

MI Consistent Items

1. MOTIVATIONAL INTERVIEWING STYLE OR SPIRIT: *To what extent did the clinician provide low-key feedback, roll with resistance (e.g., avoiding arguments, shifting focus), and use a supportive, warm, non-judgmental, collaborative approach? To what extent did the clinician convey empathic sensitivity through words and tone of voice, demonstrate genuine concern and an awareness of the client's experiences? To what extent did the clinician follow the client's lead in the discussion instead of structuring the discussion according to the clinician's agenda?*

Skill Level Rating Guidelines:

Higher: A clinician demonstrates a high quality motivational interviewing style/spirit when he/she establishes an overall tone of collaboration and respect. The clinician shows he/she cares about what the client is saying and strives to accurately understand and reflect the client's statements. The clinician uses any specific therapeutic strategy in the service of promoting an overall motivational interviewing style or spirit. A clinician also demonstrates higher skill when, throughout the session, the clinician deftly uses the client's reactions as a guide for formulating subsequent MI strategies and techniques. The clinician's attunement to the client is obvious.

Lower: A low quality motivational interviewing style occurs when the clinician controls the interview process, insufficiently facilitates the client's open exploration of his/her problem areas and motivation for change, and acts inflexibly and defensively in response to client resistance. The clinician may deliver therapeutic interventions in a technically correct manner but with little facility, warmth, or engagement of the client. A clinician who does not adjust strategies to the client's shifting motivational state or who sounds redundant in the interventions selected also may receive lower Skill Level ratings.

2. ASKING OPEN-ENDED QUESTIONS: *To what extent did the clinician 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?*

Skill Level Rating Guidelines:

Higher: High quality open-ended questions are relevant to the clinician-client conversation and pull for greater client exploration and recognition of problem areas and motivation for change, without appearing to be judgmental or leading to the client. They are simple and direct, thereby increasing the chance that the client clearly understands what the clinician is asking. Usually, several open-ended questions do not occur in close succession. Rather, high quality open-ended questions typically are interspersed with reflections and ample client conversation to avoid the creation of a question-answer trap between the clinician and client. The clinician pauses after each question to give the client time to respond to each query.

Lower: Low quality open-ended questions are poorly worded or timed or target an area not immediately relevant to the conversation and client concerns. They often will occur in close succession, giving the conversation a halting or mechanical tone rather than one that flows naturally between the clinician and client. Lower quality open-ended questions also may compound several questions into one query (e.g., "Tell me about how you felt before and after you got high and how that all affects your future risk for using cocaine."), making them harder to understand and respond to by the client. Further reductions in Skill Level ratings may occur if the clinician seems to be leading or steering the client, uses a judgmental or sarcastic tone

when asking open-ended questions, or does not pause sufficiently after each question to give the client time to contemplate and respond.

3. AFFIRMATION OF STRENGTHS AND CHANGE EFFORTS: *To what extent did the clinician verbally reinforce the client's strengths, abilities, or efforts to change his/her behavior? To what extent did the clinician 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?*

Skill Level Rating Guidelines:

Higher: Higher quality affirmations occur when the clinician affirms 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. The clinician derives these affirmations directly from the conversation. As a consequence, high quality affirmations are meaningful to the client rather than being too global or trite. A key ingredient in a high quality affirmation is the appearance of genuineness rather than the clinician merely saying something generally affirming in a knee-jerk or mechanical fashion.

Lower: Low quality affirmations are not sufficiently rooted in the conversation between the client and clinician. The affirmations are not unique to the client's description of him/herself and life circumstances or history. The clinician may appear to affirm simply to buoy a client in despair or encourage a client to try to change when he/she has expressed doubt about his/her capacity to do so. In short, poor quality affirmations sound trite, hollow, insincere, or even condescending.

4. MAKING REFLECTIVE STATEMENTS: *To what extent did the clinician 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?*

Skill Level Rating Guidelines:

Higher: Higher quality reflections occur when the clinician accurately identifies the essential meaning of what the client has said and reflects it back to the client in terms easily understood by the client. The clinician's inflection at the end of the reflection is downward. The clinician pauses sufficiently to give the client an opportunity to respond to the reflection and to develop the conversation. Well-delivered reflections typically are concise and clear. Over the course of the session, higher quality reflections usually have more depth (i.e., paraphrasing thoughts or feelings in manner that effectively brings together discrepant elements or that clarify what the client meant). If the clinician reflects several client statements, the clinician neatly arranges them in a manner that promotes further client introspection, conversation, and motivation for change. Often high quality reflections increase the time spent talking by the client, foster a collaborative tone, and reduce client resistance.

Lower: Low quality reflections often are very inaccurate (i.e., "miss the boat") and may contribute to the client feeling misunderstood. They can be too vague, complicated, or wordy. They also may have an upward inflection at the end and consequently function as disguised closed-ended questions. Typically low quality reflections decrease the time spent talking by the client and may increase the client's resistance. Skill Level ratings also may decrease, even with high frequency reflections, if the reflections are too spread out rather than consecutively linked over

the session such that they do not increase introspection, conversation, or motivation to change. Likewise, reflections that are redundant or remain repetitively simple such that the conversation seems to go around in circles are lower in quality.

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

Skill Level Rating Guidelines:

Higher: Higher quality strategies occur in several ways. The clinician may 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 the clinician or significant others might think. The clinician may underscore the collaborative nature of the interview by highlighting his or her interest in understanding the client's perspective without bias. Likewise, 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 receive higher Skill Level ratings. Use of these strategies when the clinician perceives that the client is feeling coerced by significant others can be especially effective and lead to higher Skill Level ratings. Emphasizing viable personal choices rather than choices that are unrealistic to the client also improve Skill Level ratings. For example, a clinician may provide a choice among treatment options within a program rather than highlight the option of program non-enrollment to a client who presents to treatment in a job jeopardy situation; this type of client most likely will see treatment nonparticipation as too risky for losing his job.

Lower: Lower quality strategies occur when the clinician emphasizes personal choices that do not seem realistic to the client. Also, vague, wordy, or poorly timed efforts to articulate the client's personal control, autonomy, and collaborative role in the interview reduce quality ratings. Clinician advice giving in the context of seemingly collaborative statements also receives lower ratings (e.g., "You are obviously in the driver's seat, but I wouldn't do that if I were you.).

- 6. DISCUSSING MOTIVATION TO CHANGE:** *To what extent did the clinician 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 the clinician 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?*

Skill Level Rating Guidelines:

Higher: Higher ratings occur on this item when the clinician uses evocative questions to elicit a client's change talk that are targeted to the client's current level of motivation. For example, if a client has not recognized drug use as a problem, the clinician asks the client to explore any concerns or problematic aspects of his or her drug use. If a client has recognized drug use as a problem but is uncertain about his or her capacity to change, the clinician directly queries the client about factors that might impact intent or optimism for change. Higher ratings also occur when the clinician 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: Lower ratings on motivation to change strategies occur when the clinician tries to elicit self-motivational statements that are inconsistent with the client's stage of change. Additionally, if a clinician's efforts to elicit self-motivational statements or to assess the client's readiness to change become redundant, they receive lower Skill Level ratings. Clinician efforts to assess readiness to change that pull for resistance or arguments against change also receive lower ratings. For example, a lower quality intervention would occur if after a client selects a readiness to change rating of 6 on a scale of 1 (lowest readiness, to 10 (highest readiness)), the clinician asks, "How come you said a 6 rather than a 10?"

7. DEVELOPING DISCREPANCIES: *To what extent did the clinician create or heighten the internal conflicts of the client relative to his/her substance use? To what extent did the clinician 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 the clinician explore how substance use may be inconsistent with the client's goals, values, or self-perceptions?*

Skill Level Rating Guidelines:

Higher: Higher quality efforts to develop discrepancies typically occur when the clinician attempts 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. The clinician presents the discrepancies as legitimate conflicts or mixed experiences rather than as contradictions or judgments that prove the client has a drug problem. In addition, higher quality interventions are clear and articulate reflections that encapsulate divergent elements of what a client has said. In short, integration of the client's specific discrepant statements in well-stated terms using a supportive, nonjudgmental tone improves the Skill Level rating.

Lower: Low quality efforts to develop discrepancies typically occur when the clinician highlights the opposite side of the client's ambivalence without sufficiently counterbalancing it. For example, a client might say he wants to continue to smoke marijuana after previously acknowledging how smoking angers his wife and may lead to an unwanted separation. A rater would give a lower Skill Level rating if the clinician responds by saying, "Yeah, but you said you don't want to be separated," instead of saying, "So even though you've told me you are concerned your wife might leave you, you continue to want to smoke marijuana." Often this approach appears somewhat argumentative and may heighten resistance rather than develop dissonance in the client's position. Abruptness in posing discrepancies ("gotcha!") or stating discrepancies with a hint of accusation also undermines clinician-client collaboration and reduces the overall quality of the intervention. Finally, wordy, cumbersome, or overly complex reflections of discrepant client statements receive lower Skill Level ratings.

8. EXPLORING PROS, CONS, AND AMBIVALENCE: *To what extent did the clinician 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 the clinician use decisional balancing, complete a cost-benefits analysis, or develop a list of pros and cons of substance use? How much did the clinician express appreciation for ambivalence as a normal part of the change process?*

Skill Level Rating Guidelines:

Higher: Higher quality efforts to discuss the pros and cons of substance use occur when the clinician approaches the task in a nonjudgmental, exploratory manner. Throughout the examination of

pros and cons, the clinician 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. During this process, the clinician elicits responses from the client rather than suggesting positive and negative consequences as possibilities not previously mentioned by the client. Additionally, use of summary reflections within each dimension or to compare and contrast them may enhance the Skill Level ratings, particularly when the clinician uses these discussions to tip the client's motivational balance to the side of change. 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: Lower Skill Level ratings occur when the clinician seldom provides 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. Instead, the clinician provides the client with likely pros and cons and asserts this view to the client in a more closed-ended fashion. Consequently, 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. Lower ratings also occur when the clinician asks the client to 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, the clinician does not involve the client in the review and simply restates the items in a mechanical or impersonal manner. The clinician makes no effort to strategically tip the client's motivational balance in favor of change.

9. CHANGE PLANNING DISCUSSION: *To what extent did the clinician discuss with the client his or her readiness to prepare a change plan. To what extent did the clinician develop a change plan with the client in a collaborative fashion? How much did the clinician 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?*

Skill Level Rating Guidelines:

Higher: As a prerequisite, a higher Skill Level rating for change planning requires that the clinician develop a detailed change plan that addresses most of the key change planning areas outlined above. The clinician takes sufficient time 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, the clinician attempts to resolve it in the direction of change instead of pushing forward when the client may not be ready to proceed.

Lower: Lower Skill Level ratings occur when the clinician approaches the change planning process in a cursory fashion. The clinician does not actively engage the client in change planning or individualize the plan to the unique circumstances of the client. The lowest Skill Level ratings are given when the clinician takes on an authoritative and prescriptive tone while completing the change plan with the client.

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

Skill Level Rating Guidelines:

Higher: Higher quality problem discussion and feedback occurs in several ways. Initial clinician efforts to facilitate a discussion of the client's problems may be fairly straightforward and of "adequate" quality (e.g., What's been happening that has led you to come see me today?). Subsequent clinician efforts may receive higher ratings if they 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. Regarding feedback, higher ratings may occur when the feedback is very individualized to the client's experiences and self-report. The clinician presents the feedback in clear, straightforward, and supportive terms. Overall, the clinician is nonjudgmental about the feedback and uses open-ended questioning, affirmations, and reflections as part of the feedback process and only offers feedback when solicited by the client or when obtaining the client's permission to do so first.

Lower: Lower quality ratings on this item typically occur when a clinician presents feedback to a client in a generic way. The feedback may be unclear or presented in a judgmental fashion. Lower quality feedback also occurs when the clinician seems to be lecturing the client or drawing conclusions for the client without providing the client with opportunities to respond to the feedback provided. This latter approach to providing client feedback creates the image of the clinician as expert and often decreases the amount of talking done by the client. Unsolicited feedback also reduces the Skill Level rating.

MI Inconsistent Items

11. UNSOLICITED ADVICE, DIRECTION GIVING, OR FEEDBACK: *To what degree did the clinician 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 the clinician's style one of telling the client how to be successful in his/her recovery?*

12. EMPHASIS ON ABSTINENCE: *To what extent did the clinician 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 the clinician 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?*

13. DIRECT CONFRONTATION OF CLIENT: *To what extent did the clinician 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 the clinician directly confront the client about not taking steps to try to change identified problem areas?*

14. POWERLESSNESS AND LOSS OF CONTROL: *To what extent did the clinician 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 the clinician 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?*

15. ASSERTING AUTHORITY: *To what extent did the clinician verbalize clear conclusions or decisions about what course of counseling would be best for the client? How much did the clinician warn that recovery would be impeded unless the client followed certain steps or guidelines in treatment? To what extent did the clinician 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 the clinician refer to his or her own experiences, knowledge, and expertise to highlight the points made to the client?*

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