



Motivational Interviewing Expert-Completed Worksheet

Practice assessing and giving feedback to your residents on their use of motivational interviewing. The four videos demonstrate varying levels of confrontational and motivational interviewing. Complete the Motivational Interviewing Skill Rating Worksheet and compare your comments to the Expert-Completed Assessment for the following scenarios:

- Interview with Mother, Confrontational
- Interview with Mother, Motivational Interviewing
- Interview with Adolescent, Confrontational with aspects of Motivational Interviewing
- Interview with Adolescent, Motivational Interviewing with some Confrontation

Completing this activity will help you prepare for the American Board of Pediatrics' learning activities on Motivational Interviewing, which offers faculty-resident dyads to earn credit for Maintenance of Certification.

Interview with Mother, Confrontational:



Resident Learning Center

Resident Name: _____ Date: _____ Instructor: _____

Motivational Interviewing Skill Rating Worksheet¹

Circle the rating that best applies to each skill.

EVOCATION				
Low		High		
1	2	3	4	5
Resident gives patient reasons they need to change, and does not explore patient's knowledge, efforts, or motivation	Resident gives information without exploring patient's ideas	Resident shows no interest in patient's reasons for making change or plans to change. Provides generic information	Resident accepts patient's reasons for change. Does not educate or direct if patient resists	Resident works proactively to evoke patient's own reasons for change and ideas about how the change should happen
COLLABORATION				
Low		High		
1	2	3	4	5
Resident assumes the expert role throughout the interview	Resident is distracted or impatient with the patient	Resident incorporates patient's perspective, but not consistently	Resident fosters collaboration so that the patient is contributing ideas	Resident actively involves the patient so that the patient significantly influences the course of the discussion
AUTONOMY/ SUPPORT				
Low		High		
1	2	3	4	5
Resident actively rebuts patient's choices and denies their control	Resident discourages patient from making decisions	Resident is neutral toward patient's autonomy and choice	Resident accepts and supports patient's autonomy	Resident actively encourages patient's autonomy so that patient generates solutions
EMPATHY				
Low		High		
1	2	3	4	5
Resident has little or no interest in the patient's perspective	Resident's efforts to understand the patient's perspective are sporadic and interpretations inaccurate	Resident is trying to understand the patient's perspective, but is only somewhat successful	Resident makes clear effort to understand patient's perspective	Resident shows evidence of true understanding of patient's perspective

Comments:

Resident does not establish rapport, gives lots of information and advice without permission, does not consistently elicit patients point of view, predicts dire outcomes

1. Adapted from: T.B. Moyers, T. Martin, J.K. Manuel, W.R. Miller, 2003. *The Motivational Interviewing Treatment Integrity (MITI) Code*. Version 2.0. (2003) Available: <http://casaa.unm.edu/download/miti.pdf>. Retrieved May 28, 2014.

Interview with Mother, Motivational Interviewing:



Resident Name: _____ Date: _____ Instructor: _____

Motivational Interviewing Skill Rating Worksheet¹

Circle the rating that best applies to each skill.

EVOCATION				
Low				High
1	2	3	4	5
Resident gives patient reasons they need to change, and does not explore patient's knowledge, efforts, or motivation	Resident gives information without exploring patient's ideas	Resident shows no interest in patient's reasons for making change or plans to change. Provides generic information	Resident accepts patient's reasons for change. Does not educate or direct if patient resists	Resident works proactively to evoke patient's own reasons for change and ideas about how the change should happen
COLLABORATION				
Low				High
1	2	3	4	5
Resident assumes the expert role throughout the interview	Resident is distracted or impatient with the patient	Resident incorporates patient's perspective, but not consistently	Resident fosters collaboration so that the patient is contributing ideas	Resident actively involves the patient so that the patient significantly influences the course of the discussion
AUTONOMY/ SUPPORT				
Low				High
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Resident actively rebuts patient's choices and denies their control	Resident discourages patient from making decisions	Resident is neutral toward patient's autonomy and choice	Resident accepts and supports patient's autonomy	Resident actively encourages patient's autonomy so that patient generates solutions
EMPATHY				
Low				High
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Resident has little or no interest in the patient's perspective	Resident's efforts to understand the patient's perspective are sporadic and interpretations inaccurate	Resident is trying to understand the patient's perspective, but is only somewhat successful	Resident makes clear effort to understand patient's perspective	Resident shows evidence of true understanding of patient's perspective

Comments:

Resident establishes rapport, asks open questions, involves the patient in setting the agenda, asks permission before giving information or advice, gives objective information, makes affirmations, uses reflections

1. Adapted from: T.B. Moyers, T. Martin, J.K. Manuel, W.R. Miller, 2003. *The Motivational Interviewing Treatment Integrity (MITI) Code*. Version 2.0. (2003) Available: <http://casaa.unm.edu/download/miti.pdf>. Retrieved May 28, 2014.

Interview with Adolescent, Confrontational with aspects of Motivational Interviewing:



Resident Learning Center

Resident Name: _____ Date: _____ Instructor: _____

Motivational Interviewing Skill Rating Worksheet¹

Circle the rating that best applies to each skill.

EVOICATION				
Low				High
1	2	3	4	5
Resident gives patient reasons they need to change, and does not explore patient's knowledge, efforts, or motivation	Resident gives information without exploring patient's ideas	Resident shows no interest in patient's reasons for making change or plans to change. Provides generic information	Resident accepts patient's reasons for change. Does not educate or direct if patient resists	Resident works proactively to evoke patient's own reasons for change and ideas about how the change should happen
COLLABORATION				
Low				High
1	2	3	4	5
Resident assumes the expert role throughout the interview	Resident is distracted or impatient with the patient	Resident incorporates patient's perspective, but not consistently	Resident fosters collaboration so that the patient is contributing ideas	Resident actively involves the patient so that the patient significantly influences the course of the discussion
AUTONOMY/ SUPPORT				
Low				High
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Resident actively rebuts patient's choices and denies their control	Resident discourages patient from making decisions	Resident is neutral toward patient's autonomy and choice	Resident accepts and supports patient's autonomy	Resident actively encourages patient's autonomy so that patient generates solutions
EMPATHY				
Low				High
1	2	3	4	5
Resident has little or no interest in the patient's perspective	Resident's efforts to understand the patient's perspective are sporadic and interpretations inaccurate	Resident is trying to understand the patient's perspective, but is only somewhat successful	Resident makes clear effort to understand patient's perspective	Resident shows evidence of true understanding of patient's perspective

Comments:

Resident asks lots of closed questions, distracted by computer, gives lots of information and advice without permission, does not consistently elicit patient's perspective.

1. Adapted from: T.B. Moyers, T. Martin, J.K. Manuel, W.R. Miller, 2003. *The Motivational Interviewing Treatment Integrity (MITI) Code*. Version 2.0. (2003) Available: <http://casaa.unm.edu/download/miti.pdf>. Retrieved May 28, 2014.

Interview with Adolescent, Motivational Interviewing with some Confrontation:



Resident Name: _____ Date: _____ Instructor: _____

Motivational Interviewing Skill Rating Worksheet¹

Circle the rating that best applies to each skill.

EVOCATION				
Low		High		
1	2	3	4	5
Resident gives patient reasons they need to change, and does not explore patient's knowledge, efforts, or motivation	Resident gives information without exploring patient's ideas	Resident shows no interest in patient's reasons for making change or plans to change. Provides generic information	Resident accepts patient's reasons for change. Does not educate or direct if patient resists	Resident works proactively to evoke patient's own reasons for change and ideas about how the change should happen
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Resident has little or no interest in the patient's perspective	Resident's efforts to understand the patient's perspective are sporadic and interpretations inaccurate	Resident is trying to understand the patient's perspective, but is only somewhat successful	Resident makes clear effort to understand patient's perspective	Resident shows evidence of true understanding of patient's perspective

Comments:

Resident evokes patient's point of view; uses both open and closed questions, uses reflections, normalizes patient's concerns; resident also very directive, especially toward end, jumps to change planning before patient is ready

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