

Motivational Interviewing Ratings: Higher and Lower Skill Levels

Adapted from the MIA:STEP Manual this form reflects the Motivational Interview Rating Worksheet, page 143-144

MOTIVATIONAL INTERVIEWING STYLE OR SPIRIT: Motivational Interviewing style is an empathic, collaborative approach and handled resistance skillfully instead of head-on while consistently aiming to elicit the client's motivation for change. Motivational Interviewing style is one of calm and caring concern and an appreciation for the experiences and opinions of the client. Motivational Interviewing style conveys empathic sensitivity through words and tone of voice, demonstrates genuine concern and an awareness of the client's experiences, and avoids advising or directing the client in an unsolicited fashion. Decision-making is shared. Motivational Interviewing style displays listening very carefully to the client, uses the client's reactions to what has been said as a guide for proceeding with the session, avoids arguments, and sidesteps conflicted discussions or shifts focus to another topic whereby eliciting the client's discussion and motivation for change. In brief, this item captures the client-centered way of being with a client.

HIGHER:

- Establish an overall tone of collaboration and respect.
- Shows care about what the client is saying and strive to accurately understand and reflect the client's statements.
- Uses any specific therapeutic strategy to promote an overall motivational interviewing style.
- Skillfully uses client's reactions as a guide for formulating subsequent Motivational Interviewing strategies and techniques
- Attunement to the client is obvious.

LOWER:

- Controlling the interview process and insufficiently facilitating the client's open exploration of his/her problem areas and motivation for change.
- Acts inflexible and defensively in response to client resistance.
- Deliver therapeutic interventions in a technically correct manner, but with little facility, warmth or engagement of the client.
- Does not adjust strategies to the client's shifting motivational state or sounds redundant in the interventions

ASKING OPEN-ENDED QUESTIONS: *To what extent do use open-ended questions (i.e., questions or requests that elicit more than yes/no responses) to elicit the client's perception of his/her problems, motivation, change efforts, and plans?*

HIGHER:

- Pull for greater client exploration and recognition of problem areas and motivation for change, without appearing to be judgmental or leading to the client.
- Questions are simple and direct.
- Do not occur in close succession.
- Questions are interspersed with reflections and ample client conversation to avoid the creation of a question-answer trap.
- Pauses after each question to give the client time to respond.

LOWER:

- Poorly worded or timed or target an area not immediately relevant to the conversation.
- Occur in close succession, giving the conversation a halting or mechanical tone.
- Compound several questions into one query (e.g., “Tell me about how I felt before and after I got high and how that all affects my future risk for using cocaine.”)
- Questions lead or steer the client.
- Inquiries use a judgmental or sarcastic tone.
- do not pause sufficiently after each question to give the client time to contemplate and respond.

AFFIRMATION OF STRENGTHS AND CHANGE EFFORTS: *To what extent do you verbally reinforce the client’s strengths, abilities, or efforts to change his/her behavior? To what extent do you develop the client’s confidence by praising small steps taken in the direction of change or expressing appreciation of personal qualities in the client that might facilitate successful efforts to change?*

HIGHER:

- Affirm qualities or efforts made by the client that promote productive change or that the client might harness in future change efforts rather than being general compliments.
- Affirmations derived directly from the conversations.
- Affirmations are meaningful to the client rather than being too global or trite.
- appear genuine rather than merely saying something in a knee-jerk or mechanical fashion.

LOWER:

- Not sufficiently rooted in the conversation with the client.
- Affirmations are not unique to the client’s description of him/herself and life circumstances or history.
- appear to affirm simply to maintain a client in despair or encourage a client to try to change when he/she has expressed doubt in his/her capacity to do so.
- Sound trite, hollow, insincere, or even condescending.

MAKING REFLECTIVE STATEMENTS: *To what extent did you repeat (exact words), rephrase (slight rewording), paraphrase (e.g., amplifying the thought or feeling, use of analogy, making inferences) or make reflective summary statements of what the client said?*

HIGHER:

- Accurately identify the essential meaning of what the client has said and reflect it back to the client in terms easily understood.
- Inflection at the end of the reflection is downward.
- Pauses sufficiently to give the client an opportunity to respond and to develop the conversation.
- Reflections are concise and clear.
- will have more depth. (i.e., paraphrasing thoughts or feelings in manner that effectively brings together discrepant elements or that clarify what the client meant).

- neatly arrange several client statements in a manner that promotes further client introspection, conversation, and motivation for change.
- Reflections increase the time spent talking by the client, foster a collaborative tone, and reduce client resistance.

LOWER:

- Reflections are very inaccurate and may contribute to client feeling misunderstood.
- Can be too vague, complicated, or wordy.
- May have an upward inflection at the end and function as disguised closed-ended questions.
- Decrease the time spent talking by the client and may increase client's resistance.
- Should not be too spread out, rather than consecutively linked over the session such that they do not increase introspection, conversation, or motivation to change.
- Should not be redundant or remain repetitively simple.

FOSTERING A COLLABORATIVE ATMOSPHERE: *To what extent do convey in words or actions that the communication is a collaborative relationship in contrast to one where are in charge? How much do emphasize the (greater) importance of the client's own decisions, confidence, and perception of the importance of changing? To what extent do verbalize respect for the client's autonomy and personal choice?*

HIGHER: Higher

- Directly and clearly note the greater importance of the client's perception about his/her drug use and related life events in contrast to what you or significant others might think. may
- Underscores the collaborative nature of the interview by highlighting his or her interest in understanding the client's perspective without bias.
- Uses direct and clear references to the client's capacity to draw his or her own conclusions or to make personal choices about how to proceed with a plan for change rather than perceives that the client is feeling coerced by significant others can be especially effective and lead to higher Skill Level ratings.
- Emphasizes viable personal choices rather than choices that are unrealistic to the client also improve.

LOWER:

- Emphasizes personal choices that do not seem realistic to the client.
- Uses vague, wordy, or poorly timed efforts to articulate the client's personal control, autonomy, and collaborative role in the interview reduce quality ratings.
- Uses advice giving in the context of seemingly collaborative statements

DISCUSSING MOTIVATION TO CHANGE: *To what extent did try to elicit client discussion of change (self-motivational statements) through evocative questions or comments designed to promote greater awareness/concern for the problem, recognition of the advantages of change, increased intent/optimism to change, or elaboration on a topic related to change? To what extent did discuss the stages of change, help the client develop a rating of current importance, confidence, readiness or commitment, or explore how motivation might be strengthened?*

HIGHER:

- Uses evocative questions to elicit a client's change talk that are targeted to the client's current level of motivation.
- Directly queries the client about factors that might impact intent or optimism for change.
- Collaboratively explores the client's current readiness to change in depth by combining rating scales and open-ended follow-up questions and reflections that prompt the client's arguments for change, optimism, and self-efficacy.

LOWER:

- Elicits self-motivational statements that are inconsistent with the client's stage of change.
- Client's readiness to change become redundant.
- Efforts to assess readiness to change solicit client's resistance or client argues against change

DEVELOPING DISCREPANCIES: *To what extent did you create or heighten the internal conflict of the client relative to his/her substance use? To what extent did you try to increase the client's awareness of a discrepancy between where his or her life is currently versus where he or she wants it to be in the future? How much did you explore how substance use may be inconsistent with the client's goals, values, or self-perceptions?*

HIGHER:

- Attempt to make the client aware of a discrepancy in the client's thoughts, feelings, actions, goals or values based upon the client's previous statements.
- You present the discrepancies as legitimate conflicts or mixed experiences rather than as contradictions or judgments that prove the client has a drug problem. I
- Interventions are clear and articulate reflections that encapsulate divergent elements of what a client has said.
- Integration of the client's specific discrepant statements in well-stated terms using a supportive, nonjudgmental tone.

LOWER:

- Highlight the opposite side of the client's ambivalence without sufficiently counterbalancing it.
- Approach appears somewhat argumentative and may heighten resistance rather than develop dissonance in the client's position.
- Abruptness in posing discrepancies (verbal and non-verbal) or stating discrepancies with a hint of accusation
- Wordy, cumbersome, or overly complex reflections of discrepant client statements

EXPLORING PROS, CONS, AND AMBIVALENCE: *To what extent did you address or explore the positive and negative effects or results of the client's substance use and what might be gained and lost by abstinence or reduction in substance use? To what extent did you use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use? How much did you express appreciation for ambivalence as a normal part of the change process?*

HIGHER:

- Approach the task in a nonjudgmental, exploratory manner.
- Prompts the client to continue detailing dimensions of ambivalence using open-ended questions or reflections about consequences previously noted by the client.
- Full exploration of the pros and cons of stopping substance use versus continuing use improve quality ratings.
- Elicit responses from the client rather than suggest positive and negative consequences as possibilities not previously mentioned by the client.
- Use of summary reflections within each dimension or to compare and contrast them
- The specific technique of completing or reviewing a decisional balance sheet or simply discussing the pros or cons does not directly affect the Skill Level rating.

LOWER:

- Seldom provide the client with opportunities to respond freely to the pros/cons dimensions or to more thoroughly reflect upon meaningful pros and cons to the client.
- Provide the client with likely pros and cons and assert this view to the client in a more closed-ended fashion.
- The client becomes more of a passive recipient rather than an active participant in the construction of the decisional balance or discussion of factors underlying the client's ambivalence.
- List pros and cons one after the other without exploring details or the personal impact of substance use on the client's life.
- When summarizing the client's pros, cons, or ambivalence, you do not involve the client in the review and simply restate the items in a mechanical or impersonal manner.
- No effort is made to strategically tip the client's motivational balance in favor of change.

CHANGE PLANNING DISCUSSION: *To what extent did you discuss with the client his or her readiness to prepare a change plan. To what extent did you develop a change plan with the client in a collaborative fashion? How much did you cover critical aspects of change planning such as facilitating a discussion of the client's self-identified goals, steps for achieving those goals, supportive people available to help the client, what obstacles to the change plan might exist, and how to address impediments to change?*

HIGHER:

- Develop a detailed change plan that addresses most of the key change planning areas outlined above.
- Sufficient time is taken to explore each area and to encourage the client to elaborate by using open-ended questions and reflections.
- Overall, the development of the change plan is highly collaborative and serves to strengthen the client's commitment to change.
- If the client expresses ambivalence during the completion of the plan, attempts are made to resolve it in the direction of change instead of pushing forward when the client may not be ready to proceed.

LOWER:

- The change planning process is approached in a superficial, brief and/or hurried fashion.
- The client is not actively engaged in the change planning

- The plan is not individualized to the unique circumstances of the client.
- You take an authoritative and prescriptive tone while completing the change plan with the client.

CLIENT-CENTERED PROBLEM DISCUSSION AND FEEDBACK: *To what extent did you facilitate a discussion of the problems for which the client entered treatment? To what extent did you review or provide personalized, solicited feedback about the client’s substance abuse and the evidence or indications of problems in other life areas?*

HIGHER:

- Initial clinician efforts facilitate a discussion of the client’s problems may be fairly straightforward and of “adequate” quality
- Promote the client’s further elaboration and fuller understanding of the presenting problems, particularly when efforts to promote problem discussion successively build upon each other.
- Feedback is very individualized to the client’s experiences and self-report and is presented in clear, straightforward, and supportive terms.
- Feedback overall is non-judgmental and use open-ended questioning, affirmations, and reflections as part of the feedback process and only offer feedback when solicited by the client or when obtaining the client’s permission to do so first.

LOWER:

- Feedback is presented to a client in a generic way.
- The feedback may be unclear or presented in a judgmental fashion. The client perceives the feedback as a lecture or draws conclusions without opportunities to respond.
- Feedback creates the image of you as an expert and often decreases the amount of talking done by the client.
- Unsolicited feedback.

UNSOLICITED ADVICE, DIRECTION GIVING, OR FEEDBACK: *To what degree did you provide unsolicited advice, direction, or feedback to the client (e.g., offering specific, concrete suggestions for what the client should do)? To what extent was your style one of telling the client how to be successful in his/her recovery?*

HIGHER:

- Present unsolicited advice, direction, or feedback in a confident and clearly articulated manner.
- The advice and directions are very instructive or prescriptive to the client.
- While the client may “take it or leave it,” the advice leaves no doubt about your recommendations to the client.
- Provides a rationale to the client about the value of following the advice and direction, particularly when this rationale integrates details of the client’s life into it, improves the quality of the intervention.

LOWER:

- Provide unclear advice, direction, or feedback or makes recommendations to the client in a tentative manner.

- The advice or suggestions also may not be relevant to the client and, thus, sound like a “party-line” instead of individualized to the client’s unique circumstance.

EMPHASIS ON ABSTINENCE: *To what extent did you present the goal of abstinence as the only legitimate goal and indicate that a controlled use goal was not acceptable or completely unrealistic? How much did you seek to impose his/her judgment about the goals of abstinence and emphasize that abstinence was considered to be the necessary standard for judging any improvement during treatment?*

HIGHER:

- Emphasis on abstinence occurs when you provides a clear, persuasive, and confident rationale for abstinence to the client and attempts to compel the client to adopt total abstinence as the central treatment goal.
- Message is loud and clear and makes a point through the client’s own substance use history, clinical examples or anecdotes, or references to treatment approaches and clinical consensus that emphasizes total abstinence.

LOWER:

- Appears to be giving “lip service” to total abstinence without conviction or a convincing rationale.
- The emphasis, while mentioned, is downplayed or casually suggested rather than at the forefront of your approach to substance abuse treatment.
- The rationale is more rooted in an administrative policy rather than based on your philosophical conviction or the client’s reported pattern of uncontrolled use.

DIRECT CONFRONTATION OF CLIENT: *To what extent did you directly confront the client about his or her failure to acknowledge problems or concerns related to substance use and other behavioral difficulties (e.g., psychiatric symptoms, lying, treatment noncompliance)? To what extent did you directly confront the client about not taking steps to try to change identified problem areas*

HIGHER:

- Use of confrontational strategies occurs when you are clear, concise, and firm with the client about the client’s defensiveness in talking about his/ her substance use and related areas as problems.
- Persistence in pointing out the client’s denial and tries to use the confrontation to get the client to acknowledge the problem and deal with it in more realistic terms, even if the client initially becomes more defensive.
- The client feels compelled to change his behavior as a result of the discussion rather than to change as a result of his/her choices.

LOWER:

- Confrontational strategies insufficiently challenge the client’s distortions about his/her substance use and related life circumstances.
- Rather than persisting in confronting a resistant client, you retreat from the confrontation and may adopt less confrontational approaches to resolve the resistance.

- Reference is made to the client’s denial or defensiveness without effort to “break through” it is lower quality.
- Confrontational statements made have content that is “confrontational,” but lacks the persistent or perhaps insistent confrontational style at times necessary to change client behavior.

POWERLESSNESS AND LOSS OF CONTROL: *To what extent did you emphasize the concept of powerlessness over addiction as a disease and the importance of the client’s belief in this for successful sobriety? To what extent did you express the view that all substance use represents a loss of control or that the client’s life is unmanageable when s/ he uses substances?*

HIGHER:

- Provide a clear and convincing discussion of the disease concept of addiction.
- This discussion would involve a thorough detailing of how drug and alcohol addiction is a primary, progressive, and chronic process that ultimately severely damages a person’s life in all areas and, if left unchecked, will lead to “jails, institutions, and death.”
- Directly apply the principles to the client’s history and presenting problems.
- Persuasively “makes the case” that the client is powerless over addiction and inevitably will lose control of his/her life.

LOWER:

- The disease concept of addiction, powerlessness, or loss of control is merely mention (even repeatedly) without really explaining what these principles mean or the implications of them for the client.
- The presentation of the concepts of powerlessness or loss of control sounds mechanical, rigid and untied to the nature and circumstances of the client’s substance use problem.

ASSERTING AUTHORITY: *To what extent did you verbalize clear conclusions or decisions about what course of counseling would be best for the client? How much did you warn that recovery would be impeded unless the client followed certain steps or guidelines in treatment? To what extent did you try to lecture the client about “what works” about treatment or the likelihood of poor outcome if the client tried to do his/her own treatment? To what extent did you refer to his or her own experiences, knowledge, and expertise to highlight the points made to the client?*

HIGHER:

- Provide directives and recommendations with confidence and clarity.
- Reference scientific knowledge base, clinical experience, or personal recovery to fortify therapeutic authority during the session and to underscore the need for the client to follow your directions.
- More prescriptive tone aims to promote the client’s compliance with your recommendations and improve the client’s treatment outcomes rather than merely to assert power and control over the client.

LOWER:

- Assertion of authority is softened by seeking the client's input, guidance, or approval for what was said.
- The initially prescriptive tone yields to a collaborative one.
- The client has excessive input into the development of the treatment plan, despite the client's potentially poor judgment about what might be best for him or her.

CLOSED-ENDED QUESTIONS: *To what extent did you ask questions that could be answered with a yes or no response or that sought after specific details or information from the client?*

HIGHER:

- Closed-ended questions pull the client to answer the question specifically asked rather than giving the client leeway to elaborate on a topic or area.
- They occur in close succession as they follow-up on one another.
- When performed well, closed-ended questions establish that you are in control of the session and in the role of the expert trying to discern information important for clinical assessment/evaluation and treatment.
- Are very clear and direct; thereby minimizing any confusion a client may have about what you have asked and wants to know.

LOWER:

- Overly complex due to asking the client several matters in one question or stringing together many closed-ended questions before permitting the client to answer them.
- The specificity of the client's answer may be lost in the client's inability to recall the question or in considering what part of the question to answer first.