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Motivational Interviewing Supervision & Training Scale:  
Guidelines for Rating Audiotape Sessions

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This manual provides the essential definition of terms and guidelines for conducting ratings of audio/videotaped 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 audio or 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) and Miller (2000).

### **1) Rate Observable Therapist Behaviors**

With exception of the item number 15 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 when rating an 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 clients 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 listening/viewing a session the rater must use the behavioral count/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	Providing
Summarization	Information/Advice

Raters are to place either a (+) or (-) in the box when classifying the therapist statement. A (+) indicates that the skill was implemented appropriately in the sequence. A (-) indicates that the skill was implemented inappropriately in the MI

sequence. Therapist statements may include more than one motivational interviewing skill and the rater may have multiple classifications per statement.

An example will help to clarify this.

*Client:* My family is really getting on me to quit drinking completely. There have been some problems, but I don't understand why they want me to stop completely and am not going to do that.

*Therapist:* You see that there are some real problems here, but your 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, the rater would classify this therapist statement as both a complex reflection and an open question and use the (+).

## **5) Global Ratings after reviewing a session**

After listening/viewing a session and completing the behavioral count/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 16 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 ONLY the behavior that occurred in the session, and NOT what OUGHT 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

Every item must be rated for every therapy session! 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 that are 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 to clarify subtle differences between items. 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 mainly used to gather information while open questions do not purposely limit the nature of the answer to a one-word response, can be phrased as queries or phrased as directives and implies that the client provide a thorough answer (Hill & O'Brien, 1999). 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.

### **Rating Anchors**

1. Relies on closed questions which does not engage client and only allows for information gathering.
  
4. Uses closed and open questions, but in general asks too many questions does not facilitate client exploration.
  
7. Selective use of primarily open question used to facilitate exploration of important topical areas

## **Item 2: Simple Reflection**

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).

### **Rating Anchors**

1. Infrequent use of reflections. Mainly paraphrase/restatement to clarify information, not used to communicate understanding.
  
4. More regular occurrence and in varied contexts. Used to clarify information, communicate understanding.
  
7. Frequent and varied use to communicate understanding, reinforce important statements and elicit more exploration of topic.

### Item 3. Complex Reflection

Complex reflections are an important ingredient of motivational interviewing to help facilitate client change. 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 something added to facilitate movement toward positive change (Substance Abuse and Mental Health Services Administration, 1999).

One complex reflection is 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:** *So your wife is worrying needlessly about your drinking.*

Another complex reflection is the double-sided reflection in which 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 your drinking, but you are not ready to completely quit drinking.

Ratings Anchors

1. Infrequent or limited use, used at inopportune times or in a clumsy manner.
  - An inopportune time may be a time in which the client is not ready to hear the additional information for example early in an initial session when the therapist should be building the relationship.
  
4. More regular use of complex reflections. Used only to communicate understanding
  
7. Used skillfully to reinforce, redirect, amplify or change client awareness

## 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

## Item 4: Affirming

Providing affirmation communicates to the client the therapist's support and acknowledgement of the client's difficulties and experience. 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:

*I appreciate you coming here today and recognize how difficult it must have been.*

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

*That is a good suggestion you made for changing.*

### Rating Anchors

1. Little or no attempt to identify client strengths or successes.
4. Maintains a non-judgmental, accepting stance toward client goals, activities but little active affirming
7. Regularly and systematically elicits and reinforces strengths communicating a sense of optimism and hope

## **Item 5: Summarization**

Similar to paraphrases, but are used to clarify and distill what the client has said over a longer time span. May be used at the beginning or end of the session, as a transition to a new topic, or to clarify complex issues. Helps both the therapist and the client organize thinking about what is happening in the session (Ivey & Bradford Ivey, 2003).

### Rating Anchors

1. Few summaries, and use of summaries and those are infrequent and superficial. Used only to clarify client statements.
4. Used to review a section of a section of the session.
7. Regular use of summaries to reiterate important themes, direct focus and transition within the session

## **Item 6: Engaging Client in the Therapeutic Process**

In engaging the client into 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, but will become less guarded and discusses issues about what the experience was like and their thoughts, feeling, and vulnerabilities.

### Rating Anchors

1. Does little to create safe environment in which the client can feel safe to explore the problem; some suggestion of non-acceptance such as being judgmental, argumentative, suspicious, condescending, or aloof
4. Makes an effort to create a safe environment, is less judgmental, however has some difficulties establishing rapport or helping the client actively participate in therapy
7. Creates an environment in which the client can feel safe to explore problems and actively participate in therapy by remaining non-judgmental, warm, flexible and respectful of the client

## **Item 7: Elicits/Reinforces Client Change Talk**

Change talk, also referred to as self motivational statements, is extremely important to motivational interviewing. One of the major goals of motivational interviewing is to assist the client in establishing change talk. Client change talk is a signal that the client's ambivalence about change is diminishing and that the client is becoming increasingly ready to change. In eliciting or reinforcing client change talk the therapist can use a variety of techniques like simple and complex reflections, questions, affirmations and summaries.

### Rating Anchors

1. Consistently misses/ignores opportunity to elicit or reinforce client change talk. Does not facilitate client's change talk.
4. Elicits or reinforces change talk inconsistently in session and does not facilitate client self talk further.
7. Consistently elicits and reinforces change talk that facilitates client exploration, awareness, and future change talk

## **Item 8: Addresses Client Ambivalence**

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. Therapists can use a variety of techniques to address ambivalence including questioning, simple and complex reflections, affirmations and summaries.

### Rating Anchors

1. Consistently misses/ignores client ambivalence.
4. Recognizes client ambivalence, but does not fully explore or attempt to address it in session
7. Recognizes ambivalence and consistently addresses it with the client

## Item 9: Rolling with Client Resistance

Therapists incorporating a motivational interviewing style conceptualize resistance as a signal that there is a difference in how the client and therapist view the situation. 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.

### Rating Anchors

1. Argues with client for change by using persuasion, confrontation, inappropriate education or another strategy that evokes client resistance/arguing against change.
4. Acknowledges resistance, argues minimally with client, less confrontative, evokes less client resistance arguing against change, but appears unsure how to use resistance appropriately
7. Uses client resistance during session as indicator of a need to change focus, shift direction and explore in a non-confrontative fashion. Uses a variety of techniques like agreement with a twist, shifting focus and siding with the negative.

## **8. Item 10: Collaborating with the Client**

The therapist enters 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

1. Regularly assumes an expert roll, does too much telling, instructing, and advising
4. Minimal expert role, but does not routinely elicit from client reasons and methods for change,
7. Works with client, communicates appreciation for client's experience / expertise, asks for permission before giving commentary and advice

## **Item 11: Supports Client Self Efficacy**

Self-efficacy for change is an important ingredient in facilitating change. 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

1. Consistently misses opportunities to instill hope, has a pessimistic attitude in session, focuses on clients weaknesses, discusses non-feasible change.
5. Communicates hope and optimism inconsistently, misses opportunities to recognize and reinforce client strengths. Awkwardly discusses the feasibility of change.
7. Consistently communicates optimism, hope, and the possibility of client change. Recognizes, communicates and reinforces clients strengths. Discusses feasible change.

**Overall Ratings of Therapist Skills in Session**



## Item 13: 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 - Open questions to encourage the client to explore more freely
- A – Affirmation of client strength or achievement
- R – Reflection both simple to communicate understanding and complex to reinforce, redirect, amplify or change awareness
- S – Summarize to recap information or transition the session

### Rating Anchors

1. Inappropriate sequencing and timing in session; too many missed opportunities
  
4. More Appropriate sequencing, but routinely misses opportunities to reflect or reinforce important client statements
  
7. Appropriate sequencing of MI, uses key questions to direct focus, and elicit change talk; opportunistically reflects / summarizes and develops motivational themes

## **Item 14: 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, a way of being with a client that is directive, client focused and elicits behavior change by helping clients to explore and resolve ambivalence, through out the session rather than implementing techniques. This rating is based on the Spirit of motivational interviewing items (6-11).

### Rating Examples

1. Often argues for change, challenges resistance, takes an expert approach
4. Minimal arguing, rarely discusses ambivalence, misses opportunity to elicit/reinforce change talk
7. Avoids arguing, addresses ambivalence, elicits/reinforces change talk

## **Item 15. 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 rating, 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.

### Rating Examples

1. Argumentative, argued against change, disagreed with counselor statements, not engaged in session, short answers
4. Less argumentative, agreed with some of therapist statements, engaged slightly, expanded on answers
7. Made change talk, engaged in session, worked with therapist, argued for change, provided thorough answers



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