Motivational Interviewing Shadowing Summary

This Motivational Interviewing Shadowing Summary (MISS) is a structured feedback form developed by Jesse Berg loosely tied to the MITI 3 that is intended to 1) help clinicians identify strengths and areas of growth in terms of using Motivational Interviewing (MI) skills and approach, and 2) help familiarize clinicians with the scoring system of the MITI should they decide to pursue having tapes coded. The feedback provided in the MISS is not a judgment on the clinician's overall work performance, please be mindful of how you are interpreting it. This document is intended to be a learning tool to facilitate your professional growth and clinical skill set.

Motivational Interviewing encompasses a large range of knowledge, skills, and approach. Becoming proficient in MI takes time and practice. It is important to keep in mind that no matter how long you have been using MI there is always room to grow as a lifelong learner. The mental health field requires constant growth and adaptation from professionals. We grow by taking inventory of our strengths and areas of growth. This process requires honesty, humility and openness to learning new things.

The MISS is one way to measure a clinician's progress in learning MI. It captures a snap shot of the clinician's demonstrated behaviors and approach during the limited time that the clinician was observed. The global ratings are scored with a value of 1-5. The scores 1-3 are considered areas of growth or "beginning." A score of 4 or 5 shows areas of strength. Please see the below table for details. The OARS section of this document provides an overview of the observed used skills during the session and may offer some notes on qualities/quantities of the skills used.

Outcome Measure	Beginning	Fair	Good
Evocation	1-3	4	5
Collaboration	1-3	4	5
Autonomy	1-3	4	5
Direction	1-3	4	5
Empathy	1-3	4	5

> *"The primary objective of MITI Coding & Coaching is to assist those who want to become proficient in MI to target their focus on particular areas MI skill development and simultaneously celebrate and sustain achieved skill areas. MITI suggests a couple of mile marker thresholds. The first is labeled* ***"beginning proficiency"*** *which takes most people 2 to 3 tries to demonstrate. The second is* ***"competency"*** *which takes most people 3 to 5 tries to demonstrate. For most, MI requires a lot of practice, especially when it is a bit foreign or new to a practitioner."* – Shawn Smith, MINT 2015

Motivational Interviewing Shadowing Summary

Supervisor	*Jesse Berg*	**Clt Initials**	
Staff		**# of shadow**	
Date			

Description of Setting and Change Goal

Global Ratings

Evocation		
Collaboration		
Autonomy		
Direction		
Empathy		

OARS

Open Ended Questions	
Affirmations	
Reflections	
Summaries	

Supervisor Comments

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Collaborative Plan For Learning

Evocation

Low				High
1	2	3	4	5
Clinician actively provides reasons for change, or education about change, in the absence of exploring client's knowledge, efforts or motivation.	Clinician relies on education and information giving at the expense of exploring client's personal motivations and ideas.	Clinician shows no particular interest in, or awareness of, client's own reasons for change and how change should occur. May provide information or education without tailoring to client circumstances.	Clinician is accepting of client's own reasons for change and ideas about how change should happen when they are offered in interaction. Does not attempt to educate or direct if client resists.	Clinician works proactively to evoke client's own reasons for change and ideas about how change should happen.

Autonomy/Support

Low				High
1	2	3	4	5
Clinician actively detracts from or denies client's perception of choice or control.	Clinician discourages client's perception of choice or responds to it superficially.	Clinician is neutral relative to client autonomy and choice.	Clinician is accepting and supportive of client autonomy.	Clinician adds significantly to the feeling and meaning of client's expression of autonomy, in such a way as to *markedly expand client's experience of own control and choice.*

Collaboration

Low				High
1	2	3	4	5
Clinician actively assumes the expert role for the majority of the interaction with the client. Collaboration is absent.	Clinician responds to opportunities to collaborate superficially.	Clinician incorporates client's goals, ideas and values but does so in a lukewarm or erratic fashion. May not perceive or may ignore opportunities to deepen client's contribution to the interview.	Clinician fosters collaboration and power sharing so that client's ideas impact the session in ways that they otherwise would not.	Clinician actively fosters and encourages power sharing in the interaction in such a way that client's ideas substantially influence the nature of the session.

Direction

Low				High
1	2	3	4	5
Clinician does not influence the topic or course of the session, and discussion of the target behavior is entirely in the hands of client.	Clinician exerts minimal influence on the session and misses most opportunities to direct client to the target behavior.	Clinician exerts some influence on the session, but can be easily diverted away from focus on target behavior.	Clinician generally able to influence direction of the session toward the target behavior; however, there may be lengthy episodes of wandering when clinician does not attempt to re-direct.	Clinician exerts influence on the session and generally does not miss opportunities to direct client toward the target behavior or referral question.

Jesse