Supervising the Practice of Motivational Interviewing

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Training Objectives

- Discuss research on learning MI
- Explain the role of observation in supervision of MI
- Practice Identifying MI related skills through application exercises
- Describe how to employ MI resources in clinical supervision of services for individuals with severe and persistent mental illness and/or substance use disorders
1. On a scale of 0 - 10 how important is it for you to provide clinicians with MI supervision?

2. Why are you at a _____ and not a zero?

3. What would it take for you to be at a _____ (one number higher)?
An Explosion of Knowledge

- >1000 publications
- >200 randomized clinical trials
- Dozens of books and videotapes
- 10 Multisite clinical trials
- Several coding systems for quality assurance
- MIA-STEP to support MI supervisors
- Research on MI training
What do we know about learning MI?
Evaluating Methods for Motivational Enhancement Education (EMMEE)

Study Design

140 clinicians treating SUDs randomly assigned to:

- W: 2 day CPE workshop only
- WF: Workshop + Feedback from practice samples
- WC: Workshop + 6 Telephone Coaching sessions
- WFC: Workshop + Feedback and Coaching
- STC: Self-Training Control (waitlist)
Did the clinicians learn MI?
Percent MI-Consistent Responses

- Trained groups > control at 4 months  \( p < .001 \)
- All enhanced training groups exceed criterion
- Due mostly to decreased MI-inconsistent responses

(Miller, Research and History of MI, 2005)
Did the clients respond?
No significant increase except in Group WFC

(Miller, Research and History of MI, 2005)
Levels/Types of Training in MI

See Handout
Supervising the Practice of MI: Observation, Feedback & Coaching
Necessary Supervisor Skills

• Motivational Interviewing Proficiency
• Ability to explain concepts/skills to staff
• Creating formal opportunities to evaluate staff
• Recognizing & utilizing impromptu opportunities to teach
• Skill Identification & assessment
• Knowledge of tools to assess proficiency
• Formulating & providing feedback
• Coaching
Rationale for Observation

- Observation of a clinician’s work is the only way to know what really occurs in a session
- Clinician recall is influenced by their knowledge, experiences, perceptions and biases
- Clinician may withhold important information due to anxiety over evaluation or lack of awareness
- Feedback and coaching on recorded sessions are effective tools in promoting MI skills
Observation as a Supervision Tool

- Informed consent required
- Routine part of supervision
- Expect clinicians concerns about being observed and recorded
- Recorded vs. live observation
  - Live – allows for immediate informal feedback/modeling
  - Recorded – allows for coding of session, clinician can listen to the session, opportunities for coaching
Feedback & Coaching

- Providing routine feedback and coaching help clinicians improve their skills over time
- Model MI when providing feedback/coaching
- Identify tool for evaluating MI proficiency and documenting feedback
- Manage clinician anxiety
- Anticipate inconsistent use of MI while clinicians are developing their skills
Feedback & Coaching

- Document ratings based on coding tool
- Identify strengths first, skills used effectively or close approximation
- Prioritize feedback for improvement, offer one specific area for growth
- With permission offer coaching, model or role play skill
Resources: Tools to Assess MI Proficiency
Revised Global Scales: Motivational Interviewing Treatment Integrity 3.1.1 (MITI)

T.B. Moyers, T. Martin, J. K. Manuel, W.R. Miller & D. Ernst
University of New Mexico Center on Alcoholism, Substance Abuse and Addictions (CASAA)

http://casaa.unm.edu/download/MITI3.1.1.pdf
MITI

- Most used fidelity tool for MI clinical trials (of 3 discussed today)
- In non-research settings: means of providing structured, formal feedback about ways to improve practice of MI
- Evaluation of training outcomes
- Screening tool for hiring
Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA STEP)


MIA STEP

NIDA/SAMSHA Blending Initiative Product

- Emerged from work of NIDA/SAMSHA Clinical Trials Network (CTN)
- 20 minutes of MI at start/end of assessment improved client engagement & retention in treatment
- Resource for supervisors who mentor/coach staff
- Significant supporting documents
- Most detailed of 3 tools discussed today
Behaviour Change Counseling Index (BECCI)

(University of Wales College of Medicine 2002)


http://motiverandesamtal.org/miwiki/becci
Behavior Change Counseling Index (BECCI)

- Adaptation of MI and incorporates many of the skills
- Suitable for brief encounters related to health behavior change
- Based on principles of person-centered approach
- Checklist is short
- Allows for informal consultative feedback
Focus Areas for Supervision:
MI-Related Skills
MI-Adherent

- **Asking Permission**
  
  “If you’re interested, I can share a few things with you that other people have found helpful.”

- **Affirming**
  
  “You’re the kind person that puts a lot of thought into something before you act.”

- **Emphasizing Personal Choice & Control**
  
  “Ultimately, it’s up to you whether you decide to change or not.”
Questions

- Open
  - “Tell me more about that.”
  - “How would you like to spend your time here?”
  - “What would be the benefits of making this change?”
  - “What’s next for you?”

- Closed
  - “Do you smoke?”
  - “Are you taking your medications as prescribed?”
  - “When was the last time you used?”
Client says:

“I really wish I could feel better. I’ve tried those medications and they seem to make me feel worse. I don’t know what to do.”

You say:

“You really don’t like how you’re feeling right now.”

“You feel like your between a rock and a hard place.”

“So far the medications haven’t worked for you and you’d really like to find a way to feel better.”

“If you could find something that made you feel better, you’d be all in.”
MI Non-Adherent

- **Pre-mature Focus**
  
  “Let’s talk about cutting down on your drinking.”

- **Confront**
  
  “I don’t think you’ve really given the medication a chance. You need to be more patient.”

- **Taking the Side of Change**
  
  “Remember what happened the last time you stopped taking your medication? How bad did you feel then?”
MI Non-Adherent

- **Advise**
  
  “I think you should give it some time, it takes awhile for medications to kick in.”

- **Direct**
  
  “You really need to cut down on your drinking. It’s going to interfere with the effectiveness of your medications.”
Practice Identifying MI Related Skills Through Simulated Activities
Summary

- Feedback and coaching are critical to skill development
- Observation is the only way to know what takes place in a session
- A variety of observation and feedback tools are available
- Use an MI-consistent manner to provide feedback
Resources

Mid-Atlantic ATTC Motivational Interviewing
http://www.motivationalinterview.org/

Motivational Interviewing Network of Trainers
http://www.motivationalinterviewing.org/
Questions?

Thank you for your participation!
Contact Us

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