Motivational Interviewing in Clinical Supervision:
A Parallel Process
Presenter: Alan Lyme, LISW, MAC

Co-facilitation is a really unique idea I've never thought of that, can you speak more details of what that looks like in session with the client and supervisee and supervisor?
A: As with any opporthnity to observe your clinicians, permission would need to be sought from the client. I have preferred over the years to only co-facilitate groups, unless there is a specific concern that I want to observe with an individual client/clinician. Either way my personal preference is to either video or audio record rather than be physically in the room, as I feel that the dynamic changes with my presence. Whether I am in a group or individual session, I try to minimize my input soas not to create dependence on me from either cliniciamn or client(s). Dr. Durham addresses live observation guidelines in the new Clinical Supervision manual, pages 78-79

Is your supervision roadmap on slide 18 somewhat cyclical almost like the MI stages of change?
A: The processes are more interwoven than cyclical. It is certainly necessary to Engage before anything else, and to Focus prior to Evoking. However one may need to re-Engage and re-Focus at any time.

How long does it take to be proficient in the MITI? Or can I just print and start using it now?
A: With a little study and practice, it may not take long to begin your journey towards proficiency. There are audio files and both coded and uncoded transcripts available at https://casaa.unm.edu/codinginst.html to guide you.

If my supervisee is more advanced, maybe older than me also, and their current techniques seem to work for them how do I guide them towards using MI when I observe and they often persuade without permission, and other moments where MI is not present? How can I help this supervisee with MI?
A: One of the best ways that I have found is to have the supervisee record a session, transcribe it, and then listen to it and code it in supervision. Doing so provides objective feedback and an opportunity to discuss perceived transgressions. In my experience, supervisees can often identify their own struggles and challenges when given such a platform.

What is "total MIA and total MINA" referring to on slide 40 totaling the likert scale?
A: MIA is Motivational Interviewing Adherent. That would encompass Affirmation, Seeking Collaboration, and Emphasizing Autonomy. MINA, or Motivational Interviewing Non-Adherent would include Persuasion and Confrontation. Persuade with Permission falls somewhere in-between

Are there any examples of turning the data/feedback from the ESSA-19 into a quarterly or annual individualized development plan?
A:As a new tool, research on the ESSA is still being developed. I would suggest contacting the authors and asking for updates if ou are interested.

Have you heard of the Manchester Scale for evaluating clinical supervision? It uses feedback from the supervisee to shape the supervision experience. If I don't have access to someone who can supervise my

supervision, would a feedback tool like this match the MI Supervision model?

A: I am not familiar with this scale but thank you for the question, I will certainly look into it. Any tool that will help you focus on your supervision process will likely enhance it. Asking for feedback is a gift to both parties. Another tool I have found useful id the Leeds Allaiance in Supervsion Scale, based on the Miller/Duncan Session Ratings Scale.

https://dclinpsych.leeds.ac.uk/wp-content/uploads/sites/26/2018/10/4e-The-Leeds-Alliance-in-Supervision-Scale.pdf