



MOTIVATIONAL INTERVIEWING ASSESSMENT: SUPERVISORY TOOLS FOR ENHANCING PROFICIENCY (MIA:STEP)

Your Challenge: Helping clinical supervisors to develop the skills of those they supervise to improve client engagement and outcomes.

An Evidence-Based Approach: Training and tools help practitioners use Motivational Interviewing effectively as part of the assessment interview.

Where to Start: Get materials and ready-to-use tools online at no cost from the NIDA/SAMHSA Blending Initiative.

MIA:STEP is a toolkit for those who supervise or mentor treatment providers in a clinical setting. It includes a training package for clinical supervisors and practical tools they can use to enhance treatment providers' Motivational Interviewing (MI) skills. Effective use of MI can strengthen practitioners' ability to provide structured, focused, and effective treatment for patients and clients. The mentoring products included in the empirically supported MIA:STEP toolkit support observation-based supervision and can improve provider skills beyond the realm of MI.

Clients who received one session of Motivational Interviewing (MI) were more likely to be in treatment 4 weeks later and to have attended more sessions than clients who received regular assessments.

Carroll et al., 2006

What Is Motivational Interviewing?

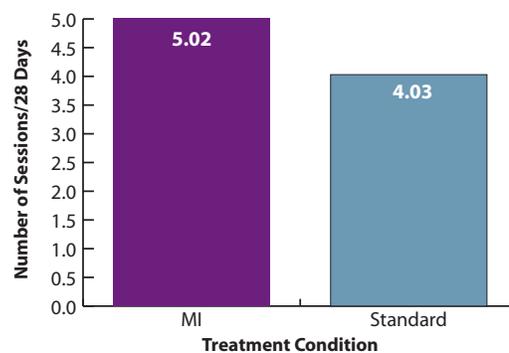
MI is a client-centered method for helping people explore and resolve their ambivalence to change. Treatment providers using MI express empathy, develop discrepancy, roll with resistance, and support self-efficacy.

Why Use Motivational Interviewing?

MI is especially useful for engaging and retaining individuals in treatment for substance abuse. Adding 20-minute MI enhancements to the beginning and end of an agency's usual assessment interview has been shown to increase client attendance and retention during the first month of care, when the drop-out risk is high, according to a recent NIDA study. In this study, "MI (Motivational Interviewing) to Improve Treatment Engagement and Outcomes in Subjects Seeking Treatment for Substance Abuse," participants assigned to the MI Assessment intervention completed significantly more sessions in the 28 days after randomization than those assigned to standard treatment ($p = .05$). Figure 1 illustrates the benefits of using the MI Assessment protocol. Further, the NIDA study showed that MI skills can be taught and used at a high level when clinical supervision includes the use of recorded sessions and interview coding.

FIGURE 1

NIDA Clinical Trials Network– MI Increases Retention in Treatment



Carroll et al. (2006)

Percentage of clients retained in treatment during first four weeks, with and without use of Motivational Interviewing (MI) during assessment interview.

Why MIA:STEP?

Those who supervise treatment providers in a clinical setting are expected to give feedback and coaching to help practitioners improve their skills and effectiveness. Feedback and coaching are most effective when based on firsthand observation of a counselor engaged in working with a client or group of clients. However, clinical supervisors don't often have access to samples of clinical practice they can use to demonstrate or explore exemplary practices such as MI in the course of providing feedback. Also, supervisors may not be trained in how to use such materials effectively in providing feedback. MIA:STEP fills this gap.

STEP 1	Building a Bond with the Client
STEP 2	Gathering Essential Information and/or Providing Feedback
STEP 3	Summarizing and Reconnecting with the Client

Key MI Concepts

MI Style and Traps
MI Assessment Sandwich
MI Principles
Using Your OARS*
Stages of Change
Reflections
Exploring Ambivalence
Eliciting Change Talk
Assessing Readiness to Change

*O: Open-ended questions

A: Affirmation

R: Reflective listening

S: Summarizing

The MI assessment starts with an MI-style discussion of problems (Step 1), shifts to a more formalized assessment or review of existing assessment information (Step 2), and then shifts back to an MI discussion of change (Step 3). Each of the 3 Steps above can be conceptualized as taking 30-45 minutes and be thought of as an MI sandwich in which a more structured standard assessment is sandwiched between two client-centered MI interventions.

Can MIA:STEP Be Used to Provide Basic Training in Motivational Interviewing?

No. The MIA:STEP materials do not constitute a training package for supervised treatment providers and should not serve as a substitute for intensive basic training in MI. Rather, MIA:STEP tools and resources are meant to be used by clinical supervisors or mentors to enhance supervisees' existing MI skills and to help them use the MI Assessment protocol effectively and appropriately.

Tools Included in the MIA:STEP Package

MIA:STEP provides a training program for clinical supervisors and practical tools they can use, such as

- Briefing materials and a summary of the MI Assessment intervention.
- A manual for training clinical supervisors.
- A PowerPoint presentation for briefing and training purposes.
- Three audio tracks (featuring tracks from two sample interviews in English and one in Spanish).
- Transcripts and ratings of demonstration interviews.
- Skill-rating worksheets, feedback forms, and skill-development plans.
- Background research articles.
- Much more! ■

PRINCIPLES OF MOTIVATIONAL INTERVIEWING

Principle 1: Express Empathy

Expressing empathy towards the client shows acceptance and increases the chance of developing a rapport.

- Acceptance enhances self-esteem and facilitates change.
- Skillful reflective listening is fundamental.
- Client ambivalence is normal.

Principle 2: Develop Discrepancy

Developing discrepancy enables the client to see that his/her present situation does not necessarily fit into his/her values and what he/she would like in the future.

- The client rather than the provider should present the arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important personal goals and values.

Principle 3: Roll with Resistance

Rolling with resistance prevents a breakdown in communication between client and provider and allows the client to explore his/her views.

- Avoid arguing for change.
- Do not directly oppose resistance.
- New perspectives are offered but not imposed.
- The client is a primary resource in finding answers and solutions.
- Resistance is a signal for the provider to respond differently.

Principle 4: Support Self-efficacy

Self-efficacy is a crucial component to facilitating change. If the client believes that he/she has the ability to change, the likelihood of change occurring is greatly increased.

- A person's belief in the possibility of change is an important motivator.
- The client, not the provider, is responsible for choosing and carrying out change.
- The provider's own belief in the client's ability to change becomes a self-fulfilling prophecy.

Reference

Carroll, K., Ball, S., Nich, C., Martino, S., Frankforter, T., Farentinos, C.,...Woody, G. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and Alcohol Dependence*, 81(3), 301-312.

THE BLENDING INITIATIVE

Accelerating the dissemination of research-based drug abuse treatment into clinical practice is a priority for the National Institute on Drug Abuse (NIDA) and represents the core mission of the **Blending Initiative**. NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA) joined together to create the **Blending Initiative** in 2001 to reduce the gap that exists between the publication of research results and impact on treatment delivery. This initiative incorporates collaboration between clinicians, scientists, and experienced trainers to catalyze the creation of user-friendly treatment tools and products and facilitate the adoption of research-based interventions into front-line clinical settings. Through this initiative, NIDA and SAMHSA's Addiction Technology Transfer Centers (ATTCs) disseminate treatment and training products based on results from studies conducted by the National Drug Abuse Clinical Trials Network (CTN) as well as other NIDA-supported research.

Get the Products and Additional Resources from:

National Institute on Drug Abuse: <http://www.drugabuse.gov/blending-initiative>

SAMHSA ATTC: <http://www.attcnetwork.org/blendinginitiative>

U.S. Department of Health and Human Services
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