and is based on an adaptation of the Yale Adherence Competence Scale (Carroll, et al, 2000). Included in the Guide are recommendations for supervisor qualifications, and ideas about ways to supervise in an MI-consistent fashion, including tips on being sensitive to the deceptive simplicity of learning and implementing MI, being mindful of the complications posed by a clinician's use of MI inconsistent strategies when learning MI, handling clinician performance anxiety about tape rating, and considerations for setting clinician MI-proficiency standards.

There are also detailed instructions for how to best use the tape rating system to ensure fidelity in implementing the MI-assessment, and how to rate *only* observable clinician behaviors and avoid biased ratings. Templates are included for rating forms and a learning plan, and there are also sample transcripts of four MI-assessment interviews (two each in Spanish and English), along with completed rating forms and a learning plan for each.

### MI Skills Addressed in the Rating System

The Guide details a system for rating both a clinician's adherence and competence in using MI strategies. Adherence refers to the frequency and extent to which clinicians specifically implement MI strategies and techniques, i.e., how "much" they did it, while competence refers to the skill with which clinicians use these MI interventions, i.e., how "well" they did it. The Guide describes 10 strategies consistent with an MI approach (e.g., using open-ended questions, affirmations of strengths and self-efficacy, and reflective statements), and six strategies inconsistent with MI that undercut overall MI style or spirit (e.g., giving unsolicited advice, directly confronting clients, emphasizing abstinence, emphasizing powerlessness and loss of control, and asserting authority).

The box below contains an excerpt for one of the MI skills that can be rated from a recording. Each entry includes a definition of the skill, and guidelines for rating adherence and skill proficiency.

#### **AFFIRMATION OF STRENGTHS AND CHANGE EFFORTS:**

*To what extent did the clinician verbally reinforce the client's strengths, abilities, or efforts to change his/her behavior? To what extent did the clinician develop the client's confidence by praising small steps taken in the direction of change or expressing appreciation of personal qualities in the client that might facilitate successful efforts to change?*

#### **Adherence (Frequency and Extensiveness) Rating Guidelines:**

This item refers to what extent the clinician expresses confidence in the client to achieve his/her goals. The clinician may affirm the client using many different approaches: a) using compliments or praise, b) acknowledging the client's personal qualities, competencies or abilities that might promote change, c) recognizing effort or small steps taken by the client to change. Sometimes, the clinician might use a positive reframe to affirm the client (e.g., noting how multiple treatment episodes and relapses are evidence of the client's persistence in trying to deal with his or her drug use problems and not giving up). By complimenting, positively reinforcing, and validating the client, the clinician fosters the belief in the client that there is hope for successful recovery and that the client can change his/her own substance use behaviors. *Note:* Raters should not rate a clinician's simple statements of "Good" or "Great" as affirmations. Affirmations must include direct references to something about the client.

*Examples: Clinician:* "It sounds as if you have really thought a lot about this and have some good ideas about how you might want to change your drug use." "That must have been really hard for you. You are really trying hard to work on yourself."

#### **Skill Level Rating Guidelines:**

**Higher:** Higher quality affirmations occur when the clinician affirms qualities or efforts made by the client that promote productive change or that the client might harness in future change efforts rather than being general compliments. The clinician derives these affirmations directly from the conversation. As a consequence, high quality affirmations are meaningful to the client rather than being too global or trite. A key ingredient in a high quality affirmation is the appearance of genuineness rather than the clinician merely saying something generally affirming in a knee-jerk or mechanical fashion.

**Lower:** Low quality affirmations are not sufficiently rooted in the conversation between the client and clinician. The affirmations are not unique to the client's description of him/herself and life circumstances or history. The clinician may appear to affirm simply to buoy a client in despair or encourage a client to try to change when he/she has expressed doubt about his/her capacity to do so. In short, poor quality affirmations sound trite, hollow, insincere, or even condescending.

### Using Feedback Forms to Develop Learning Plans

The Guide's MI Rating Worksheet is used to tally instances when specific strategies occur and to write examples, comments, and notations about the quality of interventions. The rater uses hash marks to denote frequency, circling the marks when strategies are conducted in depth. Written comments and numerical ratings of quality or skill level are made following the rating. The following is an excerpt from a completed worksheet illustrating how 3 of the skills were rated for one of the demonstration transcripts:

*MI Tape Rating Worksheet*

RATING ITEM	ADHERENCE: FREQUENCY & EXTENSIVENESS	COMPETENCE: SKILL LEVEL COMMENTS
MI Style or Spirit	Considerable	Very good – attuned to client, follows client’s lead, evocative, rolls with resistance, collaborative. Repetitive “I gotcha,” and “I follow ya” statements decrease skill rating.
Affirmation of Strengths & Self-efficacy	/	Acceptable – could have been more explicit in what was being affirmed.
Reflective Statements	//////////////////// Ø ////////////////// //////////////////// ////////////////////Ø //////////////////	Very good – reflective style throughout, accurate, deeper reflections develop discrepancies, reflections roll with resistance.

The rater can use a second worksheet to make final adherence and competence ratings. The following is a sample of a completed form for the same three skills that were rated above:

*MI Adherence and Competence Feedback Form*

MI Consistent Items	Adherence Rating*							Competence Rating**							
	1	2	3	4	5	6	7	NA	1	2	3	4	5	6	7
MI Style or Spirit							x								x
Affirmations of Strengths & Self-efficacy		x									x				
Reflective Statements							x								x

\* 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

Following the rating and preparation of feedback, the supervisor and clinician can meet and discuss their ratings. They can use the MI Skills Development Plan template provided in the Guide to create a learning plan to address the needs identified during the tape review. These are just some of the ways the tools in MIA:STEP can be used. Supervisors and counselors will no doubt think of other creative ways to enhance MI skills. For optimum results, however, the supervisor or rater should understand the rating system thoroughly and learn how to use it with accuracy and consistency. This systematic approach to supervision described in MIA:STEP provides a means for the supervisor and clinician to track the clinician’s performance over time and work toward consistent proficiency in using MI skills and methods.

**Resources for Further Learning about MI**

- **Motivational Interviewing web site:** The official web site for information and training on motivational interviewing: <http://motivationalinterview.org>
- **Enhancing Motivation for Change in Substance Abuse Treatment (CSAT TIP 35):** William R. Miller. Rockville: Center for Substance Abuse Treatment, 1999, <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302>
- **Motivational Interviewing: Professional Training Series by Miller & Rollnick:** This series of videos or DVDs provides six hours of training for professionals showing ten different therapists working with twelve clients with a variety of problems. <http://motivationalinterview.org/training/videos.html>

*Next Issue:*

**“Nicotine Cessation”**

**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.nfatcc.org/>.

Carroll, K. M., Nich, C., Sifry, R., Frankforter, T., Nuro, K. F., Ball, S. A., Fenton, L. R., & Rounsaville, B. J. (2000). **A general system for evaluating therapist adherence and competence in psychotherapy research in the addictions.** *Drug and Alcohol Dependence*, 57, 225-238.



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