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NAADAC
MOTIVATIONAL INTERVIEWING IN CLINICAL SUPERVISION: A PARALLEL
PROCESS
PRESENTER: ALAN LYME

DECEMBER 19, 2019

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[The broadcast is now starting. All attendees are in "listen-only" mode.]

>> SAMSON TEKLEMARIAM: Hello, everyone, and welcome to Part 6 of 6 for this Specialty Training Series on clinical supervision in the addiction profession. Today's topic is Motivational Interviewing in Clinical Supervision: A Parallel Process presented by Alan Lyme, MINT certified motivational interviewing trainer. My name is Samson Teklemariam, and I'm the Director of Training and Professional Development for NAADAC, the Association for Addiction Professionals. I'll be the organizer for this session. This online training is produced by NAADAC, the Association for Addiction Professionals, and closed-captioning is provided by CaptionAccess. Please check your most recent conversation email or our Q&A and chat box for the link to use closed-captioning.

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This training is approved for one Continuing Education hour. And our website contains a full list of accepting boards and organizations. As you know, you've already paid the registration fee of \$25, and that includes your access to the CE quiz, receiving the CE Certificate upon successful completion of your quiz, and eligibility to apply for the certificate of achievement for clinical supervision in the addiction profession.

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Please remember to follow these steps first. Of course, watch and listen to the entire training, pass the online quiz which will be posted at the website you see on this slide: Www.NAADAC.org/Motivational-Interviewing-in-Clinical-Supervision-A-Parallel-Process-webinar.

Maintain records of your invoice or receipt of payment for registration, and any CE you've received from us, these records will be required to apply for the Certificate of Achievement if you choose so.

And then of course if you experience any difficulty or challenges with this process, you can email us any time at CE@NAADAC.org. That is C as in cat, E as in echo, @NAADAC.org. Lastly, please note you will have to listen very closely to this entire webinar to capture the password for access to the CE quiz. The password will be one full word, all lowercase, but it will be revealed in three separate moments throughout this webinar. If you happen to miss one part of the password, no worries. You will have access to this recording and be able to capture it by viewing the archived recording.

Now, for this live audience, we're using GoToWebinar. And here's some important instructions. You've entered into what's called "listen-only" mode." That means your mic is automatically muted to prevent any disruptive background noise. If you have trouble hearing the presenter for any reason, I recommend switching to a telephone line, as some Internet connections are not strong enough to handle webinars. If you have any questions for the presenter, just type them into the questions box of the GoToWebinar control panel. It looks just like the one you see on my slide here. We'll gather your questions and pose them to the presenter during the designated spot for live Q&A.

Any questions we don't get to we'll collect directly from the presenter and post those questions and answers on our website.

Now, let me tell you about today's very skilled presenter. Alan Lyme brings respected and innovative clinical and program management skills as the Director of Training for the Phoenix Center in Greenville, South Carolina. Alan's been an active

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member of MINT, the Motivational Interviewing Network of Trainers since 2004. He's also an internationally certified clinical supervisor, a master's addiction counselor, and a leadership challenge workshop certified master. He is concurrently the trainer for the University of South Carolina's SBIRT grant, as he has been for several SBIRT grants since 2009.

Alan is also part of a small group of experts in our field. He is one of 76 worldwide who are part of a pilot project as a MINT certified MI trainer. Please feel free to connect with our webinar presenter after this presentation by using his LinkedIn profile or the YouTube link to view other trainings by Alan. We will send the YouTube link to you in the chat box, and you will also be able to see it on a slide later on in this presentation. NAADAC is delighted to continue this series presented by this accomplished trainer. So, Alan, whenever you're ready, we'll hand this over to you. >>
ALAN LYME: Thank you, Samson. It's a delight to be here. I'm really honored to be asked to do this. So I just want to share a little bit about my mentors. I wouldn't have done this without the mentorship of David Powell. I really appreciated in the new supervision book that Tom dedicated the book to David Powell.

And I got to follow him around the country and got a lot of his shirt tails and have him teach me the craft of clinical supervision and get a passion for it. So I appreciated him for that. Stephen Andrew, he was my MINT, my motivational interviewing mentor for many, many years. And another guy I want to do shout out to is Steve Berg-Smith out in San Francisco. He is a trainer extraordinaire and also really appreciate his mentorship over the years. Others are too numerous to mention, but Bill and Steve and Chris Wagner, some of the important people in my life when it comes to the MI training I've done over the years. Part of MINT in 2004, I was fortunate to be at a training in 2004, which I wasn't ready for and didn't feel ready for at the time. I had a chance to go back in 2006. So I'm officially a double MINT. There you go.

So today we're going to take a look at some these subjects. I want to make sure we're all on the same page when it comes to what MI is. We'll take a look at some of those skills and techniques, if you will. I really want to reinforce the value of and the need for direct observation. Both with our clinicians as a supervisor, and as a

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supervisor myself or ourselves, to make sure we are also being observed through either a video or audio and that someone is helping us to hone our skills too. Because as Tom points out in the book and David used to talk about all the time, there's a different skill set for a supervisor than a clinician.

I want to introduce you to couple of tools that I found to be very, very helpful. One I've used for many, many years. Which is the MITI, depending on how you want to pronounce it. Mitigation integrity coding manual. And the version we're going to look at today came out in 2014. And I also want to take a brand new tool for me which is called the ESSA, or the evaluation of supervisory skills. And this was introduced at the recent MINT forum in Estonia back in September. I wasn't there and I didn't get to go to that, but the presentation came out of Sweden. And couple of our colleagues, Maria Beckman and Helena Linqvist put this together. And I'm impressed what this has done and we'll talk more about that as we go through the training.

So, one of the things I want to take a look at is why we're doing this. And I think the purpose of this for me is to create a foundation for you, if you don't have one already. I'm not going to send you down. But maybe this is a time to look at the foundation and the work you do. I have been doing this since 2003, and it changed everything for me. It gave me an opportunity to really open up the conversation. And initially with my supervisees, and my clients, and I realized also they kind of change the dynamic of the organization. And it really, it does set the stage for compassion and conversation you can have with everyone about potential behavior change.

I also want to take a look at the value of this looking at the welfare of our clients. If you are observing through either video, audio, or direct observation, the interaction that your supervisees with the client, then you're really preserving the welfare of the client. You're a good custodian with the welfare of the client and with observation and not really knowing what's going on, I teach a class called behind closed door about supervision some of if you're not observing, you don't know what happens once the door closes. So where you are getting recordings on a regular basis, it really support the idea of direct observation. As you do this, then we get a chance to observe, and

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then to encourage, and maybe to teach the spirit and structure of the alignment and help develop the skills for a good MI conversation, MI based.

Of course, we need to make sure we are using this and doing this best we can as well. If we are to really improve our clinician's ability to practice this evidence-based skill set.

The term parallel process I use in the title is one that Dr. Powell used to use quite frequently. He talked about supervision being a parallel process to the work that's done with the clients. He used the term isomorphism. He liked those 10 cent words. And I've used words for years. And there's one definition. One relates to mathematics and one relates to biology. But what it means is what's happening in one area, often it's going to parallel or merge another area whether it's mathematics or biology. But for us, it's vision. If we're using our best MI skills, then the supervisees or clients will be using this as well. It's hard for us to imagine our clients to use these skills if we're more directive and not giving them the opportunity to practice MI skills, then I'll work with them too.

The best definition for MI is utilization an older definition. I got Pinged for using that in the MINT certification this year. I like this. Motivational interviewing, is a person-centered, guiding method of communication and counseling to elicit and strengthen motivation for change.

We can direct and guide. And the opportunity to do all of these in any given interaction. But in general, we want to be guiding our clinicians towards their own reason for means for making changes or reasons in means for changing the way they do their work. And Dr. Miller is an elevator speech on this. It's very short. A style of communication designed to bring out the other person's motivations to change. That's short and sweet and very much to the point. So with our supervisees, this is to help them shift and develop professional and become effective with the clients we serve. The picture is Bill and Steve. Bill on the right and Steve on the left. I believe this was taken in Montreal in a forum in 2016. But I could be mistaken.

So, I believe Samson is going to take over at this point to do a quick polling question. So Samson, I'll turn it over to you.

>> SAMSON TEKLEMARIAM: Yes. Thank you so much, Alan. Everyone, you will see this polling question pop up on your screen in just a moment. I'm going to go ahead and launch the poll, and you will get a chance to interact with the presenter. The question is from 0 to 10. On how satisfied are you in your ability to model MI? You'll see 5 different options there. I'll give you just a moment to answer that question. And as a brief multitasking here, in order to access this CE quiz, please make sure to view the entire training and listen for the password. This password is revealed in 3 separate sections. Here I will share the first part of your password. The first part is the [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance).

Again, [REDACTED] If you have questions, send them into the questions box and we'll answer the questions in the order they're received. It looks like 100% of you answered the poll. So I'll close the poll. Share the results and turn this back over to Alan.

>> ALAN LYME: Thanks, Samson. So scaling question is something we use quite often in MI based conversation. And as supervisors, it's important that we feel confident in our own ability to demonstrate the skills and not just model the skills. At least half of you then felt that you were in the 8 or 9 range, which is high. Which is wonderful. I want to ask a series of questions. Obviously, I'm not able to talk to you individually, but these are questions I usually ask of the scaling question just to give you a sense of how I may use this. So my first question to you individually would be, why did you put yourself where did you and what does that number mean to you?

Now, most of you, 50% were 8 or 9 on that scale. That may be the only question I ask to explore where you are and why you put yourself where you put yourself and reflect back what you tell me, would be in essence, your strength of where you are on that scale. For those who maybe perhaps are low, my next question would be: Why did you choose that snub not a lower number? That usually brings out the strength of where you are. MI is very strength-focused. And for those, again, the low 8

or 9 mark, next question would be to you. Where would you like to be on the scale? And follow that up with a question that would indicate your value around this, which would be so what would help you move towards that number? Now the reason I don't use with the 8 or 9 or even a 10 on that scale is because you're already high on the scale, so those questions on moot to me. You're high on the skill already, so why would I ask you they're not lower? It will seem like I'm pulling you down on the scale. And, at the same time,, you're high on the scale. So I'm not going to ask you where you like to be because you're already on the top and we'll celebrate that.

So that's how I may go about using the scale in question, whether it's readiness, satisfaction, willingness on anything, really. There's certain ways of using this scaling question that I found to be very effective over the years.

So as we move forward, for those who choose to want to get better with your MI skills, we know that, of course, training is important. By now, you probably had some training, if not a lot of training in MI. We found implementation science tells us it's not just training. It's not just training, but recording. If we do a recording of yourself doing the work. Get feedback on that recording. Using a validated coding system such as the MITI coding system. And direct feedback. And then coaching around that feedback. And, of course, hopefully, until you feel confident and competent and then on a regular basis, as a reminder to go through the process again to maybe do another recording. Maybe to do a little review of MI. Perhaps have a community of practice if you have several people in your organization to learn the skills to where you can get together and talk about the processes. I recommend that.

Some of the books that I have in my library, there's many, many books right now. Over the last couple of years, 3 or 4 years, number of books, articles, and research projects has grown exponentially. Over the last year, I got familiar in the New Orleans forum so, there are 104 trials using MI around the world and out of that number, two-third showed more effective. And one she did shows a difference. We don't know how it was being delivered. But perhaps that 1/3 spirit may not be present. We'll talk more about that in a while. Some of the books, so building MI skills, I certainly recommend these books. That's full of tips and tricks and ways to improve your

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supervisees and your own skill set as well. MI groups, I believe there's a second edition coming on that.

Of course, up there we have the MI text. Am I in school or house care and young adolescents and adults. And there's a self-help book. There's many books that are very, very effective and, hopefully, give you a better understanding of Motivational Interviewing from many different areas.

So with MI, the 8 tasks in MI, this came out originally 13 years ago now and been around for a while. Although we still think this is an important aspect. Of course the spirit is important and we'll talk about that in the few slides. Spirit of MI, without that present do not work in the same way. And OARS. I've been teaching OARS for 13 to 16 years, I guess. Plus I piece is information emphasized in the last couple of years. And MI with permission, of course, it's [Indiscernible] information from your supervisee. And it's oftentimes implied permission given as well. I want to recognize responding to change talk. For collaboration and open questions and reflecting and summarizing the change we hear.

The other two parts of change talk, we've got to recognize and respond to it and listen to it as well. So ways to elicit change talk. We're going to do some discourse. Some of you know this is rolling with resistance. And Dr. Miller is moving away from the idea of resistance. I think that's perhaps a pajority of terms. And in charge of discord. Something not right in the energy. We need to move with that account to find a way to engage and re-engage with that.

Change plan of course when time is right for moving forward. We want to consolidate commitment language. When you hear that or taking steps. We want to consolidate in that. And Plan of Action. If then of course moving between MI and other methods. So, motivation is another way to work through ambivalence and increase motivation and once you work through that, we can be more didactic.

So, in the four processes model, which was in 2012, the third edition of the text, looking at the first process to be engaging. And then we're looking at focusing, evoking, and planning. When Dr. Miller introduced this originally at a conference in 2012, he

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used an analogy, it's almost like asking our clients, and even our supervisees shall we take this walk together? That question which I like, I like the imagery with that. If the answer is yes, then the focus is where we're going to go and why we're going to go there. And it becomes how you're going to get there. So I like that analogy. Shall we take this walk together? Where should we go? Why there? And how should we get there.

Just to help us get more meat on the framework, this comes from something Steve wrote that I shifted in change. This was an original idea from 60 years. But I changed it to meet the new four processes. So developing rapport, engaging, and focusing on what that is. As we focus, thinking about offering any visual support. If you have listened to a work and coding with them, if you have rapport, you can go back to that in supervision. And we're going evoke what's important to them, thinking in that focus area, what do they want to work on? What they know bit, what do they think about it and tried? And start to plan on what to do next some of this to me is a nice visual. I like maps. I like to have a map of where I'm going to go. And to the right, we see the elicit provide, elicit. So education, advice, feedback, skills, referral. Whatever it may be.

The spirit of the MI, darn cats, and OARS, these are three trenches of areas of MI we need to become skilled in. We're going to break these down and talk about them more individually. But the spirit of MI becomes that spirit of compassion. Compassion for supervisees, and compassion for the journey recognizing that we were once new in the field and had our struggles. Compassion with the issues. Acceptance. Although it's their choices, they can choose to work on issues, work on their growth or they can choose not to. it's up to them. Partnership, working with a collaboration there. Evocation. And this is the MI spirit. This is really important that spirit is present in everything we do. This, I think is what Miller was talking about when he said that in the 1400 randomized clinical trials that published, 1/3 made no difference. Perhaps spirit was not present. We don't know.

I don't know, someone in the MINT ListServ or somewhere, the spirit acronym breaks down to CAPE. Compassion, acceptance, partnership, evocation. I was invited

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to do a presentation for 53 probate judges. And I took this idea of spirit of MI as a Cape. I'll put the acronym on the back of the robe and I'll say to the judges, as you he wants your chamber, ladies and gentlemen, you can put on this cape and walk with your chamber with spirit of compassion, acceptance, partnership, evocation. That's what I'll do. They will love it. Actually they didn't love it at all. So I learned not every gets my humor. That's okay though. That's okay.

So the third part of the -- or second part of the trench I talked about is the OARS + I. And remember the OARS as being the open-ended questions? The affirmation. The reflections and the summaries. Which I was taught of as being the building block of good MI conversation. So in addition of the + 1 and the + information, this is really important piece that I think, like I said earlier, being afforded as something not to forget as you move forward with the MI practice. It's okay to give information. We have permission. So the client or the supervisee asks us what we think and we ask permission to give it. Or we give advice to exercise autonomy. Supervisee, the license process or license ship process we see them walking down a potential pothole, it behoove us to say, I like to share with you about my experience.

A reflection of course, reflection, these are one thing we cannot do without. I learned a new phrase when I was out in San Francisco a few weeks ago. There's a Latin Smith that comes from reflection. And it's sine quo non. it seems reflection we cannot do without. It helps people that we are on the right path of understanding. It's also a way to deliver empathy. And it takes a person's values into consideration as well.

It's important to make sure your reflection fits with the person's culture. So making sure we're on the right page. There's another polling question.

>> SAMSON TEKLEMARIAM: Yes, you'll see the polling question. There's some answer option there's to interact with the presenter. The question asks, within the MI framework, advice may be given by a therapist to a client. There's 5 options there. Thank you for those who are voting. Thank you so much. And just another multitasking kind of moment here. As another reminder, in order to access the CE quiz, please make sure to view the entire training and listen for the password. The password is revealed in 3 separate sections. Here, I will share with you the second part of your 3

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part password. The second part of the word is [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance).

If you have questions for our presenter, you can send them into the questions box and the presenter will answer them in the order received during the live Q&A. Everyone has voted. Thank you so much for your participation. I'm going to close the poll and share the results. And I'll turn this back over to Alan.

>> ALAN LYME: Thanks, Samson. So looking at the poll then, yeah, one of the things we talked about earlier and I want to re-emphasize that with giving information and offering advice, it's really okay to do it when the client asks us for it. And when we've sort of given permission to do so. So, at any time piece, yeah, not so much. I think supervision is if you can get away with it, because it's implied permission there. But I think in general, with our clients, we want to make sure they've asked us for permission to do this. I didn't have enough space for this, but if we would offer our own advice and exercise autonomy. And perhaps something about a client's medication they're taking that may interact with alcohol or nicotine, something maybe they may not be aware of, we can offer our advice then to give them autonomy.

So answer for that one was A.

Change talk. Again, with this acronym DARN-CAT. So it's important to think about this with the supervisees as it is with our clients as well. And, so, recognizing that. After that, we have 3 things to change. Be able to respond to it and recognize it first. Be able to evoke it. And asking questions and finding a way to evoke is such as using balance when it's appropriate, which is not always is. And using scaling questions. Looking back and forth at the questions.

Traps to avoid. We want to be careful in MI that we don't get into this question as a trap. If I ask you a question, don't give you any kind of reflection to ask another question. Ask another question. It feels like a question answer trap. It feels like an interrogation. We don't want to interrogate our supervisees. Taking sides is a challenge as well. But recognizing that this is what you should do. Tell them what they should do. And take the side of the dilemma they're facing right now. Come across as

the expert. I know you don't. Be careful with that them. Don't label them. We don't want to label the consumers or ask supervisees in any particular space or having a particular, perhaps, stage of change [Indiscernible] it might be very helpful for them. Focus trap is next one. Thinking we know what the consumer or the clinician wants to focus on. They know that themselves. You don't want to blame them. You don't want clients to be angry at you. Don't put them in a blaming position if we can.

So any conversation that involves MI to be more proficient. Using more open end of ended and closed questions. And avoiding making direct feedback or suggestions. When it comes to supervision and coaching feedback, we want to focus on the strengths that we see first. We can recognize the spirit. We can recognize the ratio of questions and complex to simple amplifying questions. MITI talk here, you have a threshold to look at as well. Again, I will go over that in more detail in couple of more slides.

Looking at the skills of development. We should become apparent as you sit with them and coach them and code them through the recordings. One of the things we did in Georgia when I was supervising the ESSA team there, we used coding and transcripts as part of the supervision model. Which actually I sat and listen to the recording together and code it together. It gave us an opportunity to talk about what we saw and heard. It gave my clinicians an opportunity to talk about why people did what they did, which was an effective tool. It's so effective that out of my 12 group I was supervising wanted to become MINT trainers themselves. And then looking at the plan. Looking at the planning sheet from the step which I found to be helpful in creating a specific plan for skills development.

So giving feedback then. The EPE. Elicit, provide, elicit. Asking permission and ask what they know and understand and what they observe. Especially, if you're using audio recording or video recording and be able to review them together. And then giving information and what you observe. And ask them what they intend to do and what they think about that with the information provided.

So, you're on the right track when supervisors use lots of method and role play. What I've done is using a video or audio recording. A lot of my folks that I give feedback

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to and coach are across the state, across the various states. So the ability to use digital recording has been very, very helpful. And then make sure we give them a structured feedback. Structured feedback is a gift the part of that is the MITI coding system, which has been, as it changed over the last several years. But the MITI coding system, the 4.2 version, this comes out of University of Mexico. CASA for alcohol abuse and addiction. Terry Moore, and Denise are involved in writing these. 3.2 and the 4.2, which came around in 2014.

And, so, we'll take a look at the MITI coding system. This gives us structured feedback. Gives us feedback that is not through interpretation, but actually where we're able to offer feedback that is objective rather than subjective. And, so, we can talk about the OARS and everything you say in a MITI system is looking through a category. We're looking the overall structure, empathy, partnership, soft sustain talk. So all of that is in the MITI. This is if we're able to download the handout, this is the back page of the MITI that gives you a coding sheet. This webinar I can give you the information and give you a sense of it at least.

And global ratings. This is a sense of what happened in these recordings. Cultivating change talk and softening sustain talk. And I'm going to show you on the Likert scale, there's some anchor and guideline where you would put someone on this. Whenever I'm doing a coding, I'm reading the transcript at the same time. I'm coding it as I go, and as I finish listening to it, I go back to my manual, my coding manual and look at where did this person fall? It gives concrete response to them.

So the other piece is the behavioral counts. Everything that's said in a recording is put into one of these boxes. Is it giving information or trying to persuade? I'm not trying to persuade, but I asked permission to do that. Are there questions? Don't breakdown the questions that are closed versus open in the MITI 4 than in the previous version. So I still give that feedback. There's a conscious skill for the development of the open and ended questions. Collaboration with permission asked. Was there sense of collaboration? So autonomy emphasized with a statement such as your choice. It's entirely up to you. What you do is up to you. And no confrontation going on. Everything is broken down.

I know we don't have time on this, but just go briefly through thinks. Likert scale, high, low, I heard a recording and I read the transcript. I'm listening for where this person falls on the Likert scale. If you open up the handout, perhaps you've seen already that gives you some verbal anchor to help guide you. Softing sustain talk. If we can go back to one slide for a second, cultivating change talk invoking the skills. And the looking back and forth. When is this appropriate? When someone decides to change, so be careful with this. Softening sustain talk. You're asking but you're not building it up. You're trying to reflect it but not actually that builds and sustain. I'm looking for partnership. Are you being confrontive? Are you telling someone what to do? Are you really cultivating a partnership in this? And are you expressing empathy? Which is again expressed in the form of complex reflections. You cannot carry empathy on a question. So this is really the way to go with empathy. And this is an important piece. So as we work on developing competence and proficiency, in the manual, you will see if you read through the word competency and proficiency is still used when it comes to this one threshold chart in terms of fair and good. Not as strong as confident and proficient. But that's what they chose to use. So you get an average in the Likert scale and the relational component. That's the global. And then the technical component partnership, empathy. And then you get concrete numbers on the percentage of reflections that are complex. Looking for 40% being fair and 50% being good. Ratio, 1 to 1, and then move to 2 to 1. I'd like to say most folks are low when they start. So they can move into 2:1 with intentional practice. The threshold for the motivation interview inherent MIA and non-inherent MINA, this is to four points in MITI. That is under review right now. That will change over the next year or so.

So, some of the things we can check with the MITI. The open questions and evoking change talk. Is the clinician recognizing change talk? What are they doing with it? And the value of having both the transcript that you can get and all the recording, you can go back and, again, you would be concrete in your feedback with your commissions. When they get change talk, we hope they ask for elaboration and explore a little bit more. Use the change talk and reflect back and use it in the summary as well. So that brings us to the third polling question. Back over to you, Samson.

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>> SAMSON TEKLEMARIAM: Thank you, Alan. Third if final. We will launch this poll now. The question is asking according to Miller and Rollnick, 2002, a therapist should respond to client change talk in all of the following ways by. This should be popping up on your screen in just a moment, there you go. It looks like three-quarter of you responded. To the poll, I'm going to click close now. All right, there you go. Last person. And hit share. So we can see the results. And I'll turn this back over to your presenter.

>> ALAN LYME: Thanks, Samson. And, yes, 60% of you are on the right track that we don't ask for any commitment as a result of listening for change talk. We will elaborate. We will reflect the client's change talk. We will summarize the client's change language. In the EAR, commitment is not part of this at that point.

So, I do want to just briefly bring attention to the MIA step and inherent advisory tools. Motivation and assessment of accessory tools for enhancing efficiency. And this came out in 2006. It's a long document. It's about 200 pages. And the document has 200 slides. You can get this for free. And a lot of information is very good. Some of it is outdated at this point, but I can see they still use this one sheet specifically on skill development. So having listen to recording and going over it with the supervisee, if we want to, we can look at the strengths and demonstrate and move into what areas they want to improve upon. How will that be done? How will the goal be reached? And when are you going meet again to talk about that? So I like this sheet for utility there. I want to also bring your attention to a brand new tool. This is new for me. It came out in the last Estonia, lat forum introduced by Maria Beckman and Helena Linqvist in Sweden. Evaluation and supervisory skill. This gives me some things I can sink my teeth into and focus and improve my skills as well. Any of these, obviously, the best way to do it, if you go down, as you download the attachment that we sent you today, and read through the document, it will tell you the best way to do this is to record yourself again in supervision. So you are doing what you want your supervisees to do and recording yourself and get feedback hopefully for your own supervision. One thing Darren talks about in the book, the supervisory supervision as well. So, hopefully, there's someone who can help you with your supervision by watching the recording with

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you and actually coding, you, as supervisor on these points as well. So we have the supervisor that gave us this. What's the evidence of monitor objective. And I heard you say and I saw you do this in the session. Is there a space for education? Exploring what's in the MITI threshold say this. Are you prompting them to use the skills they have? It sounds like you've got a clear focus on this. Are you modeling skills as you go through your supervision session? Are you listening to the skills or potential skills and asking questions such as which skills you want to focus on today? Are you getting feedback that's positive and corrective? For example, I really appreciate the number of complex reflex, however, some of them go on too long. Positive and corrective feedback in the same statement. And, again, the manual itself gives you a lot of detail on what the parameters of those specific pages are. And the clinical supervisory behavior, there's four of them there. We can go over them briefly just to get a sense of what they are. And what I like about this, it follows very much in the same structure as the MITI. It gives you a Likert scale and where you fall on the parameters. So from this scale, for example, structure and directs the session. The No. 1 would be the structure and/or content of the supervision never clearly appears. I've heard some of those in my time as a supervisor. Followed up by No. 5 at the end, the supervisor consistently directs the session structure and content, and simultaneously requests and incorporates the supervisee's contributions to the session.

So many of these, as you go through, it goes from 1 through 5. And the 5 generally is doing this really, really well. There's a sense of incorporating the supervisee's thoughts and goals, desires, plans and not just driven by you. Yes, there's structure and the structure in the session. But also the supervisee contributes to that as well. Less common throughout these. I'm looking at specifies a training focus. Again, everything from never clarifies to clarify session there. And what I love about both the MITI and ESSA, this gives me a blueprint and roadmap and plan. If this is not possible, at least is a summation helps me raise my consciousness and awareness around what's the goal of this? What's the goal to be more MI informed supervisor? So ability to record, I can still look at the blueprint or roadmap, if you will for improving my skill set.

The performs active training. If you do or don't. If it's been done for the supervisory skill level. Hopefully you move towards higher competences towards this. And promotes a learning environment. Has the learning environment one that's where the supervisor enforces competence. And strengthens the supervisor's competence? It's really working again, working collaboratively with the supervisee to help and develop their own sense of what are some competence and continue to improve.

So, that brings me to the end. We have time for questions in a moment. But I want to summarize some of the points. Really, if you want your supervisees to use MI and be proficient in MI, then you have to use it yourself and be proficient. Many of you fall in the higher end and satisfaction and your ability to really demonstrate and model MI, which is awesome and wonderful. But for me, it's been a 16 year journey. And I recognize that Dr. Miller often uses the analogy of a musical instrument. We can learn the basics in the beginning, but we really fine-tune and get better at it over time. It's a continuous learning.

The MI skill set itself, the course skill set has not changed, but some of how we approach it and understanding of it through the research over the last 30 years has shifted and changed. And it's continuing and developing, living, breathing, communication skill set.

The MITI coding system and integrity coding system will help guide through proficiency. Not just proficiency, but to give them that blueprint if you will. It's useful both in supervision and stand alone document. And the MIA step is a tool for proficiency. It's an oldie but a goody. And there's information there. And the ESSA, the evaluation supervisory skill and inherent is brand spanking new. The threshold to that has not been formulated or validated. But just know this is a work-in-progress. You can go to the website which is listed on the document to get more updated information. But this is hot off the press. My new favorite document so, I'm really supporting this and incorporating it into my trainings as I move forward.

Ultimately, I hope you had fun with your MI practice with your supervisory practice. If you don't have any fun, then your supervisees don't have fun either. Someone told me a while back for a training, this is not a dress rehearsal. This is a

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profession and your chosen path. If you're not enjoying it, then change it. It's up to you. That's all I have. I'm going to turn this back to Samson. Thank you for your time and this opportunity. I look forward to seeing you on the road. Thank you very much.

>> SAMSON TEKLEMARIAM: Thank you so much, Alan. Yes, we do have some questions coming in here. So everyone, please free to send in your questions into the questions box or the chat box. Alan, our first question asks is your supervision roadmap on slide 18 somewhat cycle? Almost like the MI stages of change?

>> ALAN LYME: I like the word "Cycle." Yeah. So cycle, yes, in some ways. Now, I did not mention change briefly. We're not really focusing so much on stage of change these days. But Miller in 2008, put out a white paper stages of change. And since then, we've kind of blended back more with that. But absolutely. Some of it, we will certainly engage in something we will through every session, take a moment to engage, take a moment to develop rapport. We're going to focus on what's important to supervisee. We will have things we want to bring to the table ourselves. But also allow space, working collaboratively with our supervisees on what they want to focus on. And that then becomes that tool on how we get there in the moment. What is it that you want to do towards making that shift or that change and all that focus point? So you evoke change. Evoking thoughts about what they could do and how they might go about it. So, in essence, it becomes cycle and it becomes something we'll come back and review and go over again and will start again. It's not a step process in essence. I think the very first question you ask, you know, how are you today? Well, they may take you up to planning it. They want to do this today. And this is what I want to do. And this is how I want to do that. Maybe that. Some of this may be gated. But it certainly can be cycle.

>> SAMSON TEKLEMARIAM: Thank you, Alan. And we're going to try to squeeze in 2 more questions here. Co-facilitation is a unique idea. I never thought of that when it comes to MI. Is this like the Milan systematic model we heard about with family therapy? Can you speak more details about what that looks like in session with the client supervisee and supervisor?

>> ALAN LYME: I can't speak to the Milan because I'm not familiar with it. But co-facilitation is where you are able to sit in on a group and able to engage. Rather than just being an observer, be able to engage, be able to model, and observe what's going on with your supervisee. But also have the floor. Oftentimes when I say to observe, I say something along the lines of my goal is to just observe. However, I can't help myself sometimes, and with your permission, I'd like to interject as I see potentially that it will be beneficial. But my goal is to, if I can hold myself back. I would like to give myself the opportunity and keep the door open so I can jump in and co-facilitate as possible. Maybe in terms of having two facilitators in the training, where one of you is a supervisor but then you're able to interject as necessary or potentially helpful. But overall, you're there to kind of observe and to not be the leader also. And to not step on the toes of the primary facilitator.

>> SAMSON TEKLEMARIAM: Thank you so much Alan. And last question is are there any examples of turning the data and feedback from the ESSA 19 into a quarterly or annual individualized development plan?

>> ALAN LYME: Repeat the question for me, Samson, to make sure I understand it.

>> SAMSON TEKLEMARIAM: Question is asking are there any examples of turning the data, the feedback from ESSA 19 into a quarterly or annual individualized development plan? I think they're talking about an I.D.P. or individualized development plan and taking that observation and data. As I'm reading it, they're trying to figure out how to take that ESSA 19 and quarterly evaluation of the counseling.

>> ALAN LYME: I love the idea. The ESSA is brand spanking new. So I don't know if there's data to support that at this point. Although I would imagine that the authors, Maria Beckman and Helena Linqvist would be open to the idea of talking about how that would be possible. If you download that, you can directly contact them. They are fellow MINTee and they're open to utilizing it in any way. I know for me, the feedback from MITI has been helpful in giving evaluation and creating goals and evaluation from the evaluation process. I'm not really going to call, but manual and manual evaluation, but at an ongoing practice, with any sort of formulative evaluation

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we dorks this becomes a pilot at the end of the year, it's easy to step into that if you can see it all the way through. I know for me, the MITI has been a useful tool. And the ESSA is hot off the press. And it's still in process as far as its utility as a feedback tool. But for me, the value of it, again, it's a roadmap. It's a path forward for supervisors, I think there's not enough path forward for supervisors who can get concrete objective feedback on what we're doing. We're really good oftentimes good at giving it to others, but for ourselves, I think all feedback is a gift and so for me, this is a gift to the industry, especially, supervisory industry that we can continue to hone out our own skill set. And help with other supervisors, whether it's peer supervision or working in collaboration with consultants, to actually get thorough feedback on what we do. And use it as a tool for self growth, I think it's a we feel opportunity.

>> SAMSON TEKLEMARIAM: Thank you so much, Alan. Thank you for the question that is came in. To connect more with our presenter, Alan Lyme, we have his LinkedIn page and he shared with us a YouTube link. We'll send it to you one more time in the chat window so you can easily copy and paste it. You'll also have access to this recording. So if you missed the exact hyperlink, you can review the recording and catch that hyperlink at another date. But that YouTube clip will send you to another example of Alan's training and another way to connect with him. So, congratulations. You actually just completed Part 6 of 6 of this Specialty Training Series clinical supervision in the addiction profession. You may be wondering what is that final part of the password. As a reminder, in order to access this CE quiz, you will have to view the entire training and listen to the password. That password has been revealed in 3 separate section and here's the third if final part of the password. Final part is [REDACTED]

When you log into the online CE quiz portal, you will have to enter a password that will be all lowercase revealed in 3 separate sections throughout the webinar. If you happen to miss one part of the password, no worries. GoToWebinar will send you a recording link about one hour after the webinar, after the live webinar. And you can review the recording and capture the password that way. Of course, please make sure to complete the rest of the series. You will be eligible to apply for Specialty Training

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Series. And it can be an excellent resource to add to your career portfolio and resume that will validate your areas of clinical supervision. This is on our screen just as another reminder of exactly how to get your CE Certificate. If you missed our instruction earlier, review the steps on the slide or email us at CE@NAADAC.org.

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If you would like to finish this series and apply for the Certificate of Achievement for clinical supervision in the addiction profession, that fee for that application is waived. So it is a free application for you to get that certificate after you've completed all 6 of the courses and that fee will be waived for only NAADAC members. So that is an additional benefits, one of many benefits, including of course our 2020 NAADAC Annual Conference September 24th through 29 in 2020. I hope you see you there. Thank you so much, everyone, for participating in this webinar. And Alan, thank you for your valuable expertise on this topic. I encourage you all to take some time to browse our website and learn how NAADAC can help others. Stay connected with us on LinkedIn, Facebook, and Twitter. Have a great day, everyone.