

Motivational Interviewing: Developing practice and competency

Learning to give feedback to others and yourself

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AIMS OF EXERCISE

Too often, after a training, practitioners...
“return home to an isolated practice with no one to witness and support tentative stabs at applying the learning.” (Paré, 2009, p. 99)

Aims:

- To give you space to consider what works in developing practice after training
- To give you practice at one method of self-coaching
- Provide some ideas for self coaching and development in Motivational Interviewing

How do we know that what we are doing is Motivational Interviewing?

- Fidelity to an MI scale ?
- Are we doing MI or is our practice MI informed
- How do we go about this ?

Listen to ourselves and our clients responses

- **Audio and video what devices to you have access to?**
- **Audio - voice recorder on your phone can you access it**

How to coach yourself?

- Audio recordings
 - What are your feelings about recording and listening to yourself?
 - Why use audio recordings?

Giving feedback on practice using recordings of live sessions

- What might you listen out for on the recording?
- How might you go about listening to the recording?

How to coach yourself?

- What to listen out for when listening to a recording?
 - **First:** OARS
 - **Second:** Change talk/ Sustain talk/ Discord
 - **Third:** Spirit: Partnership, Acceptance, Compassion, Evocation

Focus on Core Skills in MI

Focus on Core Skills in MI to
begin with Learning to give
feedback to others and
yourself

Tally chart of core skills

	Count	Total
Closed Questions		
Open Questions		
Affirmations		
Reflections		
Summaries		
Write Good Examples:		

Aim for a ratio of 1 Q : 2 R

A path to listening to ourselves (core skills)

- In pairs discuss something one of you feel 2 ways about for about 5 minutes
 - Therapist – goal to help speaker explore their dilemma using MI
 - Speaker - something you want, need, told to change but haven't
- At beginning introduce the audio recording
 - Outline purpose, confidentiality, clients right to withdraw consent
- Tape session
 - Put recorder midway between you
- Both listen to the audio for 5 mins BUT only listen to yourself and:
 - Speaker: Identify one or two change statement you made
 - Therapist: Identify one good open Q or Reflection

A path to coaching ourselves and each other

- Listen to the recording again
- Both listen to the tape for 5 mins BUT now listen to the other person and:
 - **Speaker:**
 - Use your rating sheet (COARS) to tally every therapist utterance
 - Identify one good reflective statement and one other MI core skill OARS
 - Write down in full these two examples
 - **Therapist:**
 - Identify one change statement or value you missed or paid less attention to
- Speaker provide feedback to therapist
 - Be brief
 - Give the tally marks as ratio's Q:R
 - Focus only on the two things that you identified they did well

Feedback
and What next?

You could Review an audio recording: eg expert practitioner or yourself

Listen:

1. Tally: COARS
2. Good example of Q or R that led to change talk?
3. One change statement/value could have paid more attention to?

Feedback:

1. Ratio of Q:R?
2. Pay more attention to what?
3. Give good examples.

MITI 4 Moyers et al; 2015

Clinician competencies extracts

	Fair	Good
Relational	3.5	4
Technical	3	4
Complex Reflections Ratio as a %	40%	50%
Reflections : Questions ratio	1:1	2:1

Motivational Interviewing Treatment Integrity (MITI)

- Rates 20 minutes of a tape
- Records 'behaviour counts' – i.e. oars
 - Further distinguishes between complex and simple reflections
 - Why distinguish between complex and simple?
 - E.g. "I'm not sure I should be so harsh with my children"
- Also, records 'gobals' – i.e. the spirit
 - Technical – focusing on change talk and reducing sustain
 - E.g. "he's a little brat and although he listens to his mother, when it comes to me, he only listens to the hard hand"
 - Relational – offering understanding and partnership
- Reliant on things that can be measured
- Other, as yet, undiscovered things are undoubtedly responsible for change

Cultivating Change Talk

Low					High	
1	2	3	4	5		
Clinician shows no explicit attention to, or preference for, the client's language in favor of changing	Clinician sporadically attends to client language in favor of change – frequently misses opportunities to encourage change talk	Clinician often attends to the client's language in favor of change, but misses some opportunities to encourage change talk	Clinician consistently attends to the client's language about change and makes efforts to encourage it	Clinician shows a marked and consistent effort to increase the depth, strength, or momentum of the client's language in favor of change		

Softening Sustain Talk

Low					High	
1	2	3	4	5		
Clinician consistently responds to the client's language in a manner that facilitates the frequency or depth of arguments in favor of the status quo.	Clinician usually chooses to explore, focus on, or respond to the client's language in favor of the status quo.	Clinician gives preference to the client's language in favor of the status quo, but may show some instances of shifting the focus away from sustain talk.	Clinician typically avoids an emphasis on client language favoring the status quo.	Clinician shows a marked and consistent effort to decrease the depth, strength, or momentum of the clients language in favor of the status quo.		

Partnership

Low		High		
1	2	3	4	5
<p>Clinician actively assumes the expert role for the majority of the interaction with the client. Collaboration or partnership is absent.</p>	<p>Clinician superficially responds to opportunities to collaborate.</p>	<p>Clinician incorporates client's contributions but does so in a lukewarm or erratic fashion.</p>	<p>Clinician fosters collaboration and power sharing so that client's contributions impact the session in ways that they otherwise would not.</p>	<p>Clinician actively fosters and encourages power sharing in the interaction in such a way that client's contributions substantially influence the nature of the session.</p>

Empathy

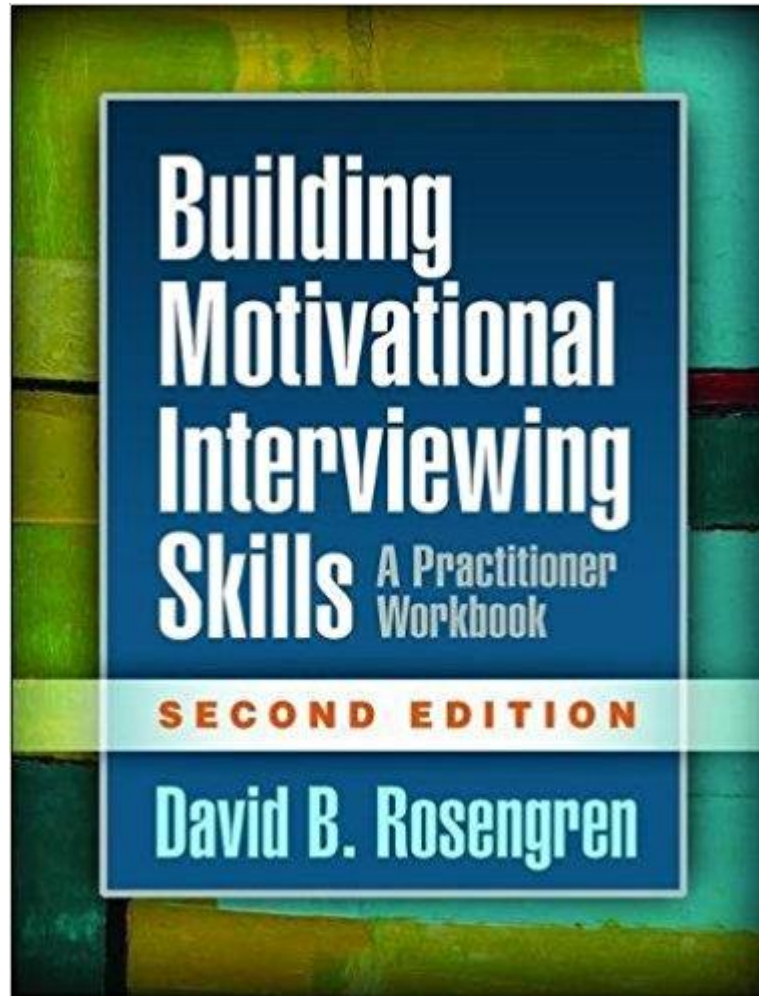
Low		High		
1	2	3	4	5
<p>Clinician gives little or no attention to the client's perspective.</p>	<p>Clinician makes sporadic efforts to explore the client's perspective. Clinician's understanding may be inaccurate or may detract from the client's true meaning.</p>	<p>Clinician is actively trying to understand the client's perspective, with modest success.</p>	<p>Clinician makes active and repeated efforts to understand the client's point of view. Shows evidence of accurate understanding of the client's worldview, although mostly limited to explicit content.</p>	<p>Clinician shows evidence of deep understanding of client's point of view, not just for what has been explicitly stated but what the client means but has not yet said.</p>

Competency on the MITI?

	Fair	Good
Relational	4	5
Technical	3	4
% CR	40%	50%
R:Q	1:1	2:1
Total MIA	-	-
Total MINA	-	-

- Technical Global (Technical) = (Cultivating Change Talk + Softening Sustain Talk) / 2
- Relational Global (Relational) = (Partnership + Empathy) / 2
- (% Complex Reflections) = CR / (SR + CR)
- Reflection-to-Question Ratio (R:Q) = Total reflections/ (Total Questions)
- Total MI-Adherent = Seeking Collaboration + Affirm + Emphasizing Autonomy
- Total MI Non-Adherent = Confront + Persuade

New Workbook by David Rosengren



Resources

- MIA-STEP

- <http://www.nattc.org/projects/miastep.aspx>

- Motivational Interviewing Network of Trainers

- www.motivationalinterviewing.org : Website containing a wealth of information on MI, its application, where you can receive further training, and lots of resource materials.

- BMJ learning module

- <http://learning.bmj.com/learning/module-intro/.html?moduleId=10051582>
- A great module lasting approx 45mins with video examples of MI practise in medical settings with a nice test at the end. Register for BMJ learning for free and complete the module on a desktop computer as you are charged on mobile devices