



SECTION C:

MI Assessment:

*Summary of the
Motivational Interviewing
Assessment Intervention*



SUMMARY OF THE MOTIVATIONAL INTERVIEWING ASSESSMENT INTERVENTION

WHAT IS THE MI ASSESSMENT INTERVENTION?

Motivational Interviewing (MI) is integrated into the clinical assessment interview for treatment seeking clients. The goal is to understand the motives clients have for addressing their substance use problems and to build and strengthen their motivation for change in these areas. Through their MI assessment the specific aims are to improve client engagement and substance use outcomes in treatment. Clinicians conducting the assessment strive to create an accepting and non-judgmental therapeutic alliance, elicit self-motivational statements or “change talk”, reduce resistance and develop discrepancies between the client’s goals, values, self-perceptions and their current substance using behavior. Once ready to change, the client begins to identify personal goals and methods to achieve them in collaboration with the treatment program clinicians.

Why do it?

This intervention has the benefit of targeting two important aspects of the clinical assessment:

1. Obtaining needed administrative and clinical information from the client that will help the provider develop a treatment plan targeted to client needs and treatment readiness, and
2. Conducting the interview in a way that will result in the client returning for the next appointment.

How much time does it take?

Given the variability in program expectations of what needs to be accomplished during the assessment session, it is expected that the MI enhanced assessment will last somewhere between a minimum of 90 minutes and a maximum of 150 minutes.

IMPLEMENTING THE MI ASSESSMENT

In addition to gathering needed clinical and administrative information, one primary goal for the MI assessment session is to elicit self-motivational statements or “change talk” and to reduce resistance. Other important goals include creating an accepting and non-judgmental therapeutic alliance and developing discrepancies between the client’s current circumstance and hopes for the future. In the ideal interview, the client will begin to express change goals and potential methods to achieve them.

Logistics

The MI assessment is integrated into the normal admission and clinical evaluation process of an outpatient treatment program. The integration of MI at this juncture requires careful attention to how the agency approaches the client admission process.

Some community treatment programs may complete the gathering of clinical assessment information prior to an interview in which MI principles can be used in discussing the data with the client. Other providers may conduct a preliminary screening/triage or clinical eligibility assessment prior to doing a more comprehensive bio-psycho-social assessment, in which case MI skills could be use during one or both if the interviews. Still other providers may choose to fully adopt the MI assessment intervention used in this protocol wherein the entire admission assessment, integrated with MI, occurs in the client’s first session. Given that programs use a variety of assessment tools as part of the intake and clinical evaluation process, this protocol assumes the agency will use its standard assessment tools. The MI portions of the interview will occur at the beginning and near the end of the interview.

● STEP 1 - BUILDING A BOND WITH THE CLIENT

During the initial minutes of the interview the clinician uses MI skills to build rapport and elicit a discussion of the client's perception of his /her problems. Things such as greeting the client in a respectful and friendly manner, inquiring about how the client is feeling and what prompted the request for service helps establish good rapport. It is an excellent time to use open-ended questions to explore what the client wants from the agency and affirming the client's decision and potential for change. During this initial segment of the interview the counselor gets an idea of where the client is on the stages of change continuum, what kinds of resistance may emerge, and the client's readiness for change.

● STEP 2 - GATHERING ESSENTIAL INFORMATION AND/OR PROVIDING FEEDBACK

Depending on the amount of assessment data gathered previously, Step 2 involves either conducting the agency's standard psychosocial assessment or the review of assessment data already available which can then be used to facilitate a feedback discussion of the effects of substance abuse on different areas of the client's functioning. During this time, the counselor gathers more information about the client's problems and treatment objectives. This information will be useful in developing discrepancies and eliciting self-motivational statements later in Step 3.

If the standard assessment is to be completed during Step 2, it is recommended that the data be gathered in the usual manner rather than trying to artificially integrate an MI style into what typically are semi-structured methods of data/information collection. When finished, the counselor can summarize the information obtained or go back to specific items to elicit further discussion, using an MI style before proceeding to Step 3. In fact, this is a highly desirable method of transitioning back to an MI style discussion. Likewise, if the assessment data has been gathered prior to the MI intervention, the counselor may want to use Step 2 to review items or severity ratings using an MI style.

Because Step 2 may represent a shift in counselor style (e.g., from using Step 1 open-ended questions to facilitate exploration of a possible problem to using Step 2 closed-ended questions to facilitate the gathering of specific clinical information needed to complete the assessment), the counselor should make transition statements between steps 1,2, and 3. For example: "We started out meeting today talking in an open-ended way about what brought you to treatment. Now for the next 30 minutes or so we need to shift gears a little to complete some of the clinic forms that will ask for more specific information. When we are finished, we will shift back to a more open-ended discussion of what you want from treatment".

● STEP 3 - SUMMARIZING AND RECONNECTING WITH THE CLIENT

At this point the clinician lets the client know that the next portion of the interview will shift back to a more open-ended format with the purpose being to better understand what the client wants to achieve during treatment. The counselor utilizes strategies for eliciting change or dealing with resistance in this phase. The material obtained during the standard assessment provides the counselor with ideas about questions that might be asked to establish discrepancies and enhance motivation for change.

Success at this step depends very much on the skill of the clinician. More resistant or precontemplative clients should be approached using techniques designed to manage and reduce resistance. More openly ambivalent or contemplative clients may benefit from a discussion of the pros and cons of continuing versus stopping substance use or discussing their level of readiness to change. More motivated (prepared, determined, ready to act) clients may benefit from the development of a formal or informal change plan. All of these techniques are discussed in the MI literature and typically receive considerable attention during MI training. It is expected that information gathered during Steps 1 and 2 will provide enough information for the MI counselor to know which of these groups of techniques should receive greater emphasis as Step 3 begins.

In summary, 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. 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).

NEEDED CLINICAL SKILLS

The knowledge and skills needed to implement the MI Assessment protocol are summarized elsewhere in the MIA:STEP package. First, counselors will need training in the basic principles and practices of Motivational Interviewing. A summary of the format and objectives of such training is included in the Briefing Materials.

Next, clinical supervisors will want to reinforce and mentor the continued development of MI skills following the counselor's attendance at a workshop. Tools that can be used by counselors and supervisors that serve as refreshers for the basic skills and practices can be found in the Teaching Tools section. Included there are reviews of the following 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

To assist counselors with self-assessment of their skills there is a Self-Assessment Skill Summaries section elsewhere in this package. A brief description of the skill, examples of how the skill is used in practice, and examples of higher and lower skill levels provide counselors an opportunity to assess their own proficiency. Self-assessment summaries are included for:

- MI Style and Spirit
- Fostering a Collaborative Atmosphere
- Open-ended Questions
- Affirmations
- Reflective Statements
- Motivation to Change
- Developing Discrepancies
- Pros, Cons and Ambivalence
- Client Centered Problem Discussion and Feedback
- Change Planning

