MOTIVATIONAL INTERVIEWING COMPETENCY ASSESSMENT

CODING & COACHING TOOL, version 3.0

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Recommended citations:


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**Purpose of MICA**

Does the communication method of this practitioner demonstrate a level of competency representative of motivational interviewing (MI)? The Motivational Interviewing Competency Assessment (MICA) addresses this question in a way that upholds integrity to the intent of MI by drawing upon a variety of evidence-informed and evidence-based tools, theories and practices. There are well-respected and established assessment tools, such as the MISC\(^1\) and MITI\(^2\), that are used to effectively evaluate clinical samples for fidelity to MI for research projects, as well as to explore the underlying dynamics of MI. As MI continues to evolve, there is an increasing demand for a coding tool solely focused on providing practical feedback to professionals in multiple service fields on how to build their skill-set in MI.

The MICA relies on the principles, strategies and approach as presented in Miller & Rollnick’s Motivational Interviewing: Helping People Change, Third Edition.\(^3\) We developed the MICA to evaluate a sample of a practitioner’s clinical conversation to assess baseline competence in MI from a quality assurance perspective. In addition, we wanted to provide a quality improvement process for practitioners who want to move from beginning use of MI to a more proficient application of the MI approach. Ultimately, our goal is that MICA will provide professionals with easily digestible, structured and specific feedback regarding their effort to use MI with their clients.

Any professional conversation can be coded (i.e., assessed) using MICA whether it is a brief, yet complete, conversation (i.e., 8-10 minutes in length), or a selected 20-minute sample from a longer conversation. MICA is designed to assess a session where there is a targeted behavior and the interaction with the client addresses lifestyle management, behavior change or treatment adherence. MICA is not intended to be used in sessions where a formal structured script is used (e.g., using an intake assessment form) or during a decisional balance activity (e.g., no influence towards target behavior).

**MICA Coding Process**

The MICA is designed to be a one-pass system. While other tools are amenable to non-MI trained coders, coding sessions using MICA requires an intimate knowledge of MI. It is designed to work hand-in-glove with mentoring based on the MI proficiency and experience of the coder. The primary focus is to provide readily applicable feedback to the practitioner. MICA was also designed with the goal of providing clear instructions and decision tree processes for coders to ensure a standardized, validated and efficient coding experience.

There are two categories coded in the MICA: Verbal Interventions (microskills and MI strategies) and MI Intentions. The microskills in the Verbal Interventions are tallied each time they occur. The two MI strategies and the five MI Intentions each are structured with a Definition, Indicator, and Further Detail (see Figure 1).

**MICA Coding Training**

The MICA Manual is provided to the MI community with no licensing fee. We respectfully request that you receive adequate training from one of the co-developers of the tool to ensure that the coding system can be applied appropriately, as it was intended. For more information on training or results from our reliability and validity testing, go to www.micacoding.com or email one of us: Casey Jackson at casey.jackson@ifioc.com; Ali Hall at mi.consult.ahall@gmail.com; Susan Butterworth at butterwo@qconsulthealthcare.com; John Gilbert at john.gilbert@ifioc.com.

**Guidelines for Samples for MICA Coding**

Any professional conversation can be coded using MICA whether it is a brief (yet complete) conversation of 8 – 10 minutes in length, or a selected 20-minute sample from a longer session. The MICA was designed to assess a session where there is a possibility of lifestyle management or behavior change based on a
Spoiled Reflections: Even if the intent of a practitioner is to provide a reflection, if the voice inflection goes up at the end as in a question, it is coded as a question. This is referred to as a “spoiled reflection”.

**Coding MI Intentions**

Working from a clinical perspective, we want to assess if a practitioner is operating with the intention of MI. Beyond the necessary technical skills, a practitioner should embody the purpose or Intention of an MI-based conversation. We recognize that there is no way to objectively access and measure what is actually going through a practitioner’s mind by listening to a recording. The MICA fosters a naturally prospective approach to coding and coaching based on comprehensive MI training. The MI coach guides the practitioner in having clear intentions heading into an MI-based session. The baseline measures are derived from the simple and powerful question:

“Is the practitioner operating from a client-centered approach?” If a practitioner fundamentally operates from a client-centered approach, then it reinforces Dr. Terri Moyers’ expression: “There is definitely more than one right way [to get there].” Feedback based on the MICA helps practitioners become aware of multiple ways stylistically that they can facilitate a successful MI session versus feeling bound by an overly structured and technical goal of making sure they are hitting specific verbal marks and phrasings. As the above quote aptly expresses, MICA focuses as much on the “music” as the words. MICA was designed to capture this mindset and heart-set, along with more concrete, active ingredients in MI; i.e., MICA attempts to capture these components more qualitatively and holistically with an emphasis on proactive intentionality by the MI practitioner. This point further clarifies how the MICA is positioned as a coaching and feedback tool intended for guiding practitioners towards accurate and improved MI.

Much has been written about the “Spirit of MI” and the concerted efforts of many individuals (most notably Moyers, Martin, Manuel, Miller and Ernst) who produced a method to measure MI Spirit. Spirit in MI is currently comprised of Partnership, Acceptance, Compassion and Evocation. They surmise that practitioners can be highly skilled at the technical components of MI, yet still not be proficient in the Partnership aspect of MI. As research has progressed, the measurement of Spirit has shifted, been modified and condensed. The Definitions of the Intentions in MICA represent aspects of the original MI Spirit plus those supported by Self-Affirmation Theory, Self-Determination Theory and Patient Activation Model which are all invaluable in constructing a client-centered approach. While the MICA does not capture all of those perspectives in their entirety, it does focus on measurable elements that flesh out a quality MI approach. Once coders assess microskills and MI strategies, they then assess the extent to which the overall conversation embodies the key inter-relational aspects of MI.

The coding structure and protocol of the MI Intentions is identical to the MI Strategies in terms of Definitions, Indicators, and Further Details (see diagram on p. 3), distinguishing Indicator thresholds (p. 4), and coding differentials (p. 4).