

Motivational Interviewing in Supervision & Coaching: A Parallel Process

Presented by:

Jeremy Byard

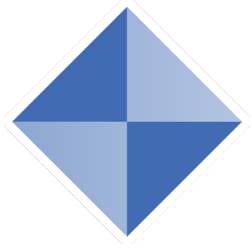
MINT Certified Trainer



When it comes to MI:

- ◆ What is working?
- ◆ What is not?
- ◆ What do you want or need to focus on today?





Satisfaction Poll... where are you?

0

1

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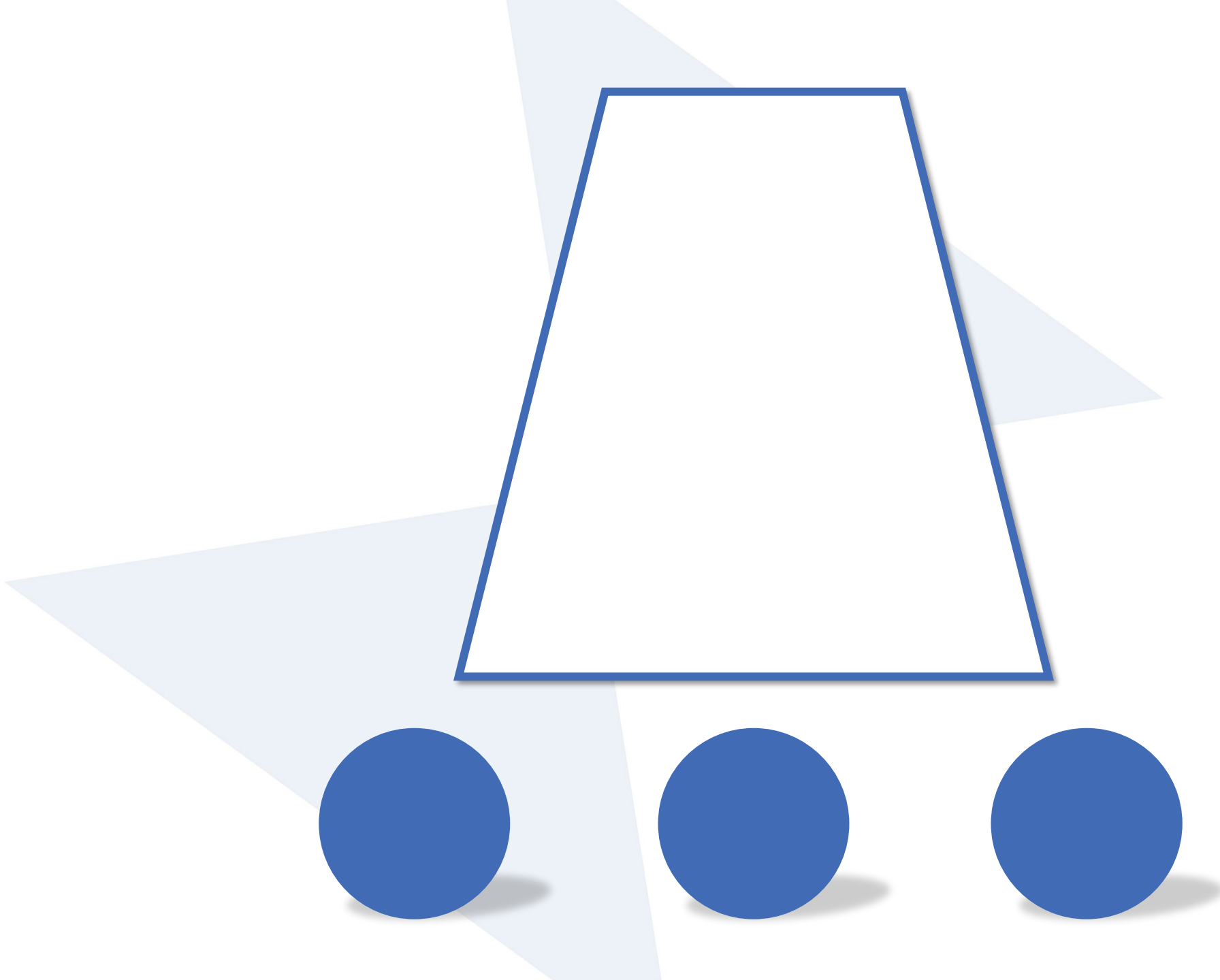
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Choice.





“Motivational interviewing
is a person-centered, **guiding**
method of communication and
counseling to elicit and strengthen
motivation for change.”

Miller and Rollnick, 2013

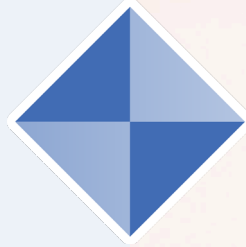
A parallel process?

Isomorphism: Correspondence between sets

- ◆ In mathematics: a one-to-one correspondence between sets so that an operation such as addition or multiplication in one produces the same result as the analogous operation in the other.
- ◆ In biology: similarity in form or appearance between organisms of different ancestry or between different stages in the life cycle of the same organism



MI & Supervision & Coaching



MI fits just as well in working with supervisors / coaching as it does with patients because it:

- Is a “working with” not a “doing to” approach
- Is a respectful approach
- Sees being stuck as ambivalence, as normal





“Motivational interviewing
is a style of communication
designed to bring out the other
person’s motivations to change.”

Bill Miller, MI Elevator Speech



8 Tasks in Learning MI

Miller, W.R., & Moyers, T.B. (2006) "Eight stages in learning motivational interviewing." Journal of Teaching in the Addictions 5(1):3-17, January 2006

The spirit of motivational interviewing

OARS – person-centered skills

Recognizing, reinforcing change talk

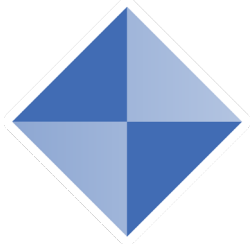
Eliciting, strengthening change talk

Dancing w/ discord (rolling w/ resistance)

Developing a change plan

Consolidating commitment language

Shifting flexibly between MI & other methods



4 Fundamental Processes

Planning

Evoking

Focusing

Engaging



Supervision Roadmap

ENGAGING: Open the Conversation.
Develop rapport. Ask permission.

FOCUSING: Negotiate the agenda

EVOKING: Build Motivation

- Ask evocative questions
- Encourage elaboration
- Looking back/Looking forward
- Explore/Amplify ambivalence
- Explore goals and values
- Assess importance/confidence

PLANNING: Strengthen Commitment

- Brainstorm ideas and opinions
- Negotiate a plan
- Explore barriers
- Identify support
- Elicit final commitment

PROVIDE FEEDBACK:

- Use visual support materials
- Be clear, succinct, and non-judgmental
- Compare to norms and standards
- Elicit clinician's interpretation

SUPPORT THE TRANSITION:

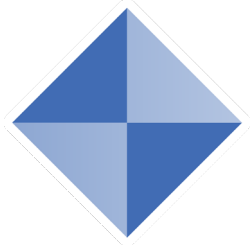
- Recognizing readiness
- Summarizing the big picture
- Ask about next steps

CLOSE THE ENCOUNTER:

- Summarize the session
- Show appreciation
- Support self-efficacy
- Arrange follow-up as appropriate
- Link with available resources

**ELICIT -
PROVIDE -
ELICIT -**

- Education
- Advice
- Feedback
- Skills
- Referrals



Spirit of MI

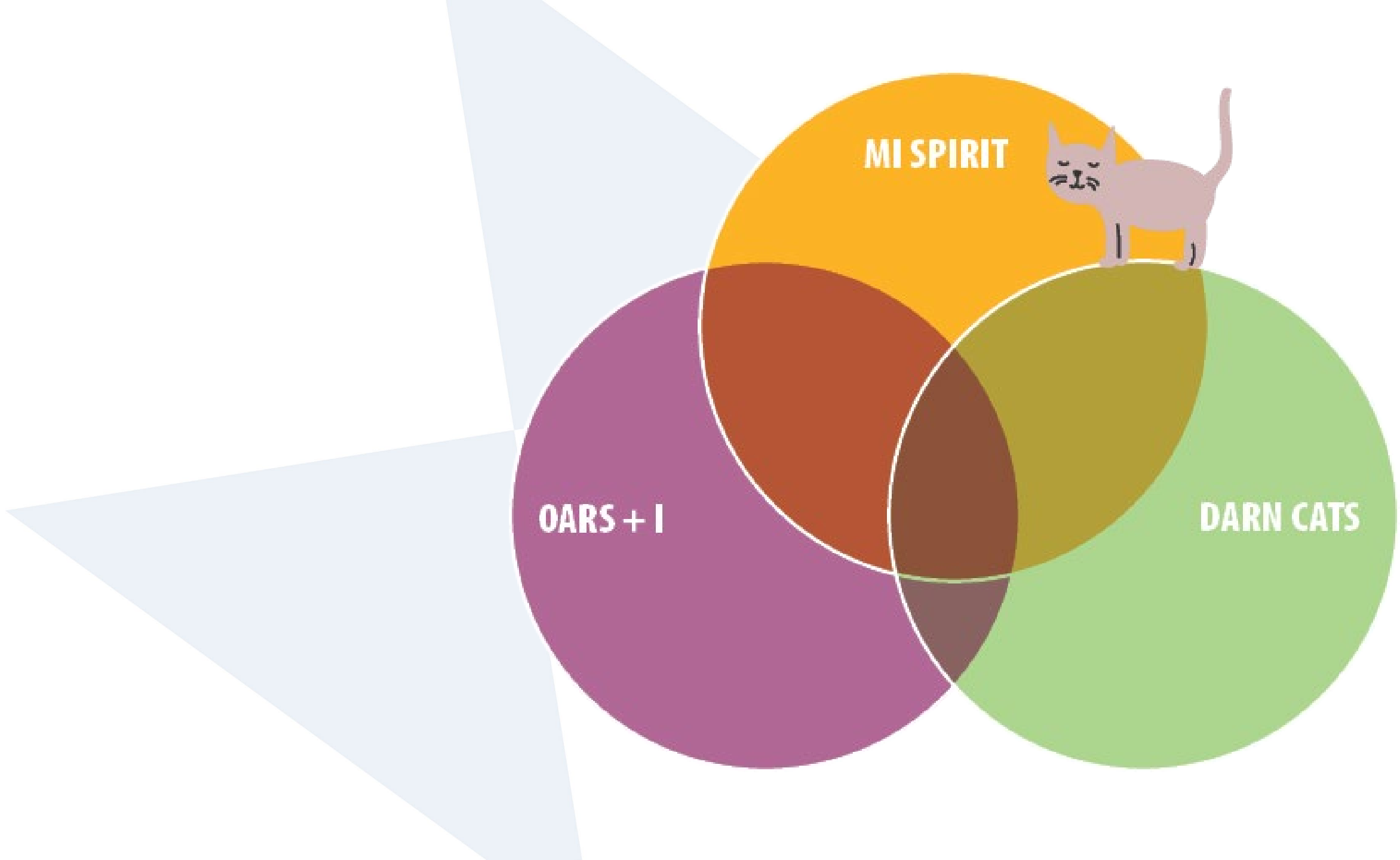


The Spirit of MI

- ◆ Compassion: empathic reflection
 - More than just listening
- ◆ Autonomy: ability to choose
- ◆ Partnership: come alongside
- ◆ Evocation: listening & eliciting

“You are responsible for the intervention not the outcome.”





MI SPIRIT

OARS + I

DARN CATS

OARS + I

- ◆ Open-ended questions
- ◆ Affirmations
- ◆ Reflections
- ◆ Summaries
- ◆ + Information offering



Complex Empathic Reflection

- ◆ Words and tone indicate clearly you take the relationship seriously
- ◆ Awareness of what the person values and is thinking now
- ◆ Make reflections that fit with person's culture
- ◆ Awareness of their direction towards resolution



Motivational Interviewing is:

- ◆ an integrative philosophy...
- ◆ a way of being with a person...
- ◆ a method of communication...

...that creates and guides strategies and techniques.



You're on the right track when:

You employ a full range of supervisory methods:

- ◆ Case review & analysis
- ◆ Skill rehearsal and role play
- ◆ Co-facilitation
- ◆ Direct observation
- ◆ Indirect observation
- ◆ Skill assessment and structured feedback



You're on the right track when:

- ◆ Your supervisee is actively involved in setting the agenda and reviewing his/her clinical material
- ◆ Your supervisee is evaluating his/her work and making the arguments for any needed changes
- ◆ There is less resistance/discord behavior and more problem-solving behavior in your interactions
- ◆ Your supervisee is actively seeking your feedback



MI Guidelines for Feedback

- ◆ Elicit (explore) – the person’s readiness, interest, and current understanding
- ◆ Provide (offer) – information in a non-judgmental, non-interpretive manner
- ◆ Elicit (explore) – person’s interpretation of information provided





6 Supervisor Guidelines

Adhere to the MI guiding principles

Avoid traps / roadblocks to progress

Teach / model the philosophical foundations of MI

Maintain a clinical focus

Adapt to the Supervisee's context

Assist supervisees to become proficient in MI clinical skills

1

**Adhere to the Motivational
Interviewing Guiding Principles**



Research suggests that **the Four MI Guiding Principles** create consonance / harmony in the therapeutic / supervisory relationship and support the client / supervisee's progression toward motivation to change and grow.



Guiding Principle #1

Express Empathy:

- Radical acceptance of the other person
- Skillful and respectful reflective listening
- Curious attitude and sincere interest in the other person's perspective



Guiding Principle #1

Using empathy in supervision:

- We were once all counselors-in-training.
- Being willing to reflect on and sometimes talk about our own mistakes as counselors.
- Acceptance works better than judgment.



Guiding Principle #2

Develop discrepancy

- Explore their professional values and goals
- Heighten awareness of consequences of their present approach with clients
- Amplify any gaps between their professional values and goals and their present actions



Guiding Principle #2

Develop discrepancy

- Ask the supervisee: “What did you think you did well in the session?”
- “What would you like to change next time?”
- “Where do you see yourself currently as a counselor, and where would you like to be?”
- Supervisee must provide argument for change, not the supervisor.



Guiding Principle #3

Roll with resistance / Dance with discord

- Go with your supervisee's energy
- Shift focus as needed
- Avoid judgment



Guiding Principle #3

Roll with resistance / Dance with discord

- Go with the flow.
- Change your strategy in order to keep rolling.
- “Dancing vs. wrestling”
- Think about what lesson you (as supervisor) are supposed to learn with this particular supervisee. Patience? Humility? Maybe they are right and you are wrong?



Guiding Principle #3

Avoid argumentation

- Keeps supervisee discord levels low.
- Discord: supervisor problem. “What I am doing wrong with this supervisee?”
- Change your strategy fast!
- Don’t diagnose your supervisee (tempting as it may be...)
- Don’t label your supervisee.



Guiding Principle #3

Ambivalence

- Supervisee's training background.
- Supervisee's personal experiences.
- Supervisee's own personal therapy experiences.
- Prior supervision experiences.
- Their reasons for counseling the way they do.



Guiding Principle #4

Support self-efficacy

- Believe in the possibility / carry the hope
- Honor their wisdom
- Affirm any progress toward their goal



Guiding Principle #4

Support self-efficacy

- It is ultimately the supervisee's choice how to handle sessions, even if it means possible termination from the agency.
- Impart hope (we have all been there!)
- Pain (mistakes, stuckness) can be a good motivator.

2

**Avoid traps or
roadblocks to progress**





Common MI Traps to Avoid

1. Question-Answer Trap
2. Trap of Taking Sides
3. Expert Trap
4. Labelling Trap
5. Premature Focus Trap
6. Blaming Trap



Question-Answer Trap

- **Blocks exploration**
- **Distances**



Trap of taking sides

- **Arguing for change trap**
- **Evokes opposition / sustain talk**
- **Creates an unsafe environment**
- **Encourages shame**



Expert Trap

- **Invites dependency**
- **Discourages creative problem-solving**
- **Deflates self-confidence**



Labelling Trap

- **Depersonalizes**
- **Demoralizes**
- **Disempowers**



Premature Focus Trap

- **Inhibits exploration**
- **Prevents “unpacking” of meaning**
- **Weakens the relationship**



Blaming Trap

- **Damages self-esteem**
- **Evokes defensiveness**



3

Teach / model the philosophical foundations of MI



Client-centered therapy model

Non-specific factors

- ◆ Empathy
- ◆ Unconditional positive regard
- ◆ Genuineness





**Intentional change is a
process, not an event.**

When goals are...

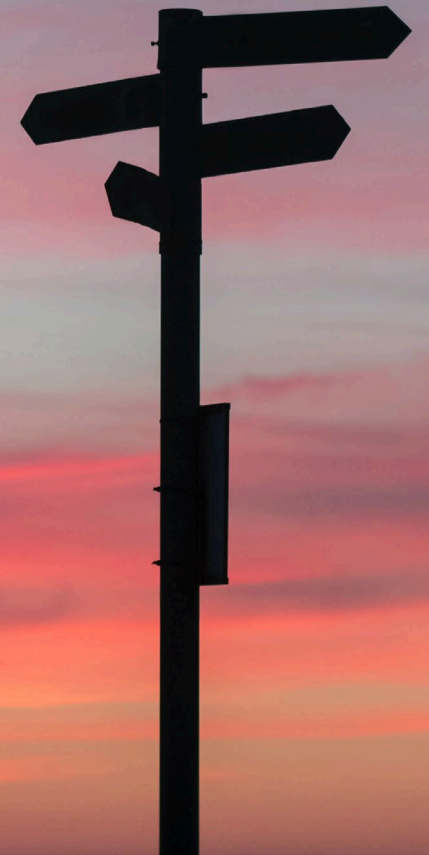
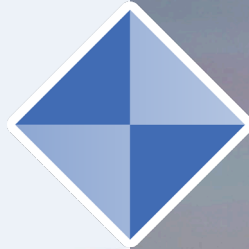
- ◆ Small
- ◆ Important to the goal-setter
- ◆ SMART
- ◆ Present-focused
- ◆ Realistic/Practical
- ◆ A presence rather than an absence

...intentional change is more likely to occur!



Common barriers to self-enhancing intentional change

- Projection of responsibility
- Immediate gratification
- Fear of failure
- Skills deficits
- Information gaps
- Fear of the unknown
- Lack of social / material supports
- Competing stressors





“Given a choice between changing and proving that it is not necessary, most people get busy with the proof.”

John Galbraith



“It’s not so much that we’re afraid of change or so in love with the old ways, but it’s that place in between that we fear. It’s like being between trapezes. It’s Linus when his blanket is in the drier. There’s nothing to hold on to.”

Marilyn Ferguson



“People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.”

Miller & Rollnick

Motivation

- ◆ When the balance tips away from resistance and toward commitment
- ◆ Never completely free of ambivalence and resistance (discord / sustain talk)
- ◆ Requires ongoing “buy-in” at the level of thinking, feeling, and actions.





4

Maintain a clinical focus

Ongoing assessment of supervisee's:

- ◆ Alliance with client
- ◆ MI consistent interventions
- ◆ Goals for client
- ◆ Beliefs about outcomes





**Your supervisory responsibility:
Above all, do no harm.**



5

**Adapt to the
supervisee's context**

Client-related stressors for direct service providers

- Client discord/supervisee's unrealistic expectations of client change
- Boundary issues/ethical dilemmas
- Client suicide/attempts
- Client anger/hostility
- Premature termination
- Client violence toward others
- Client death



Job-related stressors for direct service providers



- Isolation/insufficient supports
- Productivity pressures/time crunches
- Paperwork, paperwork, paperwork
- Organizational politics
- Low pay
- Self-doubt
- Perfectionism/compulsive responsibility
- Limited training opportunities



Moving toward a meltdown / freeze-up:

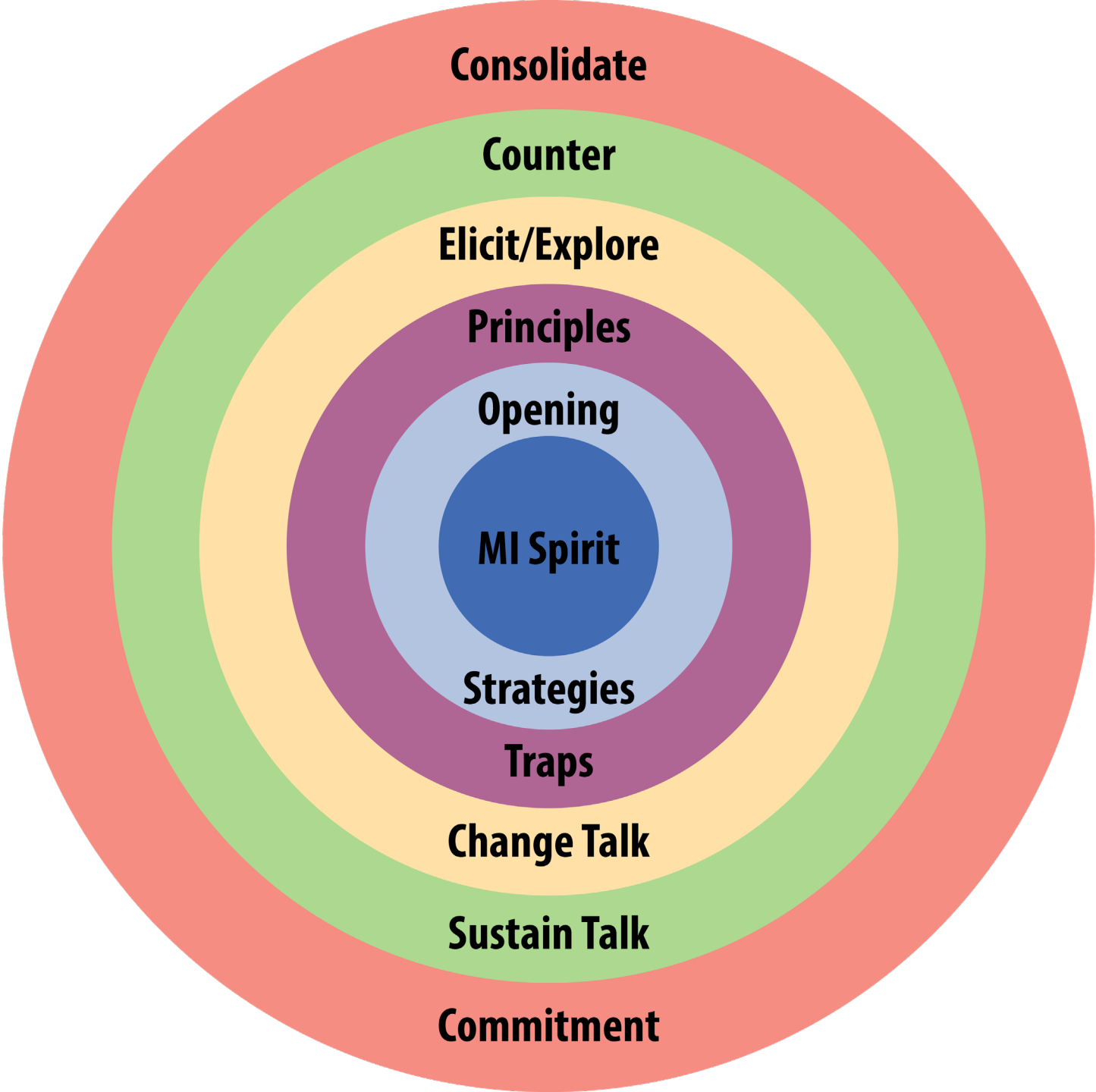
- ◆ Increased absenteeism
- ◆ Over-reacting
- ◆ Physical complaints
- ◆ Chronic exhaustion
- ◆ Low self-confidence
- ◆ Depression / Anxiety
- ◆ Procrastination
- ◆ Boundary violations
- ◆ Cynical attitude about job / clients
- ◆ Social withdrawal
- ◆ Hostility
- ◆ Us-them mentality
- ◆ Disorganized thinking / behavior





6

Assist supervisees to become proficient in MI clinical skills



Why Motivational Interviewing?

- ◆ Client/supervisee centered approach
- ◆ Meets the client/supervisee where they are.
- ◆ Self-determination.
- ◆ Self-autonomy
- ◆ Non-judgmental



MI & Supervision

- Feedback
- Responsibility of the supervisee to make changes (if wanted)
- Advice (ask the supervisee if they want it, first!)
- Menu (offer several ideas or different interventions)
- Empathy (acknowledging the fear of making a mistake or feeling stuck)
- Self-efficacy (“You can do it!”)



MI: Supervision & Coaching Feedback

- ◆ Strengths: spirit, open questions, reflection to question ratio, complex to simple, amplifying ambivalence
 - MI adherent / MI non-adherent
- ◆ Skills to Develop: complex reflections, open-ended questions, recognizing change talk, pacing,
 - Elicit commitment language, resist right reflex
- ◆ Plan: How is the worker going to learn the skills? Reading, watching DVDs, tape review, direct observation?



Rules of a “proficient” conversation

- ◆ Your most common response to what the person says should be a reflection.
 - (reflect two times for each question you ask).
- ◆ When you reflect, use complex reflections more often.
 - (Use metaphors – tap into your life experiences to understand the person).
- ◆ When you do ask questions, ask mostly open questions.
- ◆ Avoid unsolicited advice, direction, suggestion, feedback.



MI Guidelines for Feedback

- ◆ Elicit (explore) – permission, person’s readiness, interest, and current understanding
- ◆ Provide (offer) – information in a non-judgmental, non-interpretive manner
- ◆ Elicit (explore) – person’s interpretation of information provided

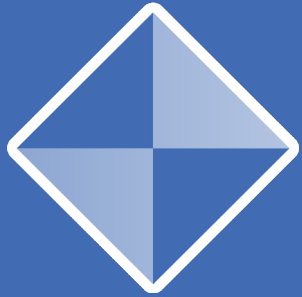


You're on the right track when...

You employ a full range of supervisory methods:

- ◆ Skill rehearsal and role play
- ◆ Co-facilitation
- ◆ Direct observation
- ◆ Indirect observation through taping
- ◆ Skill assessment and structural feedback





MITI 4.2

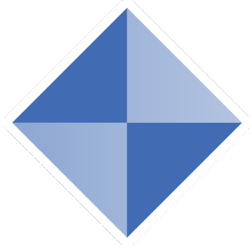
Moyers, T.B., Manuel, J.K., & Ernst, D.
(2014). Motivational Interviewing
Treatment Integrity Coding Manual 4.2.1
Unpublished manual.



Why use MITI coding in supervision and training?

- ◆ Shows us whether the worker is utilizing Motivational Interviewing spirit, structure, and skills.
- ◆ Allows us to provide feedback on the use of OARS that is structured, quantifiable, and meant to “shape” Empathy, Partnership, Emphasizing Change Talk, and Softening Sustain Talk





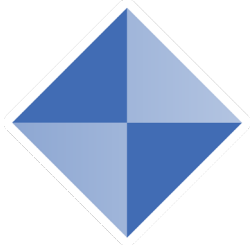
MITI 4.2

Technical Components

| | | | | | |
|-------------------------|----------|----------|----------|----------|----------|
| Cultivating Change Talk | 1 | 2 | 3 | 4 | 5 |
| Softening Sustain Talk | 1 | 2 | 3 | 4 | 5 |

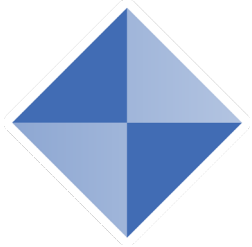
Relational Components

| | | | | | |
|-------------|----------|----------|----------|----------|----------|
| Partnership | 1 | 2 | 3 | 4 | 5 |
| Empathy | 1 | 2 | 3 | 4 | 5 |



MITI 4.2

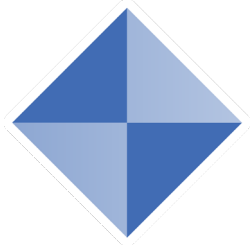
| Behavior Counts | Total |
|--|-------|
| Giving Information (GI) | |
| Persuade (Persuade) | |
| Persuade with Permission (Persuade with) | |
| Question (Q) | |
| Simple Reflection (SR) | |
| Complex Reflection (CR) | |
| Affirm (AF) | |
| Seeking Collaboration (Seek) | |
| Emphasizing Autonomy (Emphasize) | |
| Confront (Confront) | |



MITI 4.2

Cultivating Change Talk

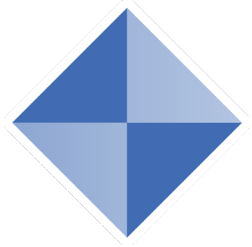
| Low | | High | | |
|---|---|---|--|---|
| 1 | 2 | 3 | 4 | 5 |
| Clinician shows no explicit attention to, or preference for, the client's language in favor of changing | Clinician sporadically attends to client language in favor of change - frequently misses opportunities to encourage change talk | 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 |



MITI 4.2

Softening Sustain Talk

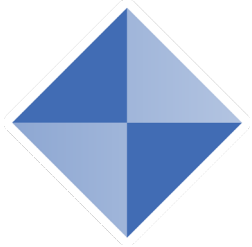
| Low | | High | | |
|---|---|---|--|---|
| 1 | 2 | 3 | 4 | 5 |
| Clinician consistently responds to the client's language in a manner that facilitates the frequency or depth of arguments in favor of the status quo. | Clinician usually chooses to explore, focus on, or respond to the client's language 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. |



MITI 4.2

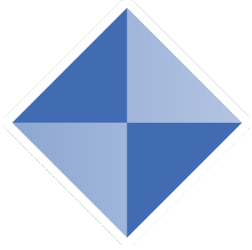
Partnership

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



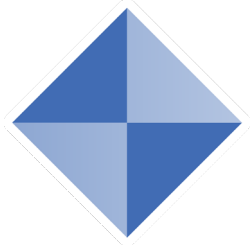
MITI 4.2

| Empathy | | | | |
|---|--|---|--|--|
| Low | | | High | |
| 1 | 2 | 3 | 4 | 5 |
| Clinician gives little or no attention to the client's perspective. | 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. | Clinician is actively trying to understand the client's perspective, with modest success. | 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. | 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. |



MITI 4.2

| | Fair | Good |
|------------|------|------|
| Relational | 3.5 | 4 |
| Technical | 3 | 4 |
| % CR | 40% | 50% |
| R:Q | 1:1 | 2:1 |
| Total MIA | - | - |



MITI 4.2

Recording #: _____ Coder: _____ Date: ____/____/____

Global Ratings

| Technical Components | | | | | |
|-------------------------|---|---|---|---|---|
| Cultivating Change Talk | 1 | 2 | 3 | 4 | 5 |
| Softening Sustain Talk | 1 | 2 | 3 | 4 | 5 |
| Relational Components | | | | | |
| Partnership | 1 | 2 | 3 | 4 | 5 |
| Empathy | 1 | 2 | 3 | 4 | 5 |

Target Change: _____

Behavior Counts

| | Total | |
|--|--------------|--|
| Giving Information (GI) | | |
| Persuade (Persuade) | | |
| Persuade with Permission (Persuade with) | | |
| Question (Q) | | |
| Simple Reflection (SR) | | |
| Complex Reflection (CR) | | |
| Affirm (AF) | | |
| Seeking Collaboration (Seek) | | |
| Emphasizing Autonomy (Emphasize) | | |
| Confront (Confront) | | |

Start time and sentence: _____

End time and sentence: _____

A Practice Check-Up

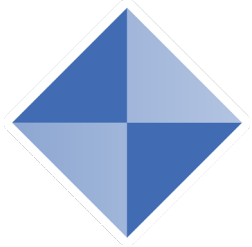
- ◆ Motivational Interviewing Spirit, Structure
- ◆ More reflections/questions
- ◆ More complex reflection
- ◆ More open questions
- ◆ Evoking change talk
- ◆ Recognize change talk
- ◆ What are the responses following change talk? (EARS)
- ◆ Moving to a plan





Common MI Traps to Avoid

1. Question-Answer Trap
2. Trap of Taking Sides
3. Expert Trap
4. Labelling Trap
5. Premature Focus Trap
6. Blaming Trap



Blend with MIA STEP

MI SKILLS DEVELOPMENT PLAN

Name:

Date:

Strengths Demonstrated in Session

| |
|--|
| |
|--|

Skill Development

| MI Skill Targeted for Improvement | What specifically will be developed or improved? | How will the goal be reached? | Date of next supervision |
|-----------------------------------|--|-------------------------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

References

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