What is an MI Assessment?
- Use of client-centered MI style
- MI strategies that can be integrated into the agency’s existing intake assessment process
- Methods that can be used with diverse substance use problems
- Skills for assisting clients in assessing their own substance use
- Understanding the client’s perception and willingness to enter into a treatment process

Implementing MI may require:
- Focused clinical supervision
- Audio taped MI Assessment sessions
- Tape coding
- Feedback, coaching and instruction for improving skills

Measuring Change
- In addition to routinely measuring and documenting client changes, staff performance should also be regularly assessed.
- Staff that are periodically evaluated for performance
  - achieve greater fidelity to program design, service delivery principles, and outcomes.
  - Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

Monitoring Change
- Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency’s mission.
- Regular performance audits and reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.
WHY Evidence Based ??

- Evidence-based principles provide a scientific basis for developing more effective services.
- Organizational development is required to successfully implement and maintain systemic change.
- To implement evidence-based practices organizations must: rethink their missions and values; gain new knowledge and skills; adjust their infrastructure to support this new way of doing business; and transform their organizational culture.
- Collaboration enhances internal and external buy-in in the change process, supporting successful implementation in the complex web of public safety agencies, service providers, and other stakeholders.

Supervision

- Supervisors communicate much of their supervision through modeling, in the very same way that counselors perform behavior therapy through modeling.
- Supervisors can be more effective when they develop a style consistent with MI
  - counselor-centered, motivational, enhancing officer self efficacy, low key, non-confrontational, eliciting
- Avoid being too prescriptive and “professorial.”

Assumptions

- 16 hrs of training
- Higher than a basic level of MI
- Ability and competence/comfort to supervise MI with officers

Benefits of MI Assessment

- Enhances clinical supervision
- Builds counselor knowledge and proficiency in MI

Why another application of MI?

- Positive outcomes depend on clients staying in treatment for adequate length of time
- Adding MI at beginning of treatment increases client retention
- The type of clinical supervision needed to maintain and improve MI skills is generally lacking

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MIA:STEP Toolkit includes everything you need to:

- Introduce the idea of doing an MI assessment
- Train counselors and supervisors
- Provide ongoing supervision of MI
- Train supervisors to use a simple rating system
- Use an MI style of supervision

The costs of Implementing MI Assessment

- Time to learn and implement the protocol
- Regular review and feedback on MI skills
- Ongoing clinical supervision, including:
  - Training  - Mentoring
  - Practice  - Review of recorded interviews
  - Feedback  - Development of learning plans
- The cost of recorders and supplies

MIA:STEP Toolkit Overview

- Briefing materials
- Summary of the MI Assessment intervention
- Results of the NIDA CTN Research
- Teaching tools for enhancing and assessing MI skills
- Interview rating guide and demonstration materials
- Supervisor training curriculum

Good News/Bad News

Good News:
A substantial number of counselors in the US are being training in MI and report that they are “doing MI” in their sessions.

Bad News:
- Research demonstrates that most counselors who say they are doing MI really are not.
- Unless counselors record sessions that can later be rated, it is not possible to know if they are really doing MI (or adhering to any type of practice).
**Bi-Directional Communication**

- It is important to keep an ongoing bi-directional communication with counselors to evaluate the efficacy of MI implementation, the pros and cons of MI use, and to assess buy-in and attitudes about MI.
- When counselors are told to use a therapy strategy because it is empirically validated and it is expected, they tend to resist and this can create barriers to the imposed change. On the other hand, if the therapy strategy, thus MI, is perceived as a helpful tool, the attitudes towards learning are more positive.
- It is always the best policy to involve the counselors in conversations, truly inviting their opinions about new strategies, including MI.
- As a minimum the management can assess staff attitudes, and take steps towards improving it if necessary.
- No amount of workshops and consultation can address counselor resistance and lack of buy-in if the management is not prepared to address it first.

**Supervision**

- Leadership is an important element of clinical supervision.
- Leadership may be defined as a bi-directional social influence process in which supervisors seek voluntary participation of supervisees to achieve organizational goals, while providing leadership in the management structure of the agency.
- Leaders mentor, coach, inspire, and motivate.
- They build teams, provide structure, create cohesion, and resolve conflict.
- In addition, leaders build organizational culture, facilitate individual and organizational growth and change, and foster a culturally sensitive service delivery system by consistently advocating, at all levels of the organization, the need for high-quality clinical care for all patients or clients of the agency.

**Critical Elements in Supervision**

**Leadership**

- Use a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
- Be a role model by taking full responsibility for one’s decisions, supervisory practices, and personal wellness.
- Seek job performance feedback from supervisees, peers, and managers to improve supervisory practices.
- Create, regularly assess, and revise a personal leadership plan to provide direction for one’s continuing professional development.

**Alliance**

- Conceptualize the supervisor–supervisee relationship as a learning alliance that provides for role induction, includes agreement on goals and
tasks, and recognizes the bond that develops between the supervisor and the supervisee.

• Understand the value of mentoring as a dynamic way of forming an alliance, teaching skills through encouragement, and giving suggestions for accomplishing goals.
• Create an explicit supervisory contract that clarifies expectations and goals, the relationship’s structure and evaluative criteria, and the limits of supervisor-supervisee confidentiality.
• Present as a credible professional who possesses knowledge and expertise relevant to the setting and the population being served.
• Model ethical behavior vis-à-vis the supervisee and reinforce ethical standards in the relationship between the supervisee and the supervisee’s clients.
• Be continually alert to the effects of one’s interpersonal style on the supervisee.
• Maintain appropriate boundaries in forming and maintaining a safe and trusting professional relationship.
• Attend to cultural, racial, gender

Four Forces Govern Change: Learning How To Learn MI

Eight Stages in Learning MI

• Overall Spirit
• OARS; client-Centered Counseling Skills
• Recognizing Change Talk and Resistance
• Eliciting and Strengthening Change Talk
• Rolling with Resistance
• Developing a Change Plan
• Consolidating Commitment
• Transition and Blending

Stuck Points In Learning MI

• Openness to change behavior and maintaining old behaviors such as:
  – Confronting
  – Roadblocks
  – Unsolicited advise giving
• Proficiency in reflective listening
• Evoking and recognizing change talk
• Summarizing

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• Transitioning to other methods
• Building Skillfulness
• Ongoing training
• Supervision and feedback
• Reading MI books and articles
• Watching training videos
• Watching or listening to your own sessions
• Coding sessions

MOTIVATIONAL INTERVIEW RATING WORKSHEET

MOTIVATIONAL INTERVIEWING
ADHERENCE AND COMPETENCE FEEDBACK FORM