



# PEER MOTIVATIONAL INTERVIEWING

An Implementation Toolkit



EVIDENCE-INFORMED  
INTERVENTIONS (E2i)

**HRSA**

Health Resources & Services Administration



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# **i OVERVIEW**

## OVERVIEW



# Peer Motivational Interviewing (PEERS MI)

## Purpose

This toolkit provides an overview of the Peer Motivational Interviewing (PEERS MI) intervention as well as tools, procedures, and materials to support intervention delivery with high quality and fidelity. It also contains worksheets to be completed during a workshop training in PEERS MI.

## Goal

- » To improve engagement and retention in HIV care, as well as adherence to antiretroviral treatment
- » To address other health behaviors for which self-management is relevant, such as substance use and sexual activity

## Target Population

- » People living with HIV (PLWH). The intervention has been particularly successful with young men of color

## Description

PEERS MI is an evidence-informed intervention comprised of brief single sessions led by peer-level staff to encourage engagement and retention in care for PLWH at the time of initial linkage or at re-entry into care. Medication adherence and other target behaviors relevant to self-management may also be addressed. The intervention is based on Motivational Interviewing (MI), “a collaborative conversation style for strengthening a person’s own motivation and commitment to change”.<sup>1,2</sup> MI conversational style may also be thought of as guiding a person to change, rather than directing them to follow change.

# OVERVIEW



To implement PEERS MI with fidelity, relevant staff must receive:

- » An initial training workshop delivered by a member of the Motivational Interviewing Network of Trainers
- » A minimum of 6 individual coaching sessions by phone over 3 months
- » Quarterly fidelity monitoring using recorded interactions or simulated clients
- » Regular booster trainings based on fidelity scores (at least annually).

## Background

MI arose from a blend of science and practice. The developers identified strategies that worked in the addictions field, and then developed a theory to support its mechanisms.<sup>1,2</sup> This theory emphasizes a relational component that is focused on empathy and the interpersonal spirit of MI, and a technical component that focuses on eliciting and reinforcing client “change talk.” MI is also consistent with several theoretical models including:

- » Transtheoretical Model,<sup>3</sup> which describes a series of 5 stages of behavior change that can result in long-term maintenance of behavior, and
- » Self-determination Theory,<sup>4</sup> which emphasizes that people develop intrinsic motivation when they feel connected to those who are kind and caring instead of those who are harsh and controlling, when they feel hopeful and confident, and when they believe autonomy is supported.

PEERS MI has been tested across the HIV cascade for youth, one of the groups at highest risk for poor outcomes.<sup>5-9</sup> PEERS MI is currently being evaluated in a large-scale implementation trial with peers and other providers in 10 adolescent HIV clinics in the United States.

## Duration

- » PEERS MI can vary from a single brief encounter to multiple sessions based on client need and organizational context. Sessions in home-based or office settings can last 45 minutes to an hour, while sessions in medical clinics or street-outreach contexts may take 15 minutes or less.

# OVERVIEW



## Settings

- » Community-based organizations or AIDS Service Organizations that have well-established linkage and referral systems to HIV primary care and provide ongoing services to PLWH, or
- » Primary care medical facilities that employ peers for service provision.

## Staffing

Staffing depends on the unique structure of each organization, but should include the following:

- » Peer-level staff trained in professionalism for community health workers, HIV-specific information, and outreach
- » Administrative supervision
- » A member of the Motivational Interviewing Network of trainers either from the developer group or someone trained by the developers to provide workshop training, ongoing coaching, and boosters when needed
  - » Non-network members may co-facilitate the initial training workshop if they have been cleared for MI competency according to the Coach Rating Scale (see [Appendix A](#)) or demonstrate expert competency on the Motivational Interviewing Treatment Integrity scale
  - » Non-network members may also provide ongoing coaching if they achieve this level of competency and complete the developer's five-session coaching program
  - » The developer group, the trainer, or a bachelors-level or above staff person who is trained by the developers can provide the fidelity monitoring.

# OVERVIEW



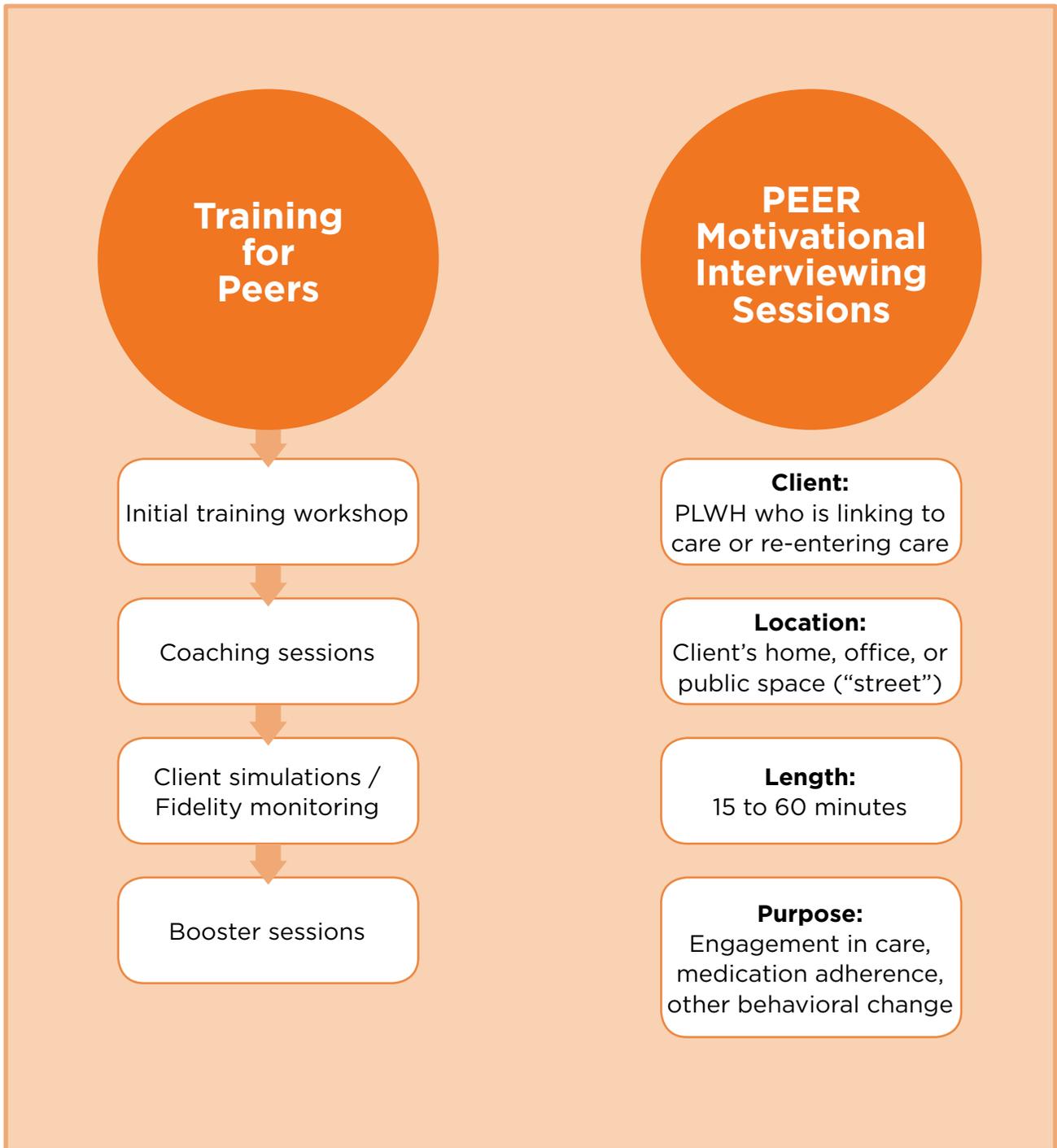
## Planning, Training, and Implementation Steps

1. Provide initial workshop and ongoing MI training for peers, which includes the following:
  - » 2.5-day initial workshop (in person)
  - » 6 individual coaching sessions with a trainer (by phone) over 3 months. Main Intervention Components  
Appendix B provides a Coaching Session Outline.
    - » Peers must achieve at least intermediate competency on the Coach Rating Scale ([Appendix A](#))
    - » After each coaching session, peers receive a feedback report regarding areas of strengths, areas for improvement, and suggestions for practice.
  - » Quarterly client simulations with a trainer (by phone) for fidelity monitoring, which are coded with the Coach Rating Scale. If scores fall below the intermediate level, the trainer, local supervisor, and peer develop a remediation plan
  - » Booster sessions at least annually, but sooner if scores frequently fall below the intermediate level.
2. Identify newly diagnosed PLWH at time of linkage to care, and PLWH who are re-entering care
3. Provide 1 or more PEERS MI sessions to PLWH clients to encourage engagement in care (as well as other behavioral changes as needed)
  - » Sessions range from a single brief encounter to multiple encounters
  - » Peers deliver sessions at a client's home, office, the medical clinic, or in a public space (street outreach).

# OVERVIEW



## Main Intervention Components





# MODULES

INITIAL PEERS MI TRAINING WORKSHOPS

# MODULES



## Setup

The PEERS MI initial workshop consists of 7 Modules: 1) Introduction; 2) MI Spirit; 3) Managing Counter Change Talk and Discord; 4) Recognizing and Reinforcing Change Talk; 5) Eliciting Change Talk; 6) MI Processes; 7) Implementation.

A single trainer may deliver the workshop to a group of up to 20 participants. For every additional 20 participants, one assistant is required in order to ensure the most beneficial learning environment.

The workshop occurs over 2 days.

### Participant Materials

- Toolkit
- Name tags and markers (to be made by participants upon arrival)
- Sign-in sheet for Day 1 and 2 (to be sent around during introduction)
- Agenda
- Feedback forms for the end of Day 2
- Extra paper and writing utensils for participants
- Handout on nearby lunch venues (if needed)

### Equipment and Supplies

- Computer and LCD/monitor with cords, remote slide advancer, speakers, and wireless internet access
- White board or easel/flipchart pads with markers

### Training Room Requirements

- Sufficient table space and chairs for all to sit comfortably (e.g., banquet style or U-shape)
- Sufficient space for trainers to move during the training
- Sufficient space for participants to combine into small groups

## MODULES



# Client Session Outline

NOTE: The following processes are to be used with clients during an MI session. The processes do not have to occur in this order but may be tailored based on the needs of the client.

### 1. Engaging With The Client

- » Deliver opening statement describing the purpose of the session, highlighting client choice about any change
- » Use open questions (see Appendix C: Toolbox) and reflections to build rapport and reinforce change talk
- » Elicit and discuss client's view on target behavior (engagement/retention in care, medication adherence)
- » Provide information (Ask-Tell-Ask/Elicit-Provide-Elicit) and "Assess" in an MI style when needed
- » Summarize discussion

### 2. Focusing The Conversation

- » Discuss the focus for the rest of session (i.e., set an agenda) using open-ended focusing questions (see Toolbox)
- » Summarize the discussion

### 3. Evoking Change Talk

- » Use open questions and strategies to elicit change talk (See Toolbox)
- » Reinforce with reflections
- » Summarize and ask key question to lead to planning (Example: Where do you want to go from here?)

## CLIENT SESSION OUTLINE (CONTINUED)



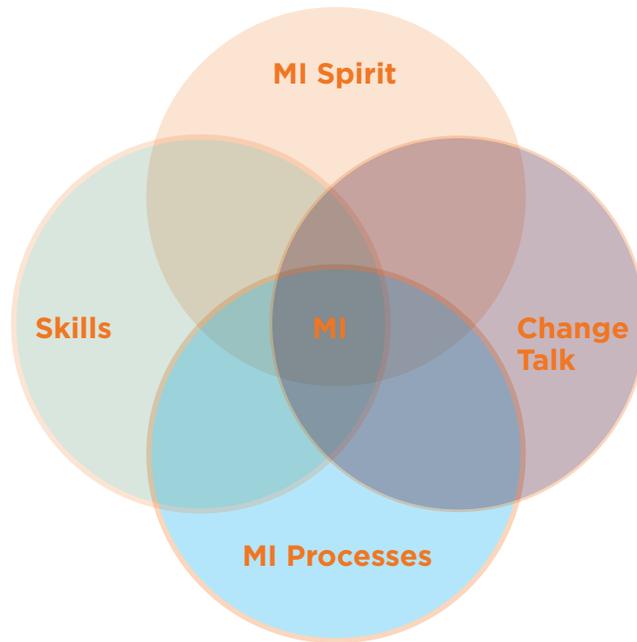
### 4. Planning For Change

- » Ask for permission to discuss a plan for next steps
- » Use open-ended planning questions to elicit a plan, including “if-then” plans (see Toolbox)
- » If client is not ready to change target behavior, then consider a plan to return to talk to peer
- » Provide a menu of options with Ask-Tell-Ask if necessary
- » Continue to reflect change talk and commitment language and listen for the re-emergence of counter change talk or discord
- » Elicit commitment language and reinforce with reflections
- » Express hope and optimism
- » Provide a final summary (where client started, where they ended, their change talk, an affirmation – not necessarily in that order)

# MODULE 1



# Introduction



## Four Peers Mi Skills

1. Emphasizing Autonomy with YOU Statements
2. Providing Information in an MI Style
3. Reflections for Change Talk
4. Open Questions to Elicit Change Talk

MODULE 2  
✓  
MI Spirit

Spirit	One Way	Another Way
Partnership		
Acceptance/Autonomy		
Compassion		
Evocation		

## MODULE 3



# Managing Counter Change Talk and Discord

### **Skill 1: Emphasizing Autonomy with YOU statements**

#### *Emphasize Personal Choice*

Example: “Yes, you’re right. No one can force you to take medications.”

Example: “If you are not ready to talk about \_\_\_\_\_, we can focus on something else.”

Example: “It is your decision.”

Your Example: \_\_\_\_\_

\_\_\_\_\_

Your Example: \_\_\_\_\_

\_\_\_\_\_

#### *Promote Personal Responsibility with Positive “You” Statements*

Example: “You really want to take ownership of your health.”

Example: “You see this as a challenge to overcome.”

Example: “You want your first step to be \_\_\_\_\_.”

Your Example: \_\_\_\_\_

\_\_\_\_\_

#### *Clarify Your Role as a Guide*

Example: “I am here to find out what is going on in your life and support you if there are changes that you want to make.”

Example: “I’d like to find out what you want to do next rather than me telling you what to do.”

Example: “I am not here to tell you what to do, but to see how I can support you.”

Your Example: \_\_\_\_\_

\_\_\_\_\_

Your Example: \_\_\_\_\_

\_\_\_\_\_

## MODULE 3 (CONTINUED)



### Skill 2: Providing Information in an MI Style

#### Ask-Tell-Ask/ATA

##### **ASK options (reflect responses)**

- » To get permission/buy in
- » To assess knowledge
- » To assess interest or importance

Example: “Would it be OK if we talked about your test results?”

Example: “What do you know about how the medications work?”

Example: “Are you interested in finding out more about safer sex?”

Your Example: \_\_\_\_\_

\_\_\_\_\_

Your Example: \_\_\_\_\_

\_\_\_\_\_

##### **TELL (fill in the blanks; keep it brief: no more than a few sentences at a time!)**

- » Education
- » Test results
- » Recommendations
- » Advice (with menu of options)

Give information in a small chunk (a few sentences), then move to second ask, then another chunk of information (CHUNK-CHECK-CHUNK).

##### **ASK options (elicit feedback; reflect responses)**

- » To assess understanding
- » Reaction
- » Determine next step

## MODULE 3 (CONTINUED)



Example: “In your own words, what does this mean to you?”

Example: “Is this new information or something you already know?”

Example: “What might be your next step?”

Your Example: \_\_\_\_\_

\_\_\_\_\_

Your Example: \_\_\_\_\_

\_\_\_\_\_

### *It's Up to You: Supporting Autonomy Strategies*

STRATEGY	COUNT
1) Emphasize choice (YOU)	
2) Emphasize personal responsibility (YOU)	
3) Clarify role as a guide	
4) Ask permission/client's view (first Ask)	
5) Small chunks/menu of options (Tell)	
6) Elicit feedback (second Ask)	

## MODULE 3 (CONTINUED)



### *Managing Counter Change Talk and Discord with Stop-Drop-Roll*

**Level 1: Small Fire** – Counter change talk, passive, chatty, little to no follow-up

**Level 2: Full Blaze** – Discord

#### **STOP whatever you are talking about**

#### **DROP to calm the situation down**

- » Express empathy/describe (reflect) feeling
- » Affirm values and strengths
- » Example: “You’re feeling frustrated, but you’re thinking ahead too.” (describe feelings, affirm a strength)
  - » If full blaze – apologize

Example: “I am sorry it feels like we are harassing you.”

#### **ROLL by supporting autonomy**

- » Example: “You have a lot to manage and your job is your priority. The next step is really your decision.” (Emphasizing personal responsibility and personal choice.)

#### **If full blaze – shift focus**

- » Example: “You know yourself best. If you’re willing, I’d like to understand more about what’s going on in your life.” (Emphasizing personal choice, shift focus.)

## MODULE 4



# Recognizing and Reinforcing Change Talk

## DARN + C

**Desire:** “I want to...”

**Ability:** “I can...”

**Reason:** “Because...”

**Need:** “I need to...”

**Commitment (or steps):** “I will...” “I did...”

I don't like taking medications, but I want to be healthier.

I tried to follow-up on that information you gave me, but honestly, a lot of it didn't make sense to me.

I need to talk to my partner about using condoms, but I'm worried about the reaction I'll get.

### Reflections of change talk lead to more change talk!

*Be careful: reflections of counter change talk lead to more counter change talk.*



## MODULE 4 (CONTINUED)



### Skill 3: Reflections to Reinforce Change Talk

**SIMPLE:** A repetition or slight rewording of what the client said (stabilizes the conversation)

**COMPLEX:** Deeper meaning (moves the conversation forward)

**OTHER:**

- » *Double-sided:* Reflect ambivalence and change talk
- » *Feeling:* Reflect positive feelings about change, or negative feelings about not changing
- » *Affirming:* Reflect strengths, values

*Example: "I hate taking the medications, but I'm gonna have to do it every day. I know what I need to do."*

**Simple** (stabilizing, connecting)

- » Repeating: "You know what you need to do."
- » Paraphrasing: "They're going to be an everyday thing for you."

**Complex** (moving forward, adding meaning)

- » Deeper Meaning: "You want to take care of your health your way."

**Other**

- » Double-sided: "On one hand, it's hard to do something you don't like doing; on the other hand, you're going to take care of yourself."
- » Feeling: "You feel good about taking care of yourself."
- » Affirming: "You already have some ideas about what you're going to do."

### Tips for Reflections

- » Change it up; do not use all paraphrases; but use what feels natural
- » Eliminate the stems - sounds like...
- » Avoid inflection that turns reflections into questions

## MODULE 4 (CONTINUED)



- » Respond to a question with a reflection
- » End in the direction of change
- » Stems for affirming reflections (use affirming reflections liberally):
  - » “It’s great that you \_\_\_\_\_.”
  - » “You’ve been working on <change effort> and it shows.”
  - » “With your <knowledge, experience, or skill>, you have a lot to build on.”

### Reflecting Change Talk Practice

*Example: “I’m tired of people telling me what to do. I know how to take care of myself.”*

Simple: \_\_\_\_\_

Complex (deeper meaning): \_\_\_\_\_

Other (double-sided, feeling, affirming): \_\_\_\_\_

1. *“I need to go to my clinic appointment today, but I really don’t have the time or the energy to go.”*

Simple: \_\_\_\_\_

Complex (deeper meaning): \_\_\_\_\_

Other (double-sided, feeling, affirming): \_\_\_\_\_

2. *“The doctor says the medicine will help me, but I really don’t like medications.”*

Simple: \_\_\_\_\_

Complex (deeper meaning): \_\_\_\_\_

Other (double-sided, feeling, affirming): \_\_\_\_\_

3. *“I have to talk to my family about my HIV status, but I’m scared. I’m not sure I can do it.”*

Simple: \_\_\_\_\_

Complex (deeper meaning): \_\_\_\_\_

Other (double-sided, feeling, affirming): \_\_\_\_\_

## MODULE 4 (CONTINUED)



### Summarizing Reflections

Summaries are essentially reflections that pull together several things (at least 3 points) that a person has told you. They:

- » Draw together key client statements from the discussion
- » Give client an opportunity to add or correct information
- » Provide a foundation for moving forward

Clinical Summary vs. MI Summary:

- » Clinical summaries focus on topics and actions, including yours
- » MI summaries focus on client statements (3+ points from client)

### Tips for Using Summarizing Reflections

Summaries are especially useful when:

- » You need to think more about the direction in which the session is going
- » The client is very talkative
- » You need to check for understanding
- » It's time to transition to another topic (see Appendix C below)

### Summary Starters and Enders

Starters:

- » “Let me see if I understand what you’ve told me so far...”
- » “Let’s summarize what we’ve talked about so far.” (invite client to start and you fill in)
- » “To summarize what we’ve done today...”

Enders:

- » “How did I do?”
- » “What have I missed?”
- » “What do you want your next step to be?”

*Example: “Let me pause and summarize what we’ve just talked about.”*

- » *“You’re not sure you want to be here and you only came because your mother made you come. At the same time, you’ve had some thoughts of your own about what has been happening. You said you want to feel better, you need to take your medication more often, and you want to avoid being admitted to the hospital. What did I miss? ... I’m wondering where you think we should go from here.”*

## MODULE 5



# Eliciting Change Talk

### Skill 4: Open Questions to Elicit Change Talk

Open questions and eliciting change talk serve 2 purposes:

1. To ask for elaboration of change talk
2. To elicit change talk when not occurring spontaneously

#### Open-Ended Starters

##### **Open**

“To what extent...  
How often...  
Why...  
Tell me about...  
Help me understand...  
What, if any...  
When, if ever...  
How, if at all...  
What else...”

vs.

##### **Closed**

“Did You...  
Will You...  
Can You...  
Is it...”

*Instead of:* “Are you concerned about \_\_\_\_?”

*Try:* “What concerns do you have about \_\_\_\_?”

*Instead of:* “Is \_\_\_\_ important to you?”

*Try:* “Why is \_\_\_\_ important to you?”

## ELICITING CHANGE TALK (CONTINUED)



### Eliciting Change Talk

To elicit Change Talk, ask about: Desire, Ability, Reasons, Needs, Commitment

TYPE OF CHANGE TALK	EVOKING QUESTION
<b>Desire</b>	“What would you like to work on? What do you hope to get out of our time together? What do you want to be different in your life? What do you hope would be better in your life if you did _____?”
<b>Ability</b>	“What are some changes that you have made before? What are some difficult things that you have done before? How confident are you that you can do this?”
<b>Reasons</b>	“Why would you want to make this change? What are the benefits of making this change? How important is it for you do this? What do you think will happen if things stay the way they are? How has this helpful before? Why?”
<b>Need</b>	“Why is this something you need to do? What is the best thing that could happen if you made a change? What is the most important reason for doing _____? Why?”
<b>Commitment</b>	“What is the first step you will take? What is one thing you can do in the next week? How committed are you to making this change? What steps have you already taken?”

# MODULE 6



# MI Process

See also: [Appendix C, Your MI Toolbox!](#)

## 1. Engaging

### *Goals of Engaging*

- » Establish rapport and MI spirit
- » Understand client's dilemma or struggle
  - » Why are they talking - need to understand the **why** to do it, before you can move to the **what** to do
- » Explore values and goals (lays the groundwork for the rest of the processes)

### *Gathering Information While Engaging*

#### Traditional assessments

- » Focus on information gathering
- » High ratio of questions to reflections (checklist!)
- » Reduces client autonomy and partnership

### *MI integration*

- » Focus on supporting autonomy with the client as the expert
- » Conversation-based with 1:1 reflections-to-questions ratio
- » Build motivation by reflecting change talk

## 2. Focusing

### Goals of Focusing

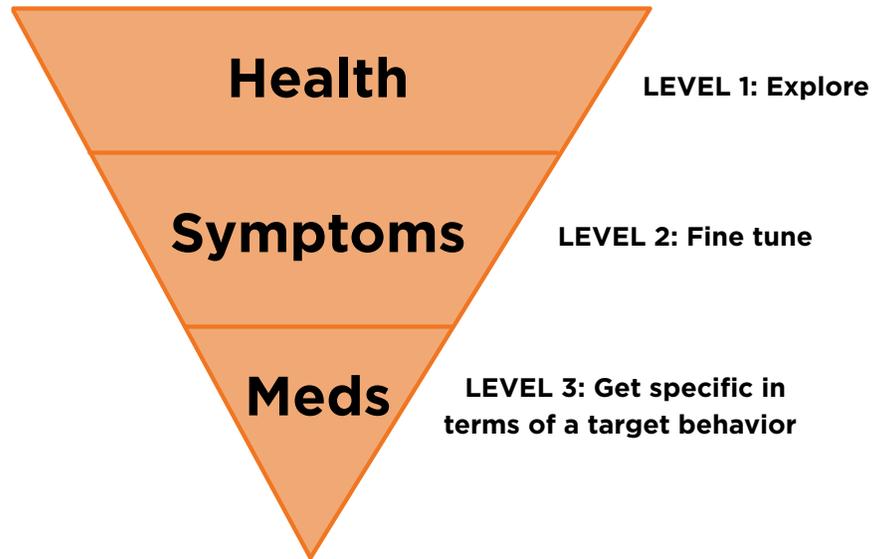
- » Explore agenda - both client's and provider's
- » Clarify direction - target behavior
- » Determine most efficient use of time/effort (main interest)

Target behaviors come from the client, from the setting, and from clinical experience.

## MODULE 6 (CONTINUED)



Three possible focusing scenarios - clear focus, several options, vague focus



Focusing Funnel





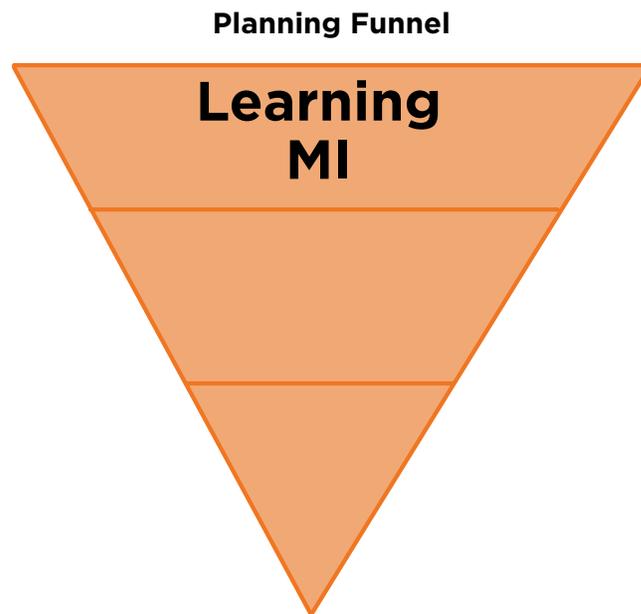
## MODULE 6 (CONTINUED)



### 4. Planning

#### *Goals of Planning*

- » Develop a plan for change
- » Determine steps that are consistent with level of motivation (importance and confidence)
- » Develop if/then (back-up) plans for potential barriers
- » Provide information if necessary (Ask-Tell-Ask/ATA)



## MODULE 7



# Implementation

See Session Outline from page 8

*TIPS From Comprehensive Practice and Consultation:*

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# APPENDICES

# APPENDIX A



## Coach Rating Scale

### MI Coach Rating Scale<sup>10</sup>

1. The counselor cultivates empathy and compassion with client. <b>Notes:</b>	1	2	3	4
2. The counselor fosters collaboration with client. <b>Notes:</b>	1	2	3	4
3. The counselor supports autonomy of client. <b>Notes:</b>	1	2	3	4
4. The counselor works to elicit client's ideas and motivations for change. <b>Notes:</b>	1	2	3	4
5. The counselor balances the client's agenda with focusing on the target behaviors. <b>Notes:</b>	1	2	3	4
6. The counselor uses reflective listening skills. <b>Notes:</b>	1	2	3	4
7. The counselor uses reflections strategically. <b>Notes:</b>	1	2	3	4
8. The counselor reinforces strengths and positive behavior change with affirmations/affirming reflections. <b>Notes:</b>	1	2	3	4
9. The counselor uses summaries effectively. <b>Notes:</b>	1	2	3	4
10. The counselor asks questions in an open-ended way. <b>Notes:</b>	1	2	3	4
11. The counselor solicits feedback from client(s). <b>Notes:</b>	1	2	3	4
12. The counselor manages counter change talk/sustain talk and discord. <b>Notes:</b>	1	2	3	4

# APPENDIX A (CONTINUED)



**Target Behavior(s) of Session:** \_\_\_\_\_

**Circle one of the four competency ratings:**

Beginner: <2.0    Novice: ≥2.0 to <2.6    Intermediate: ≥2.6 to <3.3    Advanced: ≥3.3

**X your response for whether each process was present in the session:**

Engaging	<input type="checkbox"/> Yes	<input type="checkbox"/> Partial	<input type="checkbox"/> No
Focusing	<input type="checkbox"/> Yes	<input type="checkbox"/> Partial	<input type="checkbox"/> No
Evoking	<input type="checkbox"/> Yes	<input type="checkbox"/> Partial	<input type="checkbox"/> No
Planing	<input type="checkbox"/> Yes	<input type="checkbox"/> Partial	<input type="checkbox"/> No

**X for styles present in session:**

\_\_\_ Following \_\_\_ Guiding \_\_\_ Directing

## **Item 1. The counselor cultivates empathy and compassion with clients.**

- » Global item
- » Degree to which counselor:
  - » Understands or makes an effort to understand the client’s perspective and feelings, and to convey that understanding to the client
  - » Demonstrates empathy with feelings reflections and exploring the client’s perspective
  - » Demonstrates compassion by using his/her understanding of the client’s perspective to prioritize the client’s best interests and well-being
- » Sympathy statements (e.g., expressing pity or an “I’ve been there too” attitude”) do not count in the scoring for this item.

## APPENDIX A (CONTINUED)



### Item 2. The counselor fosters collaboration with clients.

- » Global item
- » Degree to which counselor:
  - » Negotiates with clients and avoids an authoritarian stance (i.e., “dancing instead of wrestling”)
  - » Includes skills such as supporting autonomy, evocation, balancing the agenda, and Ask-Tell-Ask
  - » Actively “mines” for client input and incorporates client suggestions
  - » Uses appropriate language all of the time (not too difficult or expert)

### Item 3. The counselor supports the autonomy of clients.

- » Degree to which counselor:
  - » Emphasizes client’s freedom of choice and conveys an understanding that the critical variables for change are within the client and cannot be imposed by others
  - » Acts as a facilitator of client choices, helping to guide the client while respecting them as the decision maker (i.e., actively tries to find choice)
  - » Uses “emphasizing autonomy” statements and strategies

### Item 4. The counselor works to evoke client’s ideas and motivations for change.

- » Degree to which counselor:
  - » Conveys an understanding that motivation for change, and the ability to move toward that change, reside mostly within the client
  - » Avoids rigidly providing education without Ask-Tell-Ask
  - » Consistently attempts to evoke client motivations (see evoking questions) and seeks elaboration with reflections and open questions

## APPENDIX A (CONTINUED)



### **Item 5. The counselor balances the client's agenda with focusing on the target behaviors.**

- » Degree to which counselor:
  - » Maintains appropriate focus on a specific target behavior or concerns directly tied to it while still addressing the client's concerns
  - » Adopts a guiding style (versus following or directing)
  - » Sets an agenda that is well-specified
  - » Does not miss opportunities to direct the client to the target behavior or agenda (though agenda may be modified to address urgent needs)
  - » Manages time well and transitions between therapeutic tasks smoothly
  - » Balances session between client and counselor needs

### **Item 6. The counselor uses reflective listening.**

- » Frequency count item
- » Goal is to deliver two reflections to every question
- » Stacked questions (i.e., a series of questions in which the counselor does not wait for a response) count as one question

## APPENDIX A (CONTINUED)



### Item 7: The counselor uses reflections strategically.

- » Degree of reflections of change talk, and of balance of simple to complex reflections

Coding Scheme	Simple Reflections	Complex Reflections
<i>No change talk reinforced</i>	1	2
<i>Change talk sometime reinforced (at least 1-2 times)</i>	2	3
<i>Change talk consistently reinforced (few missed opportunities)</i>	3	4

### Item 8. The counselor reinforces strengths and positive behavior change with affirmations/affirming reflections.

- » Frequency count item
- » Affirmations are specific and not general
- » At least two high-quality affirmations per interaction

### Item 9. The counselor uses summaries effectively.

- » Count of frequency of summaries that pull together points from three or more prior client statements
- » Goal is at least two high-quality summaries plus a final summary (where client started, where client ended, change talk and affirmation)

### Item 10. The counselor asks questions in an open-ended and clear way.

- » Ratio of open versus closed questions
- » Goal is two open questions to one closed
- » Multiple choice questions count as open
- » Ask-Tell-Ask questions do not count as closed



**Item 11. The counselor solicits feedback from clients.**

- » Degree to which counselor:
  - » Asks clients for their response to information, recommendations, feedback, etc.
  - » Includes strategies such as open- or close-ended questions, menu of options, or reflect-and-pause strategies to solicit feedback
  - » Solicits feedback between chunks of information when provided
- » The client's response is an indicator of the quality of the solicitation of feedback

**Item 12. The counselor manages counter change talk (sustain talk) and discord.**

- » Degree to which counselor:
  - » Responds to discord and sustain talk (i.e., counter change talk) either reflectively or strategically
  - » Uses Stop, Drop and Roll
- » If truly no sustain talk/counter change talk or discord (unusual but possible), then code a 4.

## APPENDIX B



# Coaching Session Outline

**Ask:** *“How have things been going with MI lately? How did things go with the goal(s) you set last time?”* (Reflect) 3 minutes.

Elicit change talk about their own MI practice (e.g., “What have you been working on, what are some reasons why you want to get better at MI?”) 2 minutes.

Listen to the recording, if available, and remember to advise the trainee that you will listen to approximately 20 minutes (if longer, use first 5 minutes, middle 10 minutes, and last 5 minutes).

### **OR**

**Complete roleplay** and record approximately 20 minutes (give 5-minute warning after 15 minutes); or for more advanced trainees, ask them for a difficult case and engage in roleplay:

- » Name:
- » Age:
- » Gender Identity:
- » Ethnicity:
- » Sexual Orientation:
- » Living Situation:
- » Context:
- » Target Behavior:
- » Practitioner Objective:

**Complete coding** with BCC Coaching tool during SP or playback of submitted recording

## APPENDIX B (CONTINUED)



### Review select codes:

**ASK** trainee's view of SP/Recording, strengths and areas for improvement (reflect)

**TELL** 1 or 2 of the strongest ratings, 1 or 2 areas for improvement (record item numbers) with **Chunk/Check/Chunk**.

**ASK** for feedback and determine coaching focus (10 minutes)

### Choice 1 (Playback):

Play back recording and coach during playback (20 minutes)

Coaching Focus:

### Choice 2 (Activity):

Provide coaching activity related to coding

Coaching Focus:

### Summarize and Ask Key Question Regarding Goals/Plan:

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## APPENDIX C



# Your MI Tool Box!

### TIPS:

- » Reflect answers before asking next question
- » Reinforce change talk
- » Summarize every few points
- » Use Ask-Tell-Ask (ATA) if necessary

Open questions for **ENGAGING**:

Example: *“What is most important to you right now?”*

Example: *“What have you been up to since the last time we met?”*

Example: *“What would you like to get out of this session today?”*

**Your Example:** \_\_\_\_\_

**Your Example:** \_\_\_\_\_

### SUMMARIZE!

Open questions that work for **FOCUSING**:

Example: *“Of all the different things you mentioned when it comes to {target behavior}, what would you find most the helpful to discuss first?”*

Example: *“If it is ok with you, I want to discuss {target behavior}. Or, is something else more pressing to you at this moment?”*

Example: *“If you were going to change one thing about {target behavior}, what would it be?”*

**Your Example:** \_\_\_\_\_

**Your Example:** \_\_\_\_\_

### SUMMARIZE!

## APPENDIX C (CONTINUED)



Open questions that work for **EVOKING:**

Example: *“Of all the different things you mentioned when it comes to {target behavior}, what would you find the most helpful to discuss first?”*

Example: *“What are some reasons for changing {target behavior}?”*

Example: *“What would be the best thing that would happen to you if you changed {target behavior}?”*

Example: Use Importance and Confidence Rulers

**Your Example:** \_\_\_\_\_

**Your Example:** \_\_\_\_\_

### **SUMMARIZE!**

Open questions that work for **PLANNING:**

Example: *“What steps are you willing to take, in the next week, to reach your goal?”*

Example: *“When and how will you start your plan?”*

Example: *“What might get in the way of your plan and how will you handle it?”*

**Your Example:** \_\_\_\_\_

**Your Example:** \_\_\_\_\_

**REMEMBER FINAL SUMMARY** (using the person’s own statements, in any order):

- » Where client started
- » Where client ended
- » Emphasize autonomy
- » Reflect commitment language or change talk
- » Affirmation

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