



SECTION I: *Supervisor Training Curriculum*

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MIA:STEP

MOTIVATIONAL INTERVIEWING ASSESSMENT: *Supervisory Tools for Enhancing Proficiency*

TRAINING SYLLABUS

TOTAL TRAINING TIME: 12 HOURS

OBJECTIVES: At the conclusion of the workshop participants will be:

1. Familiar with the layout and contents of the MIA:STEP manual,
2. Prepared to use the resources in MIA:STEP with counselors and clinicians wanting to maintain and improve their motivational interviewing skills,
3. Able to rate recorded interviews with regard to adherence to MI principles and competence in using MI methods,
4. Prepared to use interview ratings in providing counselor feedback and to negotiate counselor skill development plans, and

PARTICIPANT MATERIALS: MIA:STEP *manual*, plus separate copies of:

- *Rating Warm-Up Recording Sheet*,
- *Interview Rating Practice Items (without ratings)*,
- *The Rater's Oath*,
- *MI Interview Rating Worksheet*,
- *MI Adherence and Competence Feedback Form*
- *MI Skills Development Plan*
- Tape recorder, head phones for recorder, recorded 20-minute mock MI interview

MATERIALS FOR TRAINER: All the above materials plus:

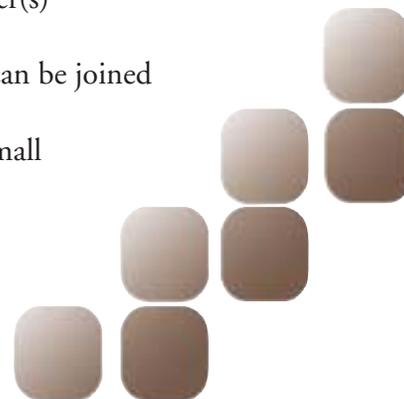
- MIA:STEP *Demonstration Interview* recordings,
- Laptop computer with PowerPoint slideshow
- LCD Projector and Screen
- CD, Tape, or Digital Player (1 per trainer)
- Sharpened pencils for use in activities
- Post-its
- Recording of *Interview Rating Practice Items*

TRAINING SITE: Facility to accommodate 15-30 participants plus trainer(s)

- 1 to 2 break-out rooms for interview rating practice
- Round tables for 4-6 people or rectangular tables that can be joined into pods for 4-6 people.
- Chairs and tables that are moveable to accommodate small group discussion activities.
- Needed AV equipment



blending initiative
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SAMPLE TRAINING AGENDA

Day 1 (8 hours)

- Introduction
- Importance of MI Supervision
- Overview and Background of MIA:STEP
- Supervisor Confidence in Providing MI Supervision

Break

- Rating System Administrative Issues
- MI Interviewing Rating Guide
- General Interview Rating Etiquette
- The Rating System
- Specific Adherence and Competence Rating Items

Lunch

- Rating Warm-Up

Break

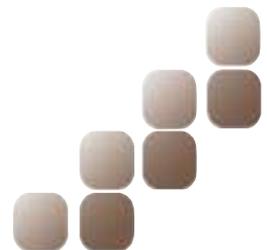
- Getting Competent with Competence Rating
- Putting It All Together: Follow the Rated Transcript
- Summary of the Day and Preview Day 2

Day 2 (4 hours)

- Welcome back
- Motivation – Beginning and End of Session
- Additional Tools for Use in Supervision
- Using Feedback to Coach Clinicians
- MI Supervision Guidelines

Break

- Practice Providing Supervision with a Mock Interview
- MIA:STEP Implementation Considerations
- Conclusions and Evaluation



TRAINER INSTRUCTIONS

DAY 1

A. INTRODUCTION (30 min.)

1. Welcome participants. Trainer introduces him/herself.
2. Have all participants introduce themselves (name, agency, role, experience with MI, supervision, and skills rating; expectations for the training).
3. Review training agenda. Emphasize the central aims of the workshop are:
 - To acquaint participants with the MIA:STEP manual and how it is used to clinically supervise clinicians in MI,
 - To train participants how to use a MI adherence and competence rating system to provide clinicians with feedback about their performance,
 - To train participants how to use rating feedback and other MIA:STEP tools to coach clinicians in MI, and
 - To prepare participants to deliver clinical supervision using a supervisory style consistent with MI.
4. Present information about breaks, lunch plans, bathroom location, dinner plans, and any other housekeeping issues.

B. IMPORTANCE OF MI SUPERVISION (15 min.)

1. Conduct activity as a “human” ruler by placing numbers 0-10 evenly spaced across the center of the room.
2. Using the Importance Ruler technique with ‘0’ representing not at all important and ‘10’ representing extremely important, ask the participants, “How important is it for clinicians to receive supervision when learning how to conduct

MI?” Ask them to stand by the number that best represents their opinion.

3. Then ask them, “Why did you rate it a [higher rating] rather than a [lower rating]?” to draw out their reasons for the importance of MI supervision. Several reasons may include:
 - Supervision helps clinicians learn how to apply MI in their practice.
 - Supervision provides ongoing MI learning opportunities after intensive workshop training.
 - Training research suggests that supervisory performance feedback and individualized coaching following workshop participation (as was done in the CTN MI, MET, and METS protocols) improves clinicians’ MI performance and gets them to levels of competence considered adequate to perform MI with integrity.
 - Learning MI is harder than it may appear to be. Supervision gives clinicians opportunities to work through the challenges of learning MI.
 - Supervision provides a way to monitor clinician MI performance in a focused manner instead of taking at face value a clinician’s statement about using MI or motivational enhancement techniques. Clinicians’ self-reports of their evidence-based treatment (EBT) performance is overly favorable, and they often believe they are using EBT strategies when they have not actually changed their treatment-as-usual practices.
 - Many clinicians highly value supervision and want to receive it as part of their jobs.
4. In summarizing the discussion, note that clinical supervision has often not included actual samples of clinical practice. Yet feedback and coaching are best based upon first hand observation of the clinician’s work with a client or group of clients. Emphasize that the resources and tools found in

MIA:STEP rely upon recorded interviews and live practice of MI skills and methods.

C. PRESENTATION: OVERVIEW AND BACKGROUND OF MIA:STEP (30 min.)

1. Distribute the MIA:STEP manual to all participants.
2. Point out the layout of the manual and its different sections.
3. Present the briefing material in Section B of the MIA:STEP manual, covering the Talking Points and using the Briefing Slide Show.
4. Note that the MIA:STEP manual is a:
 - Tool kit for enhancing clinical proficiency in using MI,
 - Resource for supervisors who mentor clinicians,
 - Multi-media package of products for enhancing individual and group learning, and a
 - Set of materials in the public domain that can be copied and customized to meet specific needs.
5. Clarify for the participants that MIA:STEP is not a:
 - Set of resources for introducing MI to counselors
 - Tool for helping supervisors learn the basics of MI
 - Curriculum for teaching a MI course
 - Self-paced instructional program, or a
 - Substitute for intensive basic training in MI.
6. The MI Assessment Intervention and Protocol Findings
 - Briefly describe the MI assessment protocol (Section C) using the PowerPoint slide show (Section B)
 - In this context, review the clinical training model used for the NIDA Drug Abuse Treatment Clinical Trials
 - 2-day MI expert-led intensive workshop for clinicians and supervisors
 - Program-based supervisors trained/certified in MI and a adherence and competence rating system
 - Counselors participated in individually supervised practice cases until the criterion standard was achieved during 3 different counseling interviews
 - Ongoing biweekly individual or group supervision was part of the skill development plan
 - A MI expert consultant had monthly contact with supervisors
7. The MI proficiency standards
 - **Initial Proficiency/Certification** = at least half of the MI consistent items rated average or above on adherence and competence
 - **Maintaining Proficiency** = individual and group supervision included rating feedback, tape review, role play, and focused skill development
 - **Protocol for Inadequate MI Performance** = more intensive supervision until proficiency standard was achieved again.
8. Review the study's major findings, emphasizing how these findings were achieved by only adding a brief amount of MI into the assessment interview.

D. SUPERVISOR CONFIDENCE IN PROVIDING MI SUPERVISION (15 min.)

1. Conduct this activity as a “human” ruler as done earlier.
2. Using the Confidence Ruler Technique with ‘0’ representing not at all confident and ‘10’ representing extremely confident, ask the participants, “How confident are you that you could provide high quality MI supervision to the clinicians you supervise?” Then ask them, “Why did you rate it a [higher rating] rather than a [lower rating]?” to draw out the ways in which they feel prepared to provide MI supervision. Ask them, “What would need to happen for you to move

from a [lower rating] to a [higher rating] to feel more confident supervising clinicians in MI?” to generate a discussion about methods and tools of supervision that might help them develop themselves as MI supervisors.

3. Present the MI Interview Rating Guidelines as the method that was used in the MI Assessment clinical trials protocol: Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse. Learning this system hopefully will allow participants to feel more proficient at supervising MI.
4. Note how the participants just used a “rating system” for the purposes of discussing MI supervision. Many of the participants may be quite familiar and fond of the ruler rating technique. With their appetites now wet for rating, inform them that the remainder of the training will focus on adherence and competence rating.
5. Weave into the discussion some of the following points about rating MI adherence and competence via a recorded interview. It provides:
 - A way to systematically evaluate a clinician’s MI performance based on what they actually do, rather than just what they say they do,
 - A common language for talking about MI between the supervisor and clinician,
 - A common way of doing supervision across agencies, which may be useful for implementing across-agency initiatives related to enhancing MI proficiency,
 - A way to hone in carefully on the training needs of individual clinicians, clarifying their specific strengths and weaknesses in a measurable way,
 - An opportunity for supervisor and clinician to examine how the clinician varies what he/she does relative to different types of clients, and

- A method for tracking clinician MI skill development over time.

Break (15 min.)

E. RATING SYSTEM ADMINISTRATIVE ISSUES (10min.)

Review basic rating issues:

- Typical recording length, labeling, sound quality
- Use of recording consent forms
- How to talk with clients about recording a session

F. MI INTERVIEW RATING GUIDE (10 min.)

1. Provide an overview of the major sections and subsections and help participants appreciate the Guide as their ally, aide, and friend in rating clinician skills and providing supervision.
2. Tell the participants about the two categories of skill-based items they will be rating: Specific adherence and competence items
 - Define the category
 - Point out the layout for each item (Frequency and Extensiveness Rating Guidelines, Examples, and Skill Level Rating Guidelines) and how most of the training will be devoted to helping participants accurately identify counselor uses of each item and to discern the overall quality of the use of the item.
3. General ratings of client motivation
 - Define the motivation scale.
 - Note how these rating items have a different format and 7-point scale system.
4. Specifically go over the *MI Interview Rating Worksheet*, *MI Adherence and Competence Feedback Form*, and *MI Clinician Self-Assessment Report* as a means to further familiarize the participants with the rating items and materials for recording observations and impressions.

G. GENERAL INTERVIEW RATING ETIQUETTE

(10 min.)

1. Review with participants the *General Interview Rating Guidelines* section of the Guide. Cover the following in the discussion:
 - Rate observable clinician behaviors and facilitation efforts.
 - Avoid biased rating.
 - Rate each clinician behavior on all applicable items.
 - Use the *MI Interview Rating Guide* during each rating session.
 - Review the session (or portion of it), tally clinician behaviors, and take notes before making a rating.
 - Protect confidentiality.
2. Have the tape raters recite *The Rater's Oath* with their right hand on the Guide.

H. THE RATING SYSTEM (15 min.)

1. Refer the participants to the *Rating Adherence and Competence* section of the Guide.
2. Review the *Adherence: Frequency and Extensiveness* subsection.
 - Review how to tally instances of counseling behaviors.
 - Review how the tally marks convert to final rating scores.
3. Review the *Competence: Skill Level* subsection.
 - Review general characteristics of higher and lower skill level: timing, clarity, attentiveness to client, relevance, tenor, and stance.
 - Note how different items may have unique factors contributing to skill level. These specific quality factors are detailed within the Skill Level Rating Guidelines for each item.

- Show the participants how to make skill level notations while they rate and how to make a final rating per item.

I. SPECIFIC ADHERENCE AND COMPETENCE RATING ITEMS (30 min.)

1. Begin by noting that the items are divided into two categories: MI Consistent (1-10) and MI Inconsistent (11-16) items. Discuss the importance of each category for training and supervising clinicians in MI. (5 min.)
2. Review the 16 items. Define each item and provide examples. (25 min.)

LUNCH (60 min.)

J. ACTIVITY: RATING WARM-UP (60 min.)

This activity aims to familiarize the participants with the process of rating Adherence (Frequency and Extensiveness).

1. Tell the participants that they are going to listen to several clinician statements one at a time. Their task is to identify which MI strategic method(s) or item(s) best describes the counselor statement ACCORDING TO THE DEFINITION PROVIDED IN THE GUIDE.
2. Give all participants a copy of the *Rating Warm-Up Recording Sheet* upon which they should record their responses.
3. Read a statement twice for the participants (or play it twice if you have recorded the *Interview Rating Practice Items*). Ask participants to write down all the MI methods or items that fit the statement. Then ask for volunteers to inform the larger group how they rated the statement. Encourage participants to talk about the reasons for their selections. Also, encourage participants to share openly with others when they differed in any way from the consensus rating. Use these discussions to promote accurate tape rating.

Alternate activity: Prepare 16 index cards with the respective names of the MI strategic items on them and ask participants to select from the deck those items that fit the statement. Have participants compare selected items and discuss as described above.

Break (15 min.)

K. ACTIVITY: GETTING COMPETENT WITH COMPETENCE RATING (60 min.)

1. Divide the participants into groups of 4.
2. Assign a mixture of MI consistent and inconsistent items to each group such that all items are covered across the groups.
3. Tell each group that they are to create one example of Higher Skill and another of Lower Skill Level for each of their assigned items. Participants are asked to use the “Description of Rating Items” section of the Rating Guide as reference during the activity. Trainer(s) serve as a consultant and coach, visiting as many groups as possible to answer questions and review the examples being developed.
4. Trainer facilitates a sharing and critique of the higher and lower skill level examples for each of the items. In a round robin fashion, the trainer asks each group to read to the other groups an example. Participants state if they believe the item is a lower or higher skill level example. The goal is to reach consensus on what constitutes a higher and lower skill level example of each of the MI rating items.

Break (15 min.)

L. PUTTING IT ALL TOGETHER: FOLLOW THE RATING TRANSCRIPT (75 min.)

1. Ask participants to turn to one of the rated transcripts provided in Section H (either Tom and Andrew or Tammy and Karen).

2. Point out how MIA:STEP has 3 recorded simulated sessions (2 English, 1 Spanish) with rated transcripts to guide supervisor rating skill and to demonstrate how feedback is used for coaching purposes. Provide a synopsis of each recording.
3. Distribute a blank *Interview Rating Worksheet* to each participant.
4. Play the session from the CD provided in the manual. Ask the participants to follow along and pay attention to the ratings for each clinician segment. Ask them to practicing tallying the ratings on the worksheet as the recording is played.
5. Stop the recording periodically and ask the participants to ask questions or to discuss the ratings with the group.
6. Listen to the recording until you come to the point in which the clinician transitions to the formal agency assessment part of the intake (approximately the 1st 20 minutes of the recording).
7. Discuss the importance of feedback.
 - Helps clinicians get a clear sense of their strengths and weaknesses in implementing MI.
 - Provides clinicians with a baseline measure of their MI skills
 - Helps clinicians see their progress in implementing MI proficiently over time with the support of supervision.
8. Next, show them the *MI Adherence and Competence Feedback Form* associated with this session to demonstrate the use of the form and to familiarize them with the training materials. Review with them how to convert the tally marks into the final adherence and competence ratings and how feedback is provided from them.

M. Summary of the Day and Preview**Day 2** (15 min.)

1. To provide closure on the day's experience, ask the group for feedback about Day 1, review what the group has accomplished, and give participants a glimpse into the activities planned for Day 2.
2. Remind participants to bring their taped mock interview and recorders to the Day 2 training.

N. ADJOURN**DAY 2****WELCOME BACK, REVIEW DAY 1 AND PREVIEW****DAY 2** (15 min.)

In preparing for the day, ask if there are any left over questions from Day 1 and inquire about specific needs the group might have on this last half-day of workshop training.

O. MOTIVATION – BEGINNING AND END OF**SESSION** (5 min.)

Review items 17 and 18. Describe the meaning of each of the 7 points on the rating scale for these two items. Differentiate the weak, the adequate and the strong motivation levels. Note also the importance of doing an overall assessment of the client's readiness for change at the beginning and end of an interview.

P. ADDITIONAL TOOLS FOR USE IN SUPERVISION

(10 min.)

1. Briefly review the Supervisory Teaching Tools and the Self-Assessment Skill Summaries with participants.
2. Note how both sets of tools may be used at the discretion of the supervisor to support clinician skill development in specific areas.

Q. USING FEEDBACK TO COACH CLINICIANS

(30 min.)

1. Introduce the next activity by noting that coaching is the process by which supervisors provide clinicians with guidance about how to improve their MI performance based upon the rating feedback. Coaching involves commenting positively on effective MI performance and offering specific advice for improvement, suggesting practice scenarios or exercises (e.g., role playing during supervision), and modeling or demonstrating skill to promote learning through observation.
2. Generate a list of ways supervisors might coach clinicians in the use of MI. Pull from the experience of the participants and make your own suggestions.

R. MI SUPERVISION GUIDELINES (15 min.)

1. Review the *MI Supervision Guidelines* outlined in the Guide. The guidelines include:
 - Being sensitive to the deceptive simplicity of learning and implementing MI,
 - Being mindful of the complications posed by a clinician's use of MI inconsistent strategies when learning MI,
 - Handling clinician performance anxiety,
 - Practicing what you preach as a supervisor by supervising in a MI consistent fashion, and
 - Considering MI proficiency standards.
2. Also, discuss how clinicians may need help handling the "MI sandwich" transitions when the clinician moves from the initial MI component of the assessment to the more formal and structured center of the interview and then back to the MI consistent conclusion.
3. Keep supervisory points simple or succinct. It's hard to learn something new when the focus is on too many points. The training plan evolving out of each supervisory session should provide clearly delineated areas that encompass learning goals/objectives guided

by the supervisor and set by the clinician.

Break (15 min.)

S. PRACTICE PROVIDING SUPERVISION WITH A MOCK INTERVIEW (120 min.)

1. Ask everyone to take out their mock interview tapes (prepared in advance of MIA:STEP training) and recorders. Have participants exchange tapes (and recorders, if necessary) with another participant.
2. Tell participants that they have the next 45 minutes to rate the mock tape using the worksheet and feedback form. They also should complete the Skills Development Plan. Encourage them to use the Rating Guide during the activity.
3. Reconvene the group before proceeding with the activity. Ask them to share their experiences rating the mock session.
4. Next, ask participants to pair up with their “supervisee” partner.
5. Taking turns, each participant should conduct a 30 minute supervision of each other’s taped session, including a review of the feedback and use of coaching activities to build skills.
6. Trainers will circulate to facilitate activity.
7. Reconvene group to discuss reactions to entire activity.

Note: As an alternative activity, you may have the participants listen to and rate the other recorded simulated session without a transcript. This would be done in a group format. Stop the recording periodically and check in with the participants about what they have been rating. Another option is to list the items on a board and rate along in front of the group using the rated transcript as your guide. When the group is finished rating, have the participants complete the feedback form and compare and contrast them. You may then divide them into groups of 4 and have each group complete a MI Skill Development Plan. Finish

this activity by having the groups report out to the larger group one at a time and compare the coaching plans across the group presentations.

T. MIA:STEP IMPLEMENTATION CONSIDERATIONS (15 min.)

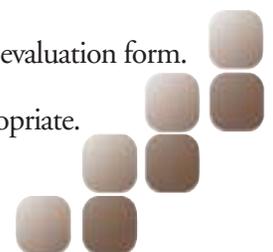
Share and discuss the following issues with participants:

1. MIA:STEP can be used in both individual and group supervision. Individual feedback and coaching allows for learning in a confidential setting. In group supervision there is an opportunity to discuss and practice skills in a collaborative peer environment. How do participants imagine using the MIA:STEP manual?
2. Counselors may be hesitant to make recordings of their interviews. What kind of personal or technical difficulties do you imagine? How could you encourage the making of recordings?
3. Providing this type of supervision requires preparation and often more time than has previously been devoted to clinical supervision. Ask participants how they might create sufficient time to rate interview recording, provide feedback and mentor the development of counselor skills.
4. MIA:STEP tools and methods can be used by counselors for self-assessment and learning, and by peers in tandem or small skill development study groups. How might such groups get started?
5. What other uses can participants envision for the MIA:STEP materials?

U. CONCLUSIONS AND EVALUATION (15 min.)

1. Ask for final comments or questions.
2. Ask participants to complete the evaluation form.
3. Distribute CE certificates if appropriate.

V. ADJOURN

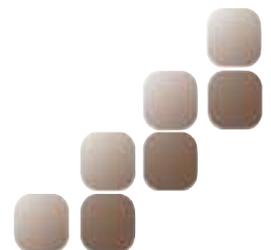


RATING WARM-UP RECORDING SHEET

SAMPLE	RELEVANT MI METHODS OR STRATEGIES
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

INTERVIEW RATING PRACTICE ITEMS

1. What bothers you about your use of cocaine? (Items 2, 6, 8, 10)
2. You haven't given yourself a chance to experience what it would be like to be clean and sober. How can you say you feel lousy when you don't use if you've never really given it a chance? (Items 2, 11, 12, and 13)
3. It sounds like you are trying to make up your own mind about what you think about using marijuana. If you decide you aren't going to smoke it, it won't be because other people are pressuring you to stop. (Items 4 and 5)
4. I'm listening to you and I am thinking that you might want to consider going to a meeting and checking it out. You don't have to commit to anything. Just go and when you see me next time, we can talk about how it went. (Item 11)
5. Who might help you achieve these goals? (Items 9, 16)
6. I appreciate your honesty with me and, more importantly, how honest you are being with yourself. (Item 3)
7. It seems to me that things are getting worse and worse for you as time goes on. Cocaine is taking over almost every aspect of your life. You thought you could control it, but you have found out you can't. (Items 11, 13, and 14)
8. I've heard a lot a people say what you have just said. I can't tell you how many times they end up coming back here only to realize they were wrong. (Items 13 and 15)
9. Tell me about your situation and how it ended up bringing you into treatment? (Items 2 and 10)
10. So, relaxing and calming down is your main reason for drinking, but you are finding that the more you drink, the more anxious you are in the end. Rather than the alcohol putting out the fire, you are beginning to think it's like fuel being added to the fire. (Items 4, 7, and 8)



THE RATER'S OATH

I solemnly swear
To rate what I hear,
Even if illicit
As long as explicit.

Whatever the clinician does,
I will indicate what it was
Based upon what had occurred
Not on what I wished I heard;
All items are a possibility.

And then, with discerning exclusivity
I'll make my final tally mark
So reliably, firm and dark;
Taking notes to substantiate
All the ratings that I create.

Whenever I begin to waver
I will use the Guide as my savior.

SM

