Motivational Interviewing

Roleplay Feedback Guide

## For completing the *MI Roleplay Feedback Form*

This is a guide for completing the *MI Feedback Form*, whichis used to score 7-minute roleplay samples between a therapist and a client. Please take time up front to read through this guide, and use it carefully while you complete your first several Feedback Forms. With experience, you will complete the Feedback Forms more quickly.

Providing feedback is a learning exercise, not a form of evaluation. As the person providing feedback, you will improve your recognition of the various skills and how they fit together, learn useful techniques from your peers, notice common errors so that you can avoid them, and help your peer grow through objective or complimentary feedback.

We want giving feedback to be painless for you. So don’t get bogged down in details or perfectionism. Try to get so you can complete a feedback form in 15 minutes. If the roleplay is longer than 7 minutes, stop scoring at 7 minutes.

# Microskills

These are listed in the box on the upper left of the Feedback Form. They are called “microskills” because they refer to the basic building blocks of sentences and paragraphs.

An **utterance** is any time the therapist takes a turn speaking. Tally each time the therapist utters a Microskill (Open Questions, Closed Questions, Reflections, Affirmations/Validations, Summaries) or a Roadblock.

### Uncounted Therapist Utterances

Not all therapist utterances are counted. Only count those listed in the Microskills boxes on the Feedback Form. Here are examples of utterances that should not be counted

* “It’s nice to meet you.”
* “We have an hour together.”

If an utterance includes multiple boxes, **only count the last one**. For example, “How was it? Did you like it?” includes first an Open Question and then a Closed Question, but would be counted only as a Closed Question because that came last.

If a therapist utterance is interrupted by the client speaking:

* If the therapist pauses or modifies their utterance then consider the client’s statement as a break and count any subsequent therapist speech as a second therapist utterance.
* If there is no discernable effect on the therapist’s flow of speech from the client’s interruption, then consider the therapist’s speech as a single utterance.

If a therapist finishes an utterance and there is a silence of 3 or more seconds, score any subsequent therapist utterance as a new utterance.

## Questions

Questions fall into two categories: Open and Closed.

### Open Questions (OQ)

A question phrased in a way that minimally limits the client’s response options OR an open-ended request for information that is not technically a question.

* Examples:
  + “Tell me about your health.”
  + “How has it been going at work?”
  + “I’d like to hear about what brings you in today.”
  + “What are some of the things you hope for?”
* Count a request for an open list or general, impressionistic request for info. EG:
  + “What are some ways you’ve done this?”
  + “What are some things you hope for?”
  + “What has been helping?”
  + “What does your daughter say about this?”
* Do NOT count a closed list. This is a Closed Question. For example,
  + “What are the names of your children?”
* Count a general request that does not specify singular or plural. For example,
  + “Who do you trust?”
  + “What are some things you hope for?”
* Count any Closed Question that clearly has the spirit and intention of an Open Question. Examples:
  + “Can you tell me what brings you in today?”
  + “Will you tell me more about that?”
  + “Do you think you could explain that a bit more?”

### Closed Questions (CQ)

A question phrased in a way that defines response options (like a Yes/No question) or limits responses to pre-determined information (like “What is the goal that you told your doctor?”). The most common is a Yes/No question, such as, “Do you want to be here?” Other common CQ’s include asking for specific, pre-determined information like dates, numbers, names, etc.

**DO NOT** count as CQ a question that gives the client freedom to develop their own answer. For example, “If you had a goal, what would it be?” should be scored as an Open Question.

* Count “What is your favorite food?” This assumes the answer is already locked in. (Count, “What kind of food do you like?” as an **Open Question** because of the leeway it gives.)
* Count a request for a closed list or for specific, concrete information. For example,
  + “What are the names of your pugs?”
  + “What specifically did your daughter say?”
  + (Count “What does your daughter think?” as an **Open Question** because of the leeway this affords the client in how they answer.)
* Count “How much did you sleep last night?”
* Count a reflection with a question mark at the end. For example, “You’re depressed?” This is called a *Spoiled Reflection*. It is considered a Yes/No question.
* Count “How confident are you on a scale from 1-10?”
* Remember, if a long utterance ends in a CQ, the whole utterance is scored CQ. For example, “What is that like for you? is it hard?” should be counted as CQ even though the first sentence was an OQ.

## Reflections (R)

A reflection mirrors back to the client what they have said to you. It is a declarative statement to the client about the client. It feeds back information that the therapist heard or inferred from the client—including unspoken things.

* Count, “You’re feeling guilty.”
* Count, “This isn’t easy for you.” spoken to a silent client.
* Count double-sided Reflections. For example, “On one hand, you love chorizo tacos, and on the other hand, you are trying to eat healthier.”
* A Reflection with a question mark at the end (tail-up inflection) is counted as a Closed Question. This is called a *Spoiled Reflection*. For example, “You want a change.” is scored R, while “You want a change?” is scored CQ.
* Always count based on therapist’s statement, not client’s response to it. Clients sometimes respond to a Reflection with “Yes” or “No,” as if it was a Closed Question. But you should still count these as R.

## Affirmations and Validations

These communicate compassion/empathy, make a conversation personal, humanize, and help the client to *feel* heard. We use specialized definitions of these two terms in order to capture their function along the spectrum from Sustain to Change (or Acceptance to Change) that underlies use of MI as a psychotherapy. Both Affirmations and Validations tap into the emotional-social level of the conversation. Both may be phrased as reflections or as “I” statements from the therapist. Affirmations point to change and Validations point to stuckness.

### Affirmations

Here, the therapist is pointing to a behavior or characteristic of the client that is in line with the client’s movement toward Change or growth. An affirmation is very similar to a Reflection of Change Talk, but it adds a personal or emotional emphasis from the therapist. Affirmations typically sounds like a personal **compliment** or a description of positive characteristics or behavior. Must sound authentic in the context of the conversation to be counted (i.e., not empty cheerleading). Examples:

* “I can tell that you’re already committed to it. I can just feel it.”
* “You’re already doing a lot to get unstuck. You got yourself here, you’re taking your medication, you’re leaning into these uncomfortable exercises.” (delivered with emphasis or an emotional tinge)
* “I’m very glad that you took advantage of our service, that despite how you were feeling you pushed yourself to come in. That’s very admirable.”
* “I am impressed by your dedication.”
* “I’m struck by the sacrifices you’re willing to make in order to live by your values.”
* Do NOT count “Your perseverance will help you reach your goals.” This is a Reflection of Change Talk, but not an Affirmation because it does not include a social/emotional element.
  + DO count, “I think your perseverance will help you reach your goals.” Because this includes an emotional element.
* Do NOT count encouragement of a client toward a goal that you think is good but that the client has not endorsed. For example, if your client with schizophrenia has auditory hallucinations but has not indicated a desire to decrease them, this would NOT count as an Affirmation: “I’m confident that your dedication to treatment will help you decrease your hallucinations.”

### Validations

Here, the therapist communicates that a client’s stuckness, pain, Sustain Talk or sustaining behavior is understandable, empathizeable and/or acceptable to you as a fellow human being. Validations can be similar to Reflections of Sustain Talk, but they add a personal or emotional emphasis from the counselor. Must sound authentic in the context of the conversation to be counted. Examples:

* “I can totally understand why you have had a hard time getting up in the morning.”
* “I know this is the hardest part for you. My heart goes out to you.”
* “I don’t judge you for that. No way. What you explained about why you did it makes perfect sense.”
* Count normalization, such as, “You are not alone in this. I’ve worked with a lot of people who struggle with relapse.”

## Roadblocks (RB)

This is a counselor utterance of any sort that clearly contradicts the Spirit of Motivational Interviewing.

Examples:

* Challenging the client. For example, “I hate to say this, but your wrong about that.”
  + Reflecting a challenge *within* the client is NOT counted as a Roadblock. For example, this is NOT counted as RB: “You feel like a bad mother who doesn’t deserve to raise your daughter.”
* Making suggestions or giving information without permission. See Giving Information and Elicit-Provide-Elicit principles of Motivational Interviewing.
* Talking about yourself, unless asked or briefly as part of Validation
* Asking four questions in a row without a reflection
* Making six reflections in a row without a question
* DO NOT count as RB if a therapist is being somewhat directive in guiding the client through a skill or exercise after the client has already indicated a willingness to be guided by therapist.

## Client Change Orientation (CCO) and Therapist Stance

These are overall ratings based on the whole sample. You can score them by making a mark on the visual analog scale line OR by writing a score from 0 (left side) to 100 (right side)

### Client Change Orientation (CCO)

An overall rating on a visual analog scale based on the client’s words and behavior across the whole 7-minute sample. Rate the client’s orientation along the spectrum from Strong Sustain/Resistance on one hand to Strong Change/Engagement on the other hand. It includes consideration of both the client’s personal, inner stance toward change as well as their social stance toward engaging with the counselor. The CCO rating is about your holistic impression more than tallying instances of behavior. The numeric anchors below can be used to estimate marks on the visual scale.

|  |  |  |
| --- | --- | --- |
| **CCO Score** | **Label** | **Anchors** |
| 0 | Strong Sustain and/or  Discord | * Strong Sustain Talk. EG:   + “I just know I'm not going to do it.”   + “I don’t really know why I came. Nothing helps.”   + “I’m sorry, but this isn’t going to work.”   AND/OR   * Strong discord / very low interpersonal engagement with the counselor. EG:   + “You’ll never understand me” or other “You” statements   + Frequent rebuking of therapist reflections   + Vocal tone or facial expressions indicating frustration, hostility |
| 33 | Mild Sustain or Resistance | * Mild Sustain Talk. EG:   + “It’s hard to see how I’m going to be able to do it.”   + “I’m just so tired of trying.”   AND/OR   * Mild discord / low interpersonal engagement with the therapist. EG:   + Polite, but reserved   + Poor eye contact   + 1-2 instances of rebuking therapist reflections   + Voice, face or behavior show mild boredom or frustration (e.g., checking watch) |
| 66 | Mild Change or Engagement | * Mild Change Talk. EG:   + “I hope this can help.”   + “I’m willing to try.”   + “My wife really wants me to get help, and I owe it to her to try.”   AND/OR   * Mild evidence of engagement with the counselor. EG:   + Appears to understand and want to continue engaging   + Smile or other behavioral evidence of true positive interpersonal feeling   + Comment affirming/complimenting counselor or counselor’s statement |
| 100 | Strong Change or Engagement | * Strong Change Talk. EG:   + “I just know I’m going to fix this.”   + “I’m very motivated to change.”   + “I’ve got a good idea of what I want help with.”   AND/OR   * Strong evidence of interpersonal engagement with the counselor. E.G.:   + Highly engaged with conversation, appears to feel “on the same page” as counselor   + “That’s exactly right. You understand perfectly.”   + Frequent nodding, agreeing with counselor reflections   + Vocal tone or facial expressions indicate appreciation |

### Therapist Stance

An overall rating based on the therapist’s words and behavior across the whole 7-minute sample. Rate the therapist’s orientation along the spectrum from Following the client to Directing the client. Although this rating is holistic, specific tallied scores should be considered. Providing information either with or without permission contribute to more Directiveness in the sample. The therapist simply talking more (vs. less) is also an indicator of greater Directiveness as the counselor is exerting more influence on the session. The 1-4 anchors below can be used to estimate marks on the visual scale.

|  |  |  |
| --- | --- | --- |
| **Score Anchors** | **Label** | **Anchors** |
| 1 | Strong Following | * More Non-directive than Directive OQ’s * No Roadblocks * May include one or more silences * May include some Circling the Drain – moments when client seems open to direction, but therapist does not provide it * Therapist provides no or very little information * Therapist provides very little influence on session |
| 2 | Mild Following | * Directiveness is infrequent, mild, and may be in response to client request (e.g., “Can you give me advice?”) * At least two NonDirective OQ’s * Therapist exerts some influence on session, such as through thought-provoking complex reflections. |
| 3 | Mild Directing | * More Directive than NonDirective OQ’s * Some evidence of strategic question-asking. For example, mild bias toward Evoking Change Talk vs evoking Sustain Talk. * Therapist may bring in action orientation * Therapist’s bias toward Change may be palpable |
| 4 | Strong Directing | * More Directive than NonDirective OQ’s * Clear evidence of therapist focus/strategy behind question-asking * At least one instance of providing information or advice (whether it is with or without permission) |

## Tools

Write down the timestamp (e.g., 2:53) when you perceive the therapist using one of the techniques listed in the Tools table at the bottom of the feedback form. Optionally, you may also write a Comment that is either objective or complimentary. Please do not include non-specific critique here (e.g., “I wasn't feeling it.”).