Motivational Interviewing: Supervision Tools

Scott Gerhard, MA, LSW
Consultant and Trainer

www.centerforebp.case.edu

CENTER FOR EVIDENCE-BASED PRACTICES
at Case Western Reserve University
A partnership between the Jack, Joseph and Morton Mandel
School of Applied Social Sciences & Department of Psychiatry
at the Case Western Reserve School of Medicine

A Technical-Assistance Center
Providing consultation, training, and evaluation
for the implementation of integrated behavioral
healthcare services
Training Objectives

- Discuss participants’ current strategies for MI-focused supervision and rationale for its use.
- Describe 6 aspects of MI-focused supervision.
- Identify and describe how to use three resources useful in the provision of MI focused supervision.
- Describe the Behaviour Change Counseling Index (BECCI).
- Practice using the BECCI to evaluate staff skills with simulated client sessions.

Integrating MI when working with Severe Mental Illness

Challenges & Strategies
Integration of MI: Severe Mental Illness

Challenges
Dually Diagnosed Need Integrated Services
• Multiple interacting behavioral targets

Strategies: Multiple Behavioral Targets
Listen for person’s motivation to address both MH & AOD:
  • How motivations interact
Use open ended/evocative questions:
  • Elicits discussion of interaction between disorders
  • Structured feedback, decision balance
Elicit change re: other behavioral targets important to psychiatric recovery
  • Medication adherence, participation in DD services, housing, work, legal issues, benefits

Integration of MI: Severe Mental Illness

Challenges
Cognitive Impairments
• Attention, memory, language, executive reasoning
• Difficulty holding multiple aspects of problem or question in mind simultaneously
**Strategies: Cognitive Impairments**

- Use simple, clear, and concise communication
  - Open ended questions, reflections, summaries
- Offer frequent, successive, clear reflections and summaries
  - Helps person with flow/organization of discussion
- Visual aids helpful

**Integration of MI: Severe Mental Illness**

**Challenges**

- Positive Symptoms
  - Hallucinations, delusions, bizarre behaviors, disorganized speech

**Strategies: Positive Symptoms**

- Paraphrase often
  - Helps maintain reality-based, organized dialogue
- Use metaphor or simile;
  - Helps make sense of seemingly bizarre statements
- Be cautious about exploring negative thoughts/feelings/events
- Succinctly summarize ambivalence, then quickly begin strategies to elicit change talk
  - Helps resolve ambivalence and promote change
Integration of MI: Severe Mental Illness

Challenges

Negative Symptoms
- Thought blocking
- Impoverished thinking, processing speed, speech, volition and drive

Strategies: Negative Symptoms

Paraphrase frequently to stimulate discussion
Allow adequate time for the person to respond
Affirm participation in session
Offer personalized, structured feedback to promote discussion
  □ Decision balance

Integration of MI: Severe Mental Illness

Professionals may need greater proficiency in MI when working with DD clients
When to Use Other Interventions

- Acute symptoms that might impair capacity to make informed decisions
- Staff’s legal/medical responsibilities take precedence; need for coercive interventions
- Rule of thumb
  - Individual becomes more symptomatic: use a different intervention
  - Individual becomes more organized and reality-based: MI is appropriate

Common Voices Exercise

This exercise was adapted from “One Size Fits All” by Paul Earnshaw and Rory Allott. Their exercise was an adaptation of one by Ron Coleman and the Hearing Voices Network

Client

- Your task is to play an individual with a diagnosis of Schizophrenia, alcohol dependence and marijuana abuse.
- You are homeless and frequently stay at the local shelter. You are on probation for a disorderly conduct conviction stemming from a fight with a neighbor at your last apartment. You lost the apartment due to this incident. Your blood alcohol at the time of the incident was .18 and you were in a blackout. You hear voices a lot of the time and drink alcohol to reduce the severity of the voices. After several drinks the voices escalate, yet you continue to drink. You have not been medication adherent, because of medication side effects, problems paying for the medications, and trouble remembering to take them. You prefer drinking alcohol and smoking weed to taking medications. Though, you are uncomfortable with having blackouts, being homeless and on probation.
- At some point in the session ask the professional if they think you have Schizophrenia.
**Professional**

- Your task is to maintain the role of your profession. You are meeting with this individual in the shelter (or, probation office). This is your first session with this client. Attempt to engage the client in a discussion of their current concerns and life satisfaction.

**Voice**

- Your role is to talk to the client/speaker most of the time they are engaged in the role play with the professional. Stand or sit next to the client/speaker. This may be challenging, but persist for the duration of the role play. Also, be attentive to the communication between the client/speaker and professional.
- Suggested content may include:
  - "Don’t listen to her/him. She/he doesn’t know what she’s/he’s talking about”
  - "You need to get out of here and get a drink, Come on!”
  - "These people aren’t here to help you. What do they know?"

**Importance Ruler**

1. On a scale of 0–10 how important is it for you to provide staff with (or receive) MI specific supervision?
2. Why are you a ___ and not a zero?
3. What would it take for you to be a (one number higher than you are)?
First Things First (Elicit)

1. How are you currently supervising the practice of MI?
2. What else would you like to include in your MI supervision?
3. What are the challenges you face providing MI supervision?
4. What are your areas for growth specific to your own knowledge/use of MI?

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 staff learn MI?
Percent MI-Consistent Responses

- Trained groups > Criterion at 4 months
- All enhanced training groups exceed criterion
- Due mostly to decreased MI-inconsistent responses

(Dr. Miller, Research and History of MI, 2005)

Did the clients respond?

No significant increase except in Group WFC

(Dr. Miller, Research and History of MI, 2005)
Considerations in Supervising the Practice of MI?

MI Proficiency Skills

- Understanding of how change occurs
- Accurately gauging where the person is in the change discussion
- Demonstrating MI Spirit
- Being able to effectively engage the person (Person-centered Skills)
- Identify MI Consistent vs. Inconsistent Practice
- Listening for person's own goals and motivations for change
- Responding with appropriate skills based on person's responses
- Identifying and responding to Change Talk

Engaging Staff in MI Supervision: Challenges

- Supervisor personal proficiency in MI skills
- Time (scheduling, productivity)
- Supervision expectation (culture)
- Anxiety about evaluation of skills (staff and supervisor)
- Supervisee more knowledgeable/experienced than supervisor
- What to cover (supervision content)
- Translating knowledge into skill and/or practice
- Other? (Discuss)
Favorite Teacher

- Think about your favorite teacher during your lifetime.
- What qualities did this person possess that encourages you to learn?
- How could you utilize these qualities to impact challenges in engaging staff?

Engaging Staff in MI Supervision: Strategies

- Time management
  - Create formal evaluation opportunities
  - Recognize and use impromptu opportunities
- Create and build supervisory expectations
- Model the evaluation experience
  (i.e. supervisor brings own recording to team meeting for feedback)

Engaging Staff in MI Supervision: Strategies

- Find opportunities to build your own skills
- Identify staff to teach MI skills in team meeting
- Role-play MI in difficult client situations
  (group and individual supervision)
- Other? (Discuss)
MI Exercise: Five Chairs

Role-play: Engaging a Staff Person

MI Resources

Motivational Interviewing Network of Trainers (MINT) Webpage

www.motivationalinterviewing.org

- Resources for program director’s, supervisor’s and staff
- About MI
- Tip sheets
- Books, Manuals
- DVD’s, Video clips
- Bibliography
- Recent news
MI Learning Group

- Prerequisite for participation
  - Open to all vs. require basic MI training first
- Meets regularly
- Focused on strengthening of MI skills
- Range of activities
- Identify an “organizer”

Resources:
Tools to Identify and Measure MI Proficiency

Observation as a Supervision Tool

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

- Informed consent required
- Routine part of supervision
- Need to be prepared to respond to any concerns staff may have about being observed/recorded
- Recorded vs. live observation
  - Live – allows for immediate feedback/modeling
  - Recorded – allows for coding of session, staff can listen to the session, opportunities for coaching

**Simple OARS Observation Exercise**

**Directions**

Groups of 6-8 participants

**Speaker:** Talk about a topic you feel two ways about.

**Listener:** Respond using OARS

**Observers:**

Use OARS tracking sheet included in handouts. Make a slash mark for each use of O-A-R-S by the listener.

Time 10 minutes

**MITI 3**

**Revised Global Scales: Motivational Interviewing Treatment Integrity 3.1.1**

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
What is it?

- Behavioral coding system
- Measures treatment fidelity for MI clinical trials
- In non-research settings: provides structured, formal feedback to improve practice of MI
  - Self-assessment for students of MI
  - As part of supervision
  - Evaluation of success of training
  - Screening tool for hiring

Behavior Count/Summary Score Thresholds

<table>
<thead>
<tr>
<th>Behavior Count Summary Score Thresholds</th>
<th>Beginning Proficiency</th>
<th>Competency</th>
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</thead>
<tbody>
<tr>
<td>Global Clinician Ratings</td>
<td>Average of 3.5</td>
<td>Average 4</td>
</tr>
<tr>
<td>Reflection to Question Ration (R:Q)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Percent Open Questions (%OC)</td>
<td>50%</td>
<td>70%</td>
</tr>
<tr>
<td>Percent Complex Reflections (%CR)</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Percent MI-Adherent (%) (%MIA)</td>
<td>90%</td>
<td>100%</td>
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MIA STEP

Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency

MIA STEP

NIDA/SAMSHA Blending Initiative Product

- Evidence-based treatment protocol
- 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
- Measures both MI consistent and inconsistent items for frequency and competency
- Resource for supervisors who mentor/coach staff
- Assumes prior basic MI training
- Public domain – can be modified

MIA STEP

Sections
A - Overview
B - Briefing Materials
C - Summary of MI Assessment Intervention
D - Results of NIDA Clinical Trials
E - Teaching Tools
F - Self-Assessment Skill Summaries
G - Supervisor Interview Rating Guide & Forms
H - Transcripts and Ratings of Standardized Recordings
I - Training Curricula
J - References

MIA STEP

E: Teaching Tools
- MI Style & Traps
- MI Assessment Sandwich
- MI Principles
- Using Your OARS
- Stages of Change
- Reflections
- Exploring Ambivalence
- Eliciting Change Talk
- Assessing Readiness to Change
The Behaviour Change Counseling Index (BECCI)

Behaviour Change Counseling Index (BECCI)

Manual for coding behavior change counseling
University of Wales College of Medicine 2002

What is the BECCI Index

- Index to measure skills used in brief behavior change discussions
- Useful tool for trainers & researchers to:
  - Evaluate skills in recorded sessions
  - Discuss items & practice scoring
- 11 items plus amount of talk time
Rationale for BECCI

- Suitable for brief encounters related to health behavior change discussions
- Based on principles of person-centered approach
  - Collaborative
  - Person makes their own decision
- Adaptation of MI
  - Greater reliance on open-ended questions than reflective listening

Use and Benefits of BECCI

- Consistent with person-centered approach
- To evaluate skills used in brief change discussions
- To evaluate skills learned in training
- Informal clinician feedback
- Index is short
- Coding manual

BECCI Potential Benefits

Help staff:
- Focus on a person-centered approach when having “change” discussions
- Use a consistent approach regardless of the type of “change” discussed
- Who may not be proficient in MI

Useful for brief encounters
**BECCI Index: Evaluating Index Items**

**BECCI - Domains**

- Agenda setting & permission seeking
  
  (1,2)

- Why and how of change in behavior
  
  (3,4,5,6,7)

- Whole consultation
  
  (8,9,10)

- Talk about targets
  
  (11)

**BECCI Scoring**

<table>
<thead>
<tr>
<th>Likert Scale</th>
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<tbody>
<tr>
<td>0 = Not at all</td>
</tr>
<tr>
<td>1 = Minimally</td>
</tr>
<tr>
<td>2 = To some extent</td>
</tr>
<tr>
<td>3 = A good deal</td>
</tr>
<tr>
<td>4 = A great extent</td>
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</tbody>
</table>

Three items only scored “If Applicable”

Intent of scale is to view items individually
BECCI – Domain 1  
Agenda Setting & Permission Seeking

**Item 1**
Staff invites the person to talk about behavior change

**High:** Explicitly asks permission to talk about behavior change, without requiring person to make a decision

**Low:** Never asks permission to discuss change, doesn’t give person opportunity to speak, conveys person has little choice

**Not Applicable:** If person goes straight to discussing the issue

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BECCI – Domain 1  
Agenda Setting & Permission Seeking

**Item 2**
Staff demonstrates sensitivity to talking about other issues

**High:** Person is given a choice in what to discuss, including concerns not related to behavior change, agenda setting is an example of this

**Low:** Doesn’t give person a choice in what to discuss, rather talks about what they feel is important

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BECCI – Domain 2  
Why & How of Change in Behavior

**Item 3**
Staff encourages person to talk about current behavior or status quo

**High:** Encourages person to discuss what they like & dislike about current behavior, seek to understand person’s perspective (use open-ended questions, reflective listening)

**Low:** Doesn’t actively encourage person to discuss what they like & dislike about current behavior
### BECCI – Domain 2
#### Why & How of Change in Behavior

**Item 4**

**Staff encourages person to talk about change**

**High:** Encourages person to discuss what the positives & negatives of behavior change would be for them, seek to understand person’s perspective (use open-ended questions, reflective listening)

**Low:** Doesn’t actively encourage person to discuss what the positives & negatives of behavior change would be for them

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**Item 5**

**Staff asks questions to elicit how person thinks and feels about the topic**

**High:** Uses range of questions (mostly open-ended) to gather information about person’s thoughts & feelings related to topic of behavior change

**Low:** Does not ask questions about person’s thoughts & feelings related to topic of behavior change, or only asks closed questions

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**Item 6**

**Staff uses empathic listening statements when person talks about the topic**

**High:** Uses range of empathic listening statements to convey understanding of what person has said, and/or person to say more

**Low:** Does not use empathic listening when person is talking about behavior change

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**BECCI – Domain 2**
**Why & How of Change in Behavior**

**Item 7**
Staff uses summaries to bring together what the person says about the topic.

**High:** Summarizes what person has said about behavior change at key points in the discussion, a check on their understanding of person’s perspective

**Low:** Does not provide summaries

**BECCI – Domain 3**
**Whole Consultation**

**Item 8**
Staff acknowledges challenges about behavior change that the person faces

**High:** Regularly and explicitly acknowledges the challenges in changing, affirms by focusing on person’s strengths

**Low:** Does not explicitly acknowledge challenges faced in making a change and does not focus on person’s strengths

**BECCI – Domain 3**
**Whole Consultation**

**Item 9**
When staff provides information, it is sensitive to person’s concerns and understanding

**High:** Attempts to understand what the person knows and wants to know, also elicits person’s reaction to information shared

**Low:** Information provided without permission or it’s not needed, practitioner provides relevance of information without eliciting such from person, or information is requested by person and none is provided

**Not Applicable:** There is no information requested or exchanged with the consultation
BECCI – Domain 3
Whole Consultation

**Item 10**
Staff actively conveys respect for person choice about behavior change

**High:** Openly acknowledges and accepts person’s choice even when inconsistent with practitioner’s agenda, no pressure is applied to person to change their behavior

**Low:** Does not acknowledge or accept the person’s choice

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BECCI – Domain 4
Talk About Targets

**Item 11**
Staff and person exchange ideas about how the patient could change current behavior

**High:** Encourages person to brainstorm a number of strategies that may help them change their behavior, person offers most of the ideas, practitioner offers some ideas

**Low:** Does not encourage person to brainstorm, there is no exchange about possible ideas, practitioner provides all the suggestions

**Not Applicable:** There is no discussion of a change target(s) in consultation

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**Amount of Time Practitioner Speaks**

Staff speaks for approximately:

- ____ More than ½ the time
- ____ About ½ the time
- ____ Less than ½ the time

☐ Generally person should speak more than staff
☐ For individual’s with SMD, practitioner may need to do more speaking than normal (ex., if a person is fairly non-verbal)
BECCI Index
Application Activities

Why Is MI Feedback Important?

- Self-report is unreliable
- Builds Staff Confidence
- Builds Staff Awareness
- Identifies areas for growth
- Accountability

MI Supervision Guidelines

- Be sensitive to MI’s deceptive simplicity
- Recognize staff performance anxiety (ambivalence)
- Be mindful of the complications posed by MI inconsistent strategies
- Consider MI proficiency standards
- Practice what you preach in how you supervise
- Keep points simple and succinct

(Martino, et al, 2006)
Managing Staff Anxiety

Sources:
- Anxiety about scrutiny of work or time required
- Attention to actual practice vs. self-report
- Other?

Responses:
- Offer your work to be evaluated with team feedback
- Focus on strengths (build confidence/trust)
- Avoid connecting “feedback” to “evaluation”

When Inconsistent Strategies Occur

- Avoid conveying MI as “best” strategy
- Support staff’s “freedom to choose” (autonomy)
- Recognize resistance due to staff realizing inconsistency
- Goal of MI supervision over time:
  - Increase staff’s MI competence/adherence
  - Decrease styles that might be inconsistent or ill-timed

Practice What You Preach
(How to Give Feedback)

1. Listen to interaction (recording) together
2. Ask staff perception of interaction (evoke strengths and limitations)
3. Reflect and work to collaborate with staff person’s response
4. Begin with what went well (affirm and build on staff-perceived strengths, i.e. build confidence)
Practice What You Preach

5. Ask about their struggles in the interaction and add your observations (agenda mapping, identify goals/values)
6. Summarize points simply and succinctly
7. Use skill development plans (Change Planning)
8. Use role-play to coach (Practice=Taking Steps)

MI Supervision Development Plan Worksheet

1. What did you learn today that you would like to incorporate into your supervision?
2. What would be the benefits of incorporating that learning into your supervision?
3. What steps do you need to take to incorporate this into your supervision?

Questions?

Thank you for your participation!
Tools | Education & Advocacy

Booklets
Posters
Reminder
Cards

www.centerforebp.case.edu/resources/tools

Our Mission
The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education