Motivational Interviewing (Part 2 of 2)

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Wisconsin Public Psychiatry Network Teleconference
January 30, 2014

Overview of this presentation:

1. Definition of MI
2. Follow up on Part 1 with results of coded practice sample
3. Processes of MI
4. Learning the method
“Motivational Interviewing is a collaborative, goal-oriented style of communication with particular emphasis to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

Miller & Rollnick (2013, p. 29)

What MI is NOT

Source: Miller & Rollnick (2009)

- Stages of Change
- A way of tricking people
- A technique or “tool in the tool box”
- Just client-centered counseling
- Easy to learn
- What you were already doing
- A panacea
2. Results of coded practice sample

*To share an observation or question, please press *6 to unmute your phone, then press *6 to mute your phone when you’re done.*
**Background**

In the practice sample we listened to during Part 1, we heard Dr. Scott Walters conduct a motivational interview with Travis in the context of a brief intervention for college student drinking.

**Coding in MI**

“We know of no reliable and valid way to measure MI fidelity other than through the direct coding of practice samples.” (Miller & Rose, 2009, p. 530)

Many standardized instruments exist in MI for coding sessions. The purpose of coding is to ascertain to what extent MI is being demonstrated as an evidence-based practice (i.e., fidelity).
One approach to coding MI is to simply count the skills:

- Open question vs. Closed question
- Simple reflection vs. Complex reflection
- MI Adherent behaviors vs. Non-Adherent behaviors

Results of Dr. Walters practice sample:

Total skill counts:
- Open questions = 14
- Closed questions = 1
- Total questions = 15

- Reflection simple = 23
- Reflection complex = 12
- Total Reflection = 35
A more complex approach is to rate the provider’s level of MI Spirit using a scale (1-5):

<table>
<thead>
<tr>
<th>MI Global Rating</th>
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<tbody>
<tr>
<td><strong>Collaboration</strong></td>
</tr>
<tr>
<td><strong>Evocation</strong></td>
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<tr>
<td><strong>Support autonomy</strong></td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
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**Wisconsin Department of Health Services**

**Spirit ratings (1-5) for Dr. Walters’ practice sample:**

- **Collaboration** = 5 (the ideas for change came entirely from Travis)
- **Evocation** = 5 (change talk was proactively drawn out)
- **Support autonomy** = 3 (provider was neutral about choice)
- **Empathy** = 4 (reflections demonstrated accurate understanding of Travis but stuck mostly to explicit content of what was said)

Average = $5 + 5 + 3 + 4 / 4 = 4.25$
So, to what extent was MI demonstrated?

<table>
<thead>
<tr>
<th>MI practice area</th>
<th>Dr. Walters</th>
<th>Basic Competency</th>
<th>Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirit rating (1-5) average</td>
<td>4.25</td>
<td>≥ 3.5</td>
<td>≥ 4.0</td>
</tr>
<tr>
<td>% Open Questions of total Questions (14/15)</td>
<td>93%</td>
<td>≥ 50%</td>
<td>≥ 70%</td>
</tr>
<tr>
<td>% Complex Reflection of total Reflections (12/35)</td>
<td>34%</td>
<td>≥ 40%</td>
<td>≥ 50%</td>
</tr>
<tr>
<td>Ratio of Reflection to Question (35/15)</td>
<td>2.3</td>
<td>≥ 1.0</td>
<td>≥ 2.0</td>
</tr>
<tr>
<td>% MI Adherent behaviors</td>
<td>100%</td>
<td>≥ 90%</td>
<td>≥ 98%</td>
</tr>
<tr>
<td>% MI Non-Adherent behaviors</td>
<td>0%</td>
<td>≤ 10%</td>
<td>≤ 2%</td>
</tr>
</tbody>
</table>
Basic competency in MI looks like:

- Just as many Open questions as Closed questions
- 1:1 ratio of Reflection to Question
- Some depth of Reflection
- Equal amounts of provider and client talking
- Little to no directing, advising, warning, educating, or problem solving (without client permission)

Source: Miller & Rollnick (2013, pp. 391-400)

Proficiency looks like:

- Open questions that proactively draw out client change talk
- 2:1 ratio of Reflection to Question
- Greater depth of Reflection and accurate empathy
- Any impulse to direct, advise, educate, or problem solve is replaced by drawing out the client’s perspectives and wisdom

Source: Miller & Rollnick (2013, pp. 391-400)
3. Four fundamental processes

- Engaging
- Focusing
- Evoking
- Planning

Engaging

- The relational foundation
- Establish a productive working relationship
- The first 20% of any session
Focusing

- Come to agreement with the client on the target behavior (Agenda Setting)
- Maintain focus from there

Evoking

- Explore the client’s perspectives and motivation for change (target behavior)
- Proactively draw out change talk
- Strategically respond to change talk (OARS skills)
Planning

- Collaboratively develop a specific change goal
- Develop a plan
- Build hope and confidence for change

4. Learning MI

To date, there are over 40 studies on how diverse professionals and paraprofessionals learn MI.
Insights from the training literature:

- MI is simple, but not easy to learn
- Self-perceived MI practice doesn’t correlate with actual practice
- “One-shot” workshops are a good start, but do not promote even basic competency
- Educational attainment, degree, or experience doesn’t correlate with proficiency
- Learning is accelerated when the process includes direct observation of practice with feedback and coaching for skill development

Learning Process

1. Direct observation of practice
2. Feedback
3. Skill building
4. Goal setting and plan
Formats for learning:

- Self-study, readings, workbook exercises
- Workshops
- Audiotape & code sessions
- Supervision
- MI Peer Learning Group
- 1:1 Coaching

Creating an MI Peer Learning Group in Your Agency

- Meet monthly with the sole focus on learning MI
- Have staff present (rotating basis) an audio recorded practice sample (with written client consent)
- Staff reviews, codes, and provides feedback
- Remaining time used for skill exercise
Training is for helping counselors change behavior (pathways 8 & 9)

Clinician predictors of behavior change:
- Level of spirit and empathy (pathway 7)
- Level of OARS skills (pathway 6)

Client predictors of behavior change:
- Change Talk DARN (pathway 5) and CAT (pathway 4)
Presentation References