Motivational Interviewing Supervision & Training Scale Revised:

Guidelines for Rating Sessions

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This manual provides the essential definition of terms and guidelines for conducting ratings of audio/videotaped/live therapy sessions using the Motivational Interviewing Supervision and Training Scale (MISTS). The MISTS has been developed to assist in projects in which motivational interviewing and its derivatives (the Drinking Check-up, Motivational Enhancement Therapy) are included. While the MISTS was designed to be used for rating either live or audio/ videotapes, for treatment of a variety of health related behavioral problems, it can be used with a variety of problems such as alcohol and drug abuse, smoking, and treatment adherence in which motivational interviewing is incorporated. In an attempt to enhance the uniformity of ratings, the manual was developed to explain the basis for rating the items more thoroughly than in the scale itself. Therefore, the manual contains a description of and examples for rating each item. The development of this manual is based on manuals developed by Hollon, Evans, Elkin, and Lowery, (1984); Corvino, et. al. (2000), Miller (2000; 2003); and Moyers, Martin, Manuel & Miller, (2004).

1) **Rate Observable Therapist Behaviors**

   With exception of item number 18 the Overall Response of the Client, all of the items on this measure refer to therapist behavior only, not the client's behavior or their responses. When rating therapist behaviors, the rater should consider what the therapist actually attempted to do and the appropriateness of the behavior. Raters are encouraged not to rate a behavior as having occurred if the occurrence was not explicit but only implied. It will be important for raters to have specific examples in mind to substantiate their ratings. Raters are to always consider the entire session and to use the behavioral tracking form as a guide when rating a global item.

2) **Rate Therapist Facilitation**

   Even though the rater's task is to rate therapist behavior, some times clients may initiate a behavior that is being measured with limited therapist involvement. In these cases, an item should not receive a lower rating, but should reflect the degree to which the therapist facilitated the behavior being measured. "Facilitation refers to the degree to which the therapist actively encouraged or prompted the client in a specific activity, rather than merely acting as a passive recipient of the client's self-initiated behavior (Covino, et. al 2000, pg. 20)."

3) **Confidentiality**

   All audio/videotapes and ratings are confidential material. While reviewing the sessions, it is imperative that you ensure that you are in a place where family members and friends cannot see or hear the sessions. **ALL** tapes are to be

handled like private psychiatric files. Therefore, tapes and rating materials are not to be left unattended, and content of sessions are not to be discussed with anyone except project staff. These steps will help to ensure the confidentiality of all clients and therapists.

4) **Behavioral counts during session**

When actually observing a session the rater must use the behavioral tracking form. In using this form, the rater focuses on the therapist statements/behavior during the session. Statements are numbered in order beginning with statement 1. It is not necessary to write verbatim each therapist statement, but it will be important to write parts of a statement to allow for appropriate tracking of the session.

Raters are also required to classify the therapist statement based on the skills of motivational interviewing. These skills are:

Open Question	Closed Question
Simple reflection	Interpretation
Complex Reflection	Confrontation
Affirming	Information/Advice
Summarization	

Directions for Tracking therapist behavior:

Raters are to place either a (+), (/) or (-) in the box when classifying the therapist

statement.

A **(+)**: indicates that the skill was implemented appropriately by the

clinician. This includes implementing the skill with appropriate timing and

intentionality in order to facilitate client exploration of change.

A **(/):** indicates that the therapist demonstrates how to use the skill, but

also demonstrates inconsistency in how it is implemented. This includes

using the skill at inappropriate times or in a fashion that is not effective in

facilitating client exploration of change.

 A **(-):** indicates that the skill was implemented inappropriately or even

antithetically. Specifically, the skill was used in a fashion that violates the

spirit of MI and hinders or halts client exploration of change.

Multiple skills used in one therapist statement:

Therapist statements may include more than one motivational interviewing skill.

An example will help to clarify this.

Client: My family is really getting on me to completely quit drinking. There

have been some problems, but I don't understand why they want me to

stop completely and I am not going to do that.

Therapist: You see that there are some real problems here, but you're not

willing to think about quitting altogether. What are the positives about

drinking?

In this statement, the therapist uses a complex reflection (described below) and

an open question (discussed below). Thus, in these situations, the rater is

advised to break the statement into two separate statements and rate each

separately. Therefore, the rater would classify this therapist statement into two separate statements. The first statement would be a complex reflection with a (+) and the second as an open question and with a (+).
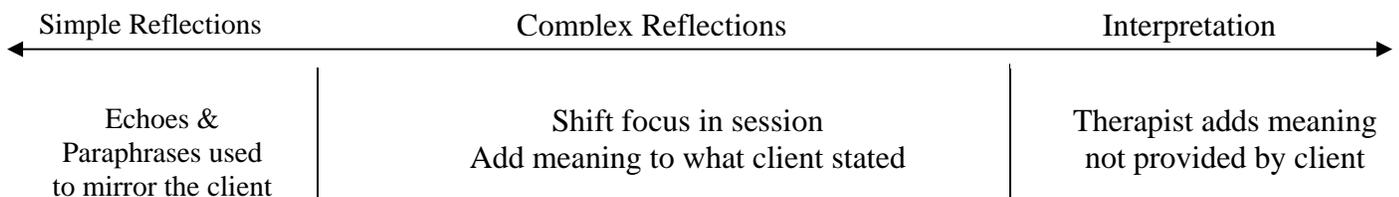
Missed Opportunities:

In addition to tracking the various skills a therapist uses throughout a session, raters will track and classify any missed opportunities by the therapist. A missed opportunity is when a therapist fails to affirm the client, or elicit or reinforce change talk (Madson, Campbell, Barrett, Brondino, & Melchert, 2005). When rating a missed opportunity the rater is to place a (-).

Deciding Between a Simple and Complex Reflection:

Reflections are not dichotomous. Rather reflections occur on a continuum. Viewing reflections as occurring on a continuum will help to clarify three concepts involved in motivational interviewing (simple reflections, complex reflections, and interpretations). The visual display will help to demonstrate the continuum of reflections.

Simple Reflections	Complex Reflections	Interpretation
Echoes & Paraphrases used to mirror the client	Shift focus in session Add meaning to what client stated	Therapist adds meaning not provided by client

Decision rule: If you are uncertain about a reflection being either simple or complex, rate it a simple reflection.

5) Global Ratings after reviewing a session

After observing a session and completing the behavioral tracking form during the session, the rater provides a global rating of several active listening skills, spirit of motivational interviewing and overall ratings of the therapist as well as one rating of the overall response of the client for a total of 20 ratings. These items will be discussed in more detail below. The starting point for ratings for each item should be 4. In other words, the rater should begin by assuming that a therapist should behave adequately. When ratings are assigned a score below 4, the rater should have examples to support their scores.

6) Avoid Haloed Ratings

The MISTS is designed to rate the therapist's behavior within the session. For correct use of this rating scale, it is essential that the rater rate <u>ONLY</u> the behavior that occurred in the session, and <u>NOT</u> what <u>OUGHT</u> to have occurred. Thus, raters must apply the same standards for rating an item regardless of:

    A) Other behaviors the therapist is engaged in during the session

    B) Ratings given to other items or previous ratings of the therapist

    C) How skilled or unskilled the rater thinks the therapist to be

    D) How much the rater likes or dislikes the therapist

    E) Ratings given to other therapists

7) Rate Every Item by Circling Whole Numbers

<u>Every item must be rated for every therapy session!</u> Do not leave any items blank. Only whole numbers are acceptable scores, thus, please circle only whole numbers for each variable and do not provide a score between whole numbers (i.e., 3.5).

8) Use the Guidelines During Each Rating

Definitions: This manual provides clear definitions for all the items on the scale. In order to provide the most accurate and consistent ratings, we recommend that all raters read the guideline's description for each item each time a session is rated. It is essential that raters are completely familiar with the definitions of the concepts being rated.

Examples: In addition to definitions for each item, specific examples are provided to use as rules and strategies for rating therapist behaviors. All examples are recommended strategies for rating an item; however, the rater is expected to use her/his judgment when using the examples to guide ratings.

Item Distinction: These guidelines can be used as decision rules to clarify subtle differences between items and make decisions about ratings. While some items may overlap in regards to a therapist's behavior, the rater is instructed to take caution and be careful to rate each item distinctly (i.e., when conducting a rating on an item, the rater should consider the extent to which the behavior specified in the item occurred and should not consider other similar items). These guidelines should be used as an instruction to aid in clarifying subtle differences between items.

Definitions and Rating Guidelines

for Global Ratings

Item 1. Questions

Raters are to provide a global rating of the therapist's use of questions in the session. This includes the use of open and closed questions. A *closed question* implies or requires the client to give a one or two word answer (e.g., Yes or No) and is used to gather specific information (Hill & O`Brien, 1999; Seligman, 2006), An *open questions* engage clients to talk about thoughts, feelings, behaviors and or experiences are broad and give clients flexibility in how to respond (Hill & O`Brien, 1999; Seligman, 2006). The appropriate use of questions is an important aspect of motivational interviewing, thus raters are to judge the appropriateness with which the therapist uses questions in session.

Closed Questions:

How long have you used alcohol?

Are you in a relationship?

Open Questions:

What brought you into see me?

How did things go with your urges to use marijuana this week?

Rating Anchors:

1.   Relies on closed questions for information gathering

4.   Balanced use of questions, but timing and wording do not fully facilitate client exploration

7.   Good facilitation of client exploration primarily through the use of open questions

<u>Item 2: Simple Reflection</u>

Raters are to make a judgment of the therapist's use of simple reflections in the counseling session. Simple reflections are therapist restatements of the session content, thoughts and feelings that acknowledge and validate what the client has said (Substance Abuse and Mental Health Services Administration, 1999). Simple reflections typically add little or no meaning or emphasis to what the client has said (Moyers, 2004).

<u>Rating Anchors & Examples:</u>

Client statement: My wife bugs me I can't believe my wife made me come here.

1. **Primarily repeats client's statements to keep client talking**

   Co: It's hard for you to believe you wife made you come here.

4. **Mainly used paraphrases to clarify information**

   Co: Sounds like you and you wife are having some difficulties.

7. **Used to reinforce important statements**

   Co: You don't know why you are here.

Item 3. Complex Reflection

Complex reflections are an important ingredient in helping to facilitate client change within the framework of MI. Raters are to make judgments about the therapist's use of complex reflections. Complex reflections are therapist's restatements of session content, client thoughts and/or feeling with substantial emphasis or meaning added to facilitate movement toward positive change (Substance Abuse and Mental Health Services Administration, 1999).

<u>Complex Reflection Examples</u>:

Amplified Reflection: This type of complex reflection occurs when a therapist restates what the client has said, but in an exaggerated form – to restate the statement in a stronger or even more extreme fashion than what the client communicated (Miller & Rollnick, 2002).

> **Client**: *I don't understand why my wife is so concerned about my drinking. I don't have a problem.*

> **Therapist**: *Your wife is worrying needlessly about your drinking.*

Double sided reflection: A double-sided complex reflection occurs when the therapist restates a client statement that captures both sides of the client's ambivalence (Miller & Rollnick, 2002).

> **Client**: *I know people want me to completely stop drinking, but I am not going to completely quit.*

> **Therapist**: You are really aware that there are some problems related to you're drinking, and you are not ready to quit completely.

Ratings Anchors & Examples:

Cl: I know people want me to completely stop drinking, but I am not going to completely quit.

1. Adds no meaning to what client said

Co: You don't want to completely quit drinking.

4. Adds some, but not substantial meaning

Co: People are concerned about your drinking.

7. Adds substantial meaning to what client has said

Co: You are really aware that there are some problems related to you're drinking, and you are not ready to quit completely.

Item 4: Affirming

Communicating to the client the therapist's support and acknowledgement of the client's difficulties and experience (Seligman, 2006; Substance Abuse and Mental Health Services Administration, 1999). Affirmation helps the client begin to feel comfortable with the therapist and discussing difficult experiences (Substance Abuse and Mental Health Services Administration, 1999). Examples of affirmations include:

<u>Rating Anchors & Example:</u>

Client statement: It is really frustrating to be here. My family says I have a cocaine problem but I don't know. I've stopped hanging with my dealer buddy.

1.   Focuses solely on client weaknesses, and problems

Co: You are having difficulty with cocaine use and can't control it.

4.   Acknowledges strengths but still emphasizes problems and weaknesses

Co: I can appreciate how much it took to come see me, let's talk about the difficulties you have with cocaine.

7.   **Appropriately elicits and reinforces strengths**

Co: I appreciate you coming her today and recognize how difficult it must have been.

Co: I think it is great that you are taking your family's advice and coming to counseling.

Co: That is a good suggestion you made for changing.

Item 5: Summarization

Therapist statements that pull together and synthesize a group of client statements that can be used to focus a session, close a topic, concluding a session, connecting session content, and helping a client reflect on what they have said (Ivey & Bradford Ivey, 2003; Seligman, 2006).

Rating Anchors & Examples:

1. **Used simply to clarify information**

Co: Just to summarize, you seem more clear on wanting to stop using alcohol.

4. **Primarily used to track the session**

Co: Let me see if I'm following you; your partner has expressed several concerns about your drinking some you agree with and others you do not.

7. **Used to link and reinforce material that has been discussed during and between sessions**

Co: Last session we discussed the positive aspects of using and the not difficulties you experienced in relation to your use and you expressed that maybe using wasn't worth it anymore…

Item 6: Engaging Client in the Therapeutic Process

In engaging the client in the therapeutic process, the therapist uses active listening skills to express genuine empathy and establish a warm and safe environment that helps the client to feel safe to share information. A client engaged in the therapeutic process tends to discuss issues that are not superficial, such as basic information. Further, a client engaged in the therapeutic process will become less guarded and discusses issues about what the experience was like and their thoughts, feeling, and vulnerabilities.

<u>Rating Anchors & Description:</u>

1. Fails to create an environment in which the client does not actively participate

   Non-engaging client behaviors include -Client only answers questions providing brief responses, client does not offer information unsolicited.

4. Has some difficulty establishing rapport

   Client behaviors include – Offering superficial information without solicitation by counselor; answering counselor questions in more depth discussing emotions, thoughts, and reactions.

7. Creates an environment in which the client can actively participate in therapy

   Client behaviors include: Providing in-depth information without counselor solicitation; client discusses reactions thoughts, and feeling in more detail; client willing to disclose intimate personal information.

Item 7: Elicits/Reinforces Client Change Talk

Change talk involves the client giving voice to cognitive, emotional, and behavioral dimensions of changing her/his problematic behavior (Miller & Rollnick, 2002). Client change talk involves (1) recognizing the disadvantages of the status quo, (2) recognizing the advantages of change, (3) expressing optimism about change, and (4) expressing intention to change. Therapists facilitate change talk by using reflections, summaries and affirmations to highlight client statements or through questions to evoke change talk (Miller & Rollnick, 2002).

<u>Eliciting change talk</u>: The therapist responds with interest in client change talk both non-verbally and through asking for clarification.

> Co: What do you need to do differently about your alcohol use?

<u>Reflecting change talk</u>: Reflecting the client change talk statements or themes associated with change talk.

> Co: It's not good, you think, for your son to see you intoxicated all the time.

<u>Summarizing change talk</u>: Offering combinations of change statements that the client has offered over a period of time.

> Co: What you seem to be saying here is that there are several reasons in which you need to stop using cocaine: to feel better, have more money, and be a better parent.

<u>Affirming change talk</u>: Commenting positively on the client's change talk.

> Co: That sounds like a great idea.

Rating Anchors & Examples:

Client Statement: I am really becoming concerned with how my drinking is affecting my family.

1.   Does not entice the client to voice change talk

     Co: So you have been drinking a lot.

4.   Acknowledges change talk in a manner that does not facilitate exploration, awareness, or further change talk

     Co: You're concerned about how your use affects your family.

7.   Evokes client to voice change talk

     Co: What else have you noticed or wondered about when it comes to effects of use on your family?

Item 8: Addresses Client Ambivalence

Ambivalence is feeling two ways about change. Often ambivalence involves wanting to change and yet not wanting to change a behavior. Ambivalence is an important concept in motivational interviewing as it is often a central client problem. In motivational interviewing, the therapist needs to recognize and facilitate the client exploration of ambivalence with the goal of resolving the ambivalence. An effective MI therapist interprets ambivalence as a natural part of change, and not as pathological, and thus does not educate or persuade the client to change. Therefore, the therapist uses a variety of techniques to highlight and explore client ambivalence including questioning, simple and complex reflections, affirmations and summaries (Miller & Rollnick, 2002).

Rating Anchors & Examples:

Client Statement: Look, if everybody would just leave me alone about using cocaine. I get what they are saying about my use, but if they got off my back I could focus more on trying to stop doing cocaine; this is hard.

1. Confronts ambivalence as denial

   Co: You don't seem to be as worried about your cocaine use as everyone else. Why is that?

4. Acknowledges client ambivalence without working to resolve it

   Co: You recognize other's concern and at the same time changing is hard.

7. Works actively to help client resolve ambivalence

   Co: You recognize that change is hard and also recognize that there concern for your cocaine use and believe that you need to focus on stopping. Tell me about what leads you to believe you need to change.

Item 9: Rolling with Client Resistance

Resistance is defined in MI as client behavior that is a signal of dissonance (counselor and client are not operating on the same agenda or view the situation differently) in the counseling relationship. To roll with resistance effectively, the therapist avoids arguing with the client, listens more carefully, changes direction and responds to the client in non-confrontational manner that attempts to change client energy toward discussing positive change (Miller & Rollnick, 2002).

Rating Anchors & Examples:

Client Statement: Well, I really don't know why I am here. My wife seems to think I drink too much. I don't understand why she is so upset. I came here because she wanted me to, but I really don't feel like I should be here.

1. Directly argues with the client in favor of change

   Co: Well, if your wife is concerned enough to ask you to come here, you must have a problem with your drinking.

4. Notes client resistance without a change in own behavior/focus of session

   Co: You don't feel like you should be here.

7. Changes behavior/focus of session in to reduce client resistance

   Co: It seems like you and your wife have a different view of the situation, I'd like to learn about your view right now.

Item 10: Collaborating with the Client

Collaboration involves the therapist entering into a partnership with the client that

honors the client's expertise and perspectives. This relationship is conducive (i.e.,

facilitative or contributes) to change not coercive. The therapist acts as a partner not an

expert (Miller & Rollnick, 2002).

Rating Anchors & Examples:

Client Statement: Look, I just smoke a little pot. I don't think it is that big of a deal, but I failed a drug screen at work and they made me come here. So, I have to quit now, even though I don't see anything wrong with it.

1. Assumes an expert/authoritarian role

   Co: Well, the fact of the matter is that it is illegal and if you want to stop you should get invested in this process and allow follow these instructions.

4. Vacillates between expert and egalitarian approach

   Co: Look, it is illegal and you have to stop for your job…correct? Maybe we can work together for a solution or a plan, but at some level you are going to need to listen to my advice.

7. Adopts an egalitarian approach

   Co: Sounds like you are really frustrated and feel like you are being coerced into changing. Since the circumstances are the way they are, maybe we can brainstorm and work together to come up with some ideas on how you can change your pot smoking habits.

Item 11: Supports Client Self Efficacy

Self-efficacy is a client's belief in his or her ability to succeed in a specific task (Miller & Rollnick, 2002). The therapist using a motivational interviewing style recognizes client strengths and makes attempt to raise client awareness of these strengths. Supporting client self-efficacy involves eliciting and supporting client hope, optimism, and feasibility of accomplishing change (Substance Abuse and Mental Health Services Administration, 1999).

Rating Anchors & Examples:

Client Statement: I quit drinking for 3 weeks about 2 months ago, but I just couldn't maintain the change. It is extremely hard for me to be around all my friends, while they are drinking, and not have a drink.

1. Fails to communicate belief in client's abilities to change

   Co: Why couldn't you continue to abstain from drinking?

4. Misses opportunities to recognize and reinforce client strengths/abilities

   Co: You seem frustrated that you didn't sustain the change in your drinking behavior and also that you let your friends' opinion influence you so much.

7. Communicates belief in the client's ability to change

   Co: That is great that you quit for 3 weeks. That shows you have what it takes to make these changes. Let's talk about what helped you quite during that time.

Item 12: Communicating Hope

Communicating hope can be seen by helping the client to believe/understand that

treatment has something positive to offer them and that they will be better off after

engaging in treatment (Seligman, 2006).

<u>Rating Anchors & Examples</u>:

Client statement: I don't know why I bother, I've tried to stop using heroin before and obviously I can not do it.

1. Failed attempts at communicating a sense of hope

CO: Changing behavior can be hard.

4. Communicates a mixed sense of hope

CO: Changing behavior is not easy and requires a lot of work, but people can do it.

7. Effectively communicates a sense of optimism/hope about client change

CO: So you have quit once before, that's great, shows that you have what it takes to be successful at changing your behavior.

Item 13: Acceptance

Acceptance is often viewed as caring about and appreciating the person for who they are without placing any requirements on them to act, feel, think or behave in a certain way (Seligman, 2006). The therapist seeks to understand the client's feelings and perspectives without criticizaing, judging, or blaming (Miller & Rollnick, 2002). A therapist can accept a client without agreeing with or endorsing her/his behavior.

<u>Rating Anchors & Examples</u>:

Client statement: I don't know why I bother, I've tried to stop using heroin before and obviously I can not do it.

1. Appears judgmental

    CO: You've made up your mind that you can't change.

4. Acceptance is inconsistent

    CO: You've had some success before; why can't you do it again?

7. Appears non-judgmental

    CO: Sounds like you're concerned that you can't change.

Item 14: Respect

Respect may be defined as an attitudinal dimension in which the therapist

demonstrates a belief regarding the client's perspective as valuable even

when there are differences in values (Seligman, 2006).

<u>Rating Anchors & Examples</u>:

Client statement: I don't know I just think this treatment stuff is bogus and that I really don't need to do this and plan not to continue.

1. Fails to communicate respect for client experience

   CO: That is a poor decision, sounds like you don't understand treatment.

4. Respect appears conditional

   CO: If you stay in treatment for a bit longer we can talk about some of your concerns.

7. Communicates respect for client experience

   Co: Sounds like you have some reservations about being here and have the right to choose how to proceed.

Overall Ratings of Therapist Skills in Session

Item 15: Use of Active Listening Skills

This item provides a rating of the therapist's overall use of active listening skills within the session. Active listening skills include the use of open and closed questions, simple and complex reflections, affirmations and summarizations. Minimal encouragers are also included although they are not rated above. This rating is based on the ratings of active listening skills above (items 1-5).

Rating Anchors:

1. Relies on one type of skill

   Ex: Using only simple reflections or only questions through out the entire session.

4. Relies on 2 or 3 skills

   Ex: Using only simple reflections, questions, and/or summaries.

7. Effectively integrates all skills to facilitate MI

   Ex: Uses a variety of reflections (simple & complex), summaries, affirmations, and open questions during the session.

Item 16: Appropriate Sequencing of MI Skills (OARS)

This item provides a rating of the sequencing of motivational interviewing in the session.

In appropriately conducting a session using motivational interviewing, it is suggested

that a therapist follow an OARS sequence. The acronym OARS stands for:

O - <u>Open questions</u> to encourage the client to explore more freely

A – <u>Affirmation</u> of client strength or achievement

R – <u>Reflection</u> both simple to communicate understanding and complex to

reinforce, redirect, amplify or change awareness

S – <u>Summarize</u> to recap information or transition the session

<u>Rating Anchors</u>:

1. Inappropriate sequencing/ timing

   The majority of behavioral counts were negative (-) throughout the session.

4. Misses opportunities to reflect, affirm and summarize

   There is equal or slightly more negative (-) marks, slashes (/) in behavioral count section for these skills.

   <u>Note</u>: Often relates to over use of questions. If a counselor is using many questions he/she increases the likelihood of not reflecting, affirming or summarizing. If rated low on questions rater should consider a moderate rating on this item at best.

7. Effectively used to develop motivational themes

   Counselor is received consistently positive marks on use of questions, affirmation, reflection, summaries. OARS are used effectively to elicit and reinforce change talk and roll with resistance.

Item 17: Rating of Therapist Motivational Interviewing Style

This rating refers to the rater's judgment of the extent to which the therapist incorporates the fundamental essence of a motivational interviewing style. This style involves a way of being with a client that is directive, client focused, and aims at eliciting behavior change by helping clients to explore and resolve ambivalence. This involves more of a stance of the therapist, throughout the entire session, rather than specific implementation of techniques. This rating is based on the spirit of motivational interviewing items (6-11).

<u>Rating Anchors:</u>

1. Displays behavior inconsistent with the MI spirit

   Helper consistently received low ratings (3 or lower) on spirit related items - eliciting change talk, addressing ambivalence, rolling with resistance, collaborating, communicating hope, acceptance, and respect.

4. Missed some opportunities to exhibit spirit of MI

   Helper receives some positive ratings (5 or higher) and some ratings lower ratings (3 or lower) on spirit related items - eliciting change talk, addressing ambivalence, rolling with resistance, collaborating, communicating hope, acceptance, and respect.

7. Displays behaviors consistent with MI spirit

   Helper consistently received high ratings (5 or higher) on spirit related items - eliciting change talk, addressing ambivalence, rolling with resistance, collaborating, communicating hope, acceptance, and respect.

Item 18. Overall Response of Client in Session

This item provides a rating of the overall response of the client in the session. This is a global rating and is not based on any previous ratio, but is based on the judgment of the rater. Client response is an important aspect of the motivational interviewing process as the therapist needs to monitor client responses in order to modify changes and to facilitate change.

<u>Rating Anchors:</u>

1. Disengaged from process of change

   Client only answers questions providing brief responses, client does not offer information unsolicited

4. Moderately engaged in change process

   Client only offers superficial information without solicitation by counselor; answering counselor questions in more depth discussing emotions, thoughts, and reactions

7. Fully engaged in change process

   Client regularly provides in-depth information without counselor solicitation; client discusses reactions thoughts, and feeling in more detail; client willing to disclose intimate personal information

Item 19: Effectiveness of Therapist Interventions in Session

This item provides a rating of the overall effectiveness of the therapist's motivational interviewing interventions. Ratings are based on the overall rating provided for the use of active listening skills (item 12), the appropriate sequencing of motivational interviewing (item 13), the overall spirit of motivational interviewing (item 14), and the client response (item 15).

Rating Anchors:

1. Not effective in facilitating MI

   Helper regularly was rated at 3 or below on the majority of items (1-18).

4. Moderately effective in facilitating MI

   Helper was rated with a variety of low (3 or below) and high ratings (5 and above) on the majority of items (1-18).

7. Extremely effective in facilitating MI

   Helper was regularly rated at 5 or above on the majority of items (1-18).

Item 20: Overall Missed MI Opportunities

For this item, raters examine the amount of missed opportunities to support self efficacy, elicit or reinforce change talk, and affirm the client through the entire session. Missed opportunities can best be thought of as the helper not responding – through reflection (simple or complex), summary, or affirmation to information presented by the client that would elicit change talk or demonstrate to the client a belief in client strengths or ability to change.

<u>Rating Anchors</u>:

1. Frequently misses opportunities

   Helper missed 5 or more opportunities in a 50 minute session; 3 or more in a 30 minute session and 2 or more in a 20 minute session.

4. Misses some opportunities

   Helper missed 3 or more opportunities in a 50 minute session; 2 or more in a 30 minute session and 1 or more in a 20 minute session.

7. Takes full advantage of opportunities

   Helper misses no opportunities during a session.

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