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Manual for the Motivational Interviewing Skill Code (MISC)

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Manual for the Motivational Interviewing Skill Code (MISC)

Version 2.1

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A. Introduction to MISC Version 2.1

The Motivational Interviewing Skill Code (MISC) was originally developed in 1997 as a method for evaluating the quality of motivational interviewing (MI) from audiotapes and videotapes of individual counseling sessions. The possible uses of MISC include:

- Documenting counselor adherence to MI within clinical trial protocols
- Providing detailed session feedback for counselors in the process of learning MI, including specific goals for improved skillfulness
- Evaluating the effectiveness of training in MI by comparing counselor skills before and after training
- Conducting psychotherapy process research to examine relationships among counselor and client responses
- Predicting treatment outcome from psychotherapy process measures
- Generating new knowledge about MI and its underlying processes of efficacy

Over years of using MISC 1 we have learned much about which categories were redundant or unreliable, and also about which processes are most important to the effectiveness of MI. The MISC has also helped us to clarify the points at which skill acquisition in MI is more challenging.

Based on this experience, we have developed Version 2.1, which is intended to improve on earlier version of the MISC in reliability, efficiency, and relevance to training and clinical practice. A disadvantage of revising an instrument, of course, is that one must start over in demonstrating its reliability and validity. Although many strong features of MISC 1.0 have been retained, we have also made substantive changes that we believe will further strengthen this instrument. In the interim, while we are studying the characteristics of this new version, it may be desirable for some purposes to continue using MISC 1, which has known psychometric properties. Section A outlines the significant changes that have been introduced with MISC 2.1, and the rationale for these changes.

As psychometric data for MISC 2.1 emerge and further refinements are made, we will be issuing subsequent revisions. When revisions are minor, we will retain the same version number (e.g., 2.0) and give the date of update. As significant revisions are made that affect coding, we will change the version number designation (2.2, 2.3 etc.). Before making use of this coding system, check to make sure that you have the most current version. Information is posted on the Motivational Interviewing website at www.motivationalinterview.org.

A.1 Changes in the Structure of MISC

MISC Version 1 required three “passes” through each tape: (1) an initial pass for completing global rating scales; (2) a second pass in which each counselor and client utterance was classified within a behavior code; and (3) a final pass in which counselor and client talk time were recorded. In MISC 2.1 we no longer include the third pass for timing of relative counselor and client talk time. We found that the timing pass was not cost-effective. It yielded relatively little information for the additional time required, and did not add to the predictive utility of MISC. Investigators who are particularly interested in client and counselor talk time may,

of course, still choose to include this timing pass. We found that recording client and counselor talk time had very high inter-coder reliability (usually >.95).

MISC 2.0 retained two separate passes: a first pass for the global rating scales, and a second pass for behavior classifications. This proved quite challenging for coders, as it required them to track 18 counselor behavior codes and seven client behavior codes, six of which required an additional quantification of strength from –5 to +5. With MISC 2.1, we recommend a total of three separate passes: the first pass for global ratings, a second pass for counselor behavior codes, and a third pass for client behavior codes. With experienced coders, it may be possible to combine the second and third passes.

It would be conceivable, of course, to perform one pass each for therapist and client, in which behavior classifications are completed, then at the end of each pass to complete the global ratings. This may still be desirable in cases where therapy process and therapist competence are of more interest than is treatment integrity, particularly when cost is an issue. In general practice, however, we have chosen to retain three separate passes for three reasons. (1) The first pass allows the global ratings to be uncontaminated by behavior counts. (2) The first pass provides an uninterrupted overall perspective on the session, which we believe is helpful in making accurate global ratings. (3) If the same coder performs all three passes, the first pass provides a contextual perspective within which to complete the behavior codes. It remains to be determined whether in fact global ratings are biased by prior completion of behavior coding, or whether second pass codes are any different when done by coders who did (versus did not) complete the first pass.

Important new knowledge regarding the psycholinguistics of MI emerged from research directed by co-author Paul Amrhein. Previously we had been successful in predicting (lack of) behavior change from client resistance levels (e.g., Miller, Benefield & Tonigan, 1993). Mean levels of client “change talk,” however, rather consistently failed to predict behavior change – an important problem for the theory of motivational interviewing (Miller & Rollnick, 2002). Amrhein’s research revealed why change talk, as we were coding it in MISC 1, failed to predict behavioral outcomes (Amrhein et al., 2003). First, our definition of change talk included a wide range of statement types, including those reflecting desire, ability, reasons, need, and commitment to change. In Amrhein’s study, only commitment language predicted behavior change. The other four (desire, ability, reasons, and need) predicted the occurrence of subsequent committing language, and thus influenced behavior change indirectly. This finding paralleled what were previously described as “Phase 1" and “Phase 2" of MI (Miller & Rollnick, 1991). In Phase 1, the goal is to enhance motivation for change (e.g., by evoking client speech regarding desire, ability, reasons and need to change). In Phase 2 of MI, the goal shifts to strengthening commitment to change (i.e., evoking client committing speech). We had not differentiated these tasks before, and separate attention to committing speech turns out to be important. Using these new definitions for client language, the frequencies of both change talk and sustain talk independently predict outcomes (Moyers et al., 2007).

Second, we learned from Amrhein’s work that when predicting outcomes, the *slope* of committing speech across the course of an MI session may provide information above and beyond that obtained from the *mean* level of committing speech.

Finally, we discovered that client change language is not constant over an MI session. In highly structured MET sessions, Amrhein found that the strongest prediction of behavioral outcomes came from client speech toward the *end* of the session , when the client’s plan for change was the primary topic. Client commitment level at the beginning of an MI session, when clients discussed their reasons for presenting for treatment, did not predict the probability of behavior changeWhen client language is of interest we recommend coding the entire MI session with MISC so that dynamic patterns of this kind are not missed.

The fact that slope, in addition to mean, predicts behavior change suggested another adaptation of the MISC. In the second pass of MISC 1, we had simply kept a tally of the total number of responses within each behavior category across the entire coding period. This prevented us from examining behavior at different points in the session. A sequential coding system, the Sequential Code for Observing Process Exchanges (SCOPE), was developed for this purpose. Sequential coding retains the *order* in which therapist and client behaviors occur. Using the SCOPE, it is possible to evaluate the impact of therapist behaviors upon subsequent client behaviors (Moyers & Martin, 2006). Where detailed information about therapy process is desired, we recommend *sequential* recording of behavior codes using the SCOPE.

B. Coding Instructions: First Pass Global Ratings

The MISC 2.1 is designed for rating an interview between two individuals, identified in this manual as the Counselor and the Client. Many other descriptors could be used for the counselor (e.g., clinician, doctor, interviewer, practitioner, counselor) or client (e.g., consumer, patient, student**).** These particular terms are used here simply for convenience and consistency.

B.1 Global Counselor Ratings

A global score requires the coder to assign a single number from a seven-point scale to characterize the entire interaction. The first pass of MISC 2.1 includes counselor ratings on three dimensions: **Acceptance, Empathy and Spirit.** Global scores are intended to capture the rater's overall impression of the counselor's performance during the interview. While this may be accomplished by combining a variety of elements, the rater's gestalt or all-at-once judgment is paramount. The global scores should reflect a holistic evaluation of the counselor, one that cannot necessarily be separated into individual elements. Global scores are given on a 7-point Likert scale, with the coder assuming a beginning score of 4 and moving up or down from there. For projects evaluating the integrity of MI interventions, or those desiring greater comparability with MITI scores, the MITI 3.0 globals may be used here instead.

Specific Guidelines:

- All ratings on this form are on a **7-point Likert scale.**
- Ratings should be based primarily on the ***counselor's*** behavior during the observed session.
- Circle ***one and only one number*** for each item, and do not leave any item blank. Do not make ratings that fall between the whole numbers.
- These are global ratings, based on the ***entire*** **interview** or sample. Thus, for example, a rating of empathy is given for the ***whole*** **interview**, which might combine longer periods of high empathy and a few periods of low empathy.
- It is helpful to **note examples** of Empathy, Acceptance and Spirit on the Global Counselor Rating sheet as you listen to the session.

Acceptance

This rating captures the extent to which the counselor communicates unconditional positive regard for the client. A rating should be made starting at 4, and moving toward either the high (7) or low (1) end of the scale based on the following criteria:

***High Acceptance*.** Counselors high on this scale consistently **communicate acceptance and respect** to the client. They may be perceived as warm and supportive, but the key attribute is to communicate **unconditional positive regard** for the client.

Low Acceptance. Counselors at the low end of this scale consistently **communicate non-acceptance, disregard, or disapproval** of the client. They may be perceived as **judgmental, harsh, disrespectful, labeling, or condescending**.

Differentiating Acceptance from other counselor characteristics. Acceptance is **person-focused** (*unconditional positive regard*) and should not be confused with agreeing with the client's opinions or approving of the client's behavior. A counselor may:

Respect a client's opinions without agreeing with them (acceptance vs. agreement)

Accept a client's choices without approving of them (acceptance vs. behavioral approval)

Support the client as a worthwhile human being without either condoning or condemning the client's actions and views (acceptance vs. judgment)

Empathy

This rating is intended to capture the extent to which the counselor understands and/or makes an effort to accurately understand the client's perspective. A rating should be made starting at 4, and moving toward either the high (7) or low (1) end of the scale based on the following criteria:

High Empathy. Counselors high on this scale show an **active interest** in making sure they understand what the client is saying, including the **client's perceptions, situation, meaning, and feelings.** The counselor **accurately follows** or perceives a client's complex story or statement or probes gently to gain clarity. Reflective listening is an important part of empathy, but this global rating is intended to capture all efforts by the counselor to understand accurately the client's perspective and convey that understanding back to the client. Nevertheless, a high rating on Empathy requires more than question-asking, and reflects skillful use of reflective listening.

Low Empathy. Counselors at the low end of this scale show **little interest** in the client's own perspective and experiences. There is **little effort to gain a deeper understanding** of complex events and emotions. Counselors low in empathy may probe for **factual information** or to **pursue an agenda**, but they do not do so for the sole purpose of understanding their client's perspective. Reflective listening is noticeably absent.

Differentiating empathy from other counselor characteristics. Empathy is not to be confused with warmth, acceptance, genuineness or client advocacy. These characteristics are independent of the empathy rating. It is possible for a counselor to:

Work very hard to understand the client's perspective but not be especially warm or friendly while doing so. (empathy vs. warmth)

Understand fully without accepting the client's perspective. (empathy vs. acceptance)

Be fully present and authentic, but not make efforts to understand the client's perspective. (genuineness vs. empathy)

Be invested in helping the client or gaining services for them without a particular effort to understand the client's perspective (client advocacy vs. empathy)

Motivational Interviewing Spirit

This rating is intended to capture the **overall competence of the counselor in using motivational interviewing**. It explicitly focuses on the three inter-related characteristics of **collaboration**, **evocation,** and **autonomy.** The rater should consider all three of these characteristics when assigning a value for this scale, and low scores in any of these dimensions should be reflected in a lower overall spirit score. Nevertheless, the global spirit rating is intended to capture the whole *gestalt* of the counselor's competence without too much "picking apart" of the scale's components. A rating should be made starting at 4, and moving toward either the high (7) or low (1) end of the scale based on the following criteria:

High MI Spirit. Counselors at the highest end of this scale clearly manifest all three of the following characteristics in the session:

Collaboration is apparent when counselors negotiate with the client and avoid an authoritarian stance. Counselors show respect for a variety of ideas about how change can occur and can accept differences between their ideal plan and what clients are willing to endorse. They avoid persuasion and instead focus on supporting and exploring the client's own concerns and ideas. These counselors minimize power differentials and interact with their clients as partners.

Evocation is apparent when counselors draw out the client's perspectives rather than "installing" the counselor's knowledge, insights and advice. They do not educate or give opinions without permission. They are curious and patient. They give the client the benefit of the doubt about wanting to change and show a focused intent to draw out the client's own desire and reasons for changing. Counselors high in evocation show an active interest in helping clients say to themselves the reasons that change can and should happen.

Autonomy-supportive counselors accept that clients can choose not to change. They may be invested in specific behavior changes, but do not push for an immediate commitment at the expense of "taking the long view" about the option of change in the future. They emphasize the client's freedom of choice, and convey an understanding that the **critical variables for change are within the client and cannot be imposed** by others.

Low MI Spirit. Counselors at the lowest end of this scale clearly manifest low levels of collaboration, evocation, and support for autonomy:

Low Collaboration is evident when counselors **confront** clients with their point of view. An **authoritarian and rigid** stance is apparent and little effort is made to include the client's ideas about how change might be accomplished. Low collaboration counselors attempt to **persuade** clients about the need for change. These counselors seem to view their clients as deficient in some manner and attempt to provide what is missing, often using an **"expert" stance** to do so. These counselors convey a sense of having **expertise** the client needs in order to make a change.

Low Evocation is evident when the counselor shows little or no interest in exploring the client's own reasons for change. They may convey an attitude of **suspicion or cynicism** about the client's desire to change. They may focus on giving information and advice, educating the client or giving logical reasons for changing. These occur at the expense of arranging conversations so that the client talks himself or herself into changing.

Low Autonomy counselors communicate a lack of acceptance that clients might choose to avoid or delay change. They convey a **sense of urgency** about the need for change, and may use imperative language, telling clients what they "must" or "have to" do. Little emphasis or acknowledgment is given to the client's freedom of choice and self-determination.

Differentiating MI spirit from other characteristics. Motivational Interviewing Spirit is not to be confused with sympathy, expertise, education, skills-building, uncovering unconscious motivations or spiritual guidance. A counselor might:

Feel sad that the client has so many burdens, without conveying a sense that the counselor can solve them. (sympathy vs. MI spirit)

Be able to give excellent advice to the client about how to solve problems, but fail to ask the client what he or she has already thought of. (expertise vs. MI spirit)

Help clients replace irrational thoughts about the benefits of continuing in a maladaptive behavior, rather than explore the client's perceived benefits. (skill-building vs. MI spirit)

Probe developmental antecedents of the client's need for a behavior, rather than asking about how this behavior is consistent or inconsistent with the client's current values and goals. (uncovering unconscious motivations vs. MI spirit)

Help the client to contact or utilize spiritual resources to assist in changing, rather than using reflective listening and open questions to determine the client's strengths and successes (spiritual guidance vs. MI spirit)

B.2 Global Client Rating

The MISC 2.1 uses a single global rating of client Self-Exploration during a treatment session. This rating closely parallels the construct of experiencing used by Truax and Carkhuff in the study of client-centered therapy. The rating should reflect the client's **high point** during the session. This is a period (more than momentary) that reflects the client's highest level of self-exploration during the session. Because client's behavior often changes markedly over the course of a session, this is *not meant to be an average across the entire session.*

Specific Guidelines:

- The rating is made on a **7-point Likert scale.** Assign the rating that best describes the client's high point of self-exploration during the session.
- The rating should be based primarily on the ***client's*** behavior during the observed session.
- Circle ***one and only one number***, and do not leave this item blank. Do not make a rating that falls between the numbers.

- It is helpful to **note examples** of self-exploration and personally relevant material on the rating sheet as you listen to the session.

Client Self-Exploration (based on Truax & Carkhuff)

Rating	Description
1	No personally relevant material is revealed or discussed by the client during the session.
2	The client avoids bringing up personally relevant material but may respond minimally if the counselor brings it up.
3	The client may respond to and elaborate on personally relevant material that is brought up by the counselor, but does not add significant material or volunteers information in a mechanical manner or without demonstration of emotional feeling.
4	The client elaborates on or volunteers personally relevant material with either spontaneity (not directly solicited by the counselor) or feeling, but not both.
5	The client elaborates on personally relevant material with both spontaneity (not directly solicited by the counselor) and feeling.
6	The client explores and discusses personally relevant material, discovering new feelings, perspectives, or personal meanings.
7	The client engages in active intrapersonal exploration, openly exploring values, feelings, relationships, fears, turmoil, life-choices, and perceptions of others. Clients may experience a shift in perception.

Defining "Personally Relevant Material" in Coding Self-Exploration

Personally relevant material may include expression or exploration of the following:

- Personal problems
- Self-descriptions that reveal the self to the counselor, expressions of the internal world
- Personally private material which when revealed tends to make the client more vulnerable or could be personally damaging
- Personal values, life choices
- Expression of feelings
- Personal roles, perception of one's relationship to others
- Perception of self worth

C. Coding Instructions: Second Pass Behavior Counts

C.1 Counselor Behavior Counts

Behavior counts are intended to capture specific behaviors without regard to how they fit into the overall impression of the counselor's use of MI. While the context of the exchange will have some influence on the rater, behavior counts will *generally* be determined as a result of categorization and decision rules (rather than attempting to grasp an overall impression). Relying on inference to determine a behavior count is to be avoided.

C.2. Defining Counselor Utterances

- An utterance is a **complete thought**.
- An utterance ends either when one thought is completed or a new thought begins with the same speaker, or by an utterance from the other speaker.
- If two consecutive sentences merit different codes (e.g., a Reflection followed by a Question), they are, by definition, separate utterances. **Example: "**So you feel confident that you can quit. What gives you that confidence?"
- Two utterances often **run together** without interruption, as with a sentence that contains more than one thought. **Example:** "You seem disappointed that you haven't quit, but you've made a fantastic effort." This is one sentence that is both a **Reflection** and an **Affirm** and should receive multiple codes.
- A client response always terminates a counselor utterance, and the next counselor utterance becomes a new response.

  Examples: (Counselor in normal type - **Client** in bold type.)

  "So you've cut down by ten cigarettes a day **(Yes)** and you smoke more in the morning than in the afternoon." Reflect/ **Follow Neutral**/ Reflect

  "It's not easy **(No, it's not)** to quit." Support/ **Follow Neutral**

  "You feel like you can (**Yes**) do this." Reflect/ **Change talk**

  "So you've told me that you don't like the smell of cigarettes, **(Yeah)**, the expense **(Uh-huh)** and what they do to your health." **(Right)**.

  Summary/ **Change talk/** Summary/ **Change Talk/** Summary/ **Change Talk**

C.3. Coding Counselor Utterances

- Once an utterance is complete decide in which of the main behavior categories it belongs. In some cases, sub classification is required within a category.
- The tape may be stopped in order to deliberate carefully.
- Each utterance receives one and only one code. The same utterance may never be given two different codes.

- Separate utterances, even if they occur within the same sentence, may each receive a separate code.

> "Good morning, Susan./ Thank you for taking the time to speak with me this morning./ I'd like to start by talking about our last conversation./ Does that sound ok to you?" (Filler/ Affirm/ Structure/ Closed Question)

C.4. Volleys: Definition

A *volley* is an **uninterrupted sequence of utterances** by one party, before another party speaks.

> "It isn't my job to force you to quit or cut down. That's totally up to you. Only you know what's right for you./ We'll meet every week during the study, /but again whether or not you decide to make a change is your decision."

A volley is terminated when the other party speaks.

C.5. Coding of Volleys

> A volley may contain only one of each behavior code. Once a behavior count is assigned within the volley it is not assigned again. Thus, as in the example above, the counselor Emphasizes Control in the first three utterances. The fourth utterance contains Structure and another Emphasize Control. The whole volley would be coded as Emphasize Control, Structure. (EC/ST)

C.6. Behavior Categories: Definitions and Abbreviations

There are 15 major categories of counselor behavior in MISC 2.1. Each has a unique 2-letter code. Four categories require differentiation between two subcategories, which are 3-letter codes. For these four categories, the two-letter codes (AD, QU, RC, RE) are not permissible alone, but must include the third (subcategory) designation. The Counselor Behavior categories are:

AD	Advise	Required subcategories: with (ADP) or without permission (ADW)
AF	Affirm	
CO	Confront	
DI	Direct	
EC	Emphasize Control	
FA	Facilitate	
FI	Filler	
GI	Giving Information	
QU	Question	Required subcategories: Closed (QUC) or Open Question (QUO)
RC	Raise Concern	Required subcategories: with (RCP) or without permission (RCW)
RE	Reflect	Required subcategories: Simple (RES) or Complex (REC)
RF	Reframe	
SU	Support	
ST	Structure	
WA	Warn	

Advise (with or without permission) (ADP/ADW)

The counselor gives **advice, makes a suggestion, or offers a solution or possible action.** These will usually contain language that indicates that advice is being given: should, why don't you, consider, try, suggest, advise, you could, etc.

Advise requires sub classification for whether the advice was given **with or without prior permission** from the client.

Prior permission can be in the form of a request from the client, or in the counselor asking the client's permission to offer it.

Indirect forms of permission asking may also occur, such as a counselor statement that gives the client permission to disregard the advice ("This may or may not make sense to you").

(ADP) **Advice with permission:**

"Would it be all right if I suggested something?"
"We could try brainstorming to come up with ideas about quitting if you like."

(ADW) without permission:

"Consider buying more fruits and vegetables when you shop."
"You could ask your friends not to drink at your house."

Differentiating Advise from other categories

Advise should not be confused with Direct or Question.

"Don't let your friends drink at your house."	**Direct** due to the imperative "*Don't*"
"Could you ask your friends not to drink at your house?"	**Closed Question**.
"What could you ask your friends to do to help you?"	**Open Question**.

Affirm. (AF)

The counselor says something **positive or complimentary** to the client. It may be in the form of expressed **appreciation, confidence or reinforcement**.

The counselor comments on the client's **strengths or efforts**.

It is not necessary to subclassify Affirm responses.

Appreciation. The counselor compliments the client on a **trait, attribute, or strength**.
The reference can be to a "stable, internal" characteristic of the client, something positive that refers to an aspect of the client that would endure across time or situations (smart, resourceful, patient, strong, etc.). It may also be for **effort.**

"You're a very resourceful person."
"Thank you for coming today."
"You've made a huge cut in your smoking."
"I've enjoyed talking with you today."

Confidence. The counselor makes a remark that bespeaks **confidence in the client's ability** to do something, to make a change; it predicts success, or otherwise supports client self-efficacy. These are related to a particular task, goal, or change.

Client: "I don't think I can do it."
Counselor: "You've succeeded through some difficult changes in the past"

Reinforcement. These are general **encouraging** or "applause" statements even if they do not directly comment on a client's nature, and do not speak directly to self-efficacy. They tend to be short.

"That's a good idea."
"Good for you."
"That's good."

Differentiating Affirm from other categories

Affirm should not be confused with Support or Emphasize Control.

Support takes on a **sympathetic** or **agreeing** quality, while affirm comments favorably on a client **characteristic,** bespeaks **confidence**, **congratulates** or **encourages.**

Emphasize Control takes precedence over Affirm when a counselor response could be interpreted as both.

"That must have been difficult."	**Support** (sympathetic not appreciative)
"You've accomplished a difficult task."	**Affirm** (effort/reinforcement)
"It was your decision to come here today."	**Emphasize Control**
"Thank you for coming today."	**Affirm** (appreciation)

Confront. (CO)

These are the expert-like responses that have a particular **negative-parent quality**, an uneven power relationship accompanied by disapproval, disagreement, or negativity. There is a sense of "expert over-ride" of what the client says.

The counselor ***directly*** **disagrees, argues, corrects, shames, blames, seeks to persuade, criticizes, judges, labels, moralizes, ridicules, or questions the client's honesty**.

Included here are utterances that have the form of questions or reflections, but through their content or **emphatic voice tone** clearly constitute a roadblock or confrontation.

If you are in **doubt** as to whether a behavior was a confront or some other code do *not* code it as Confront.

Re-emphasizing negative consequences that are already known by the client constitutes a Confront, except in the context of a Reflection. The Reflection restates information presented by the client and is merely reflected back to the client without disapproval or negativity.

Client: "I can't believe they took my license away."
Couselor: "You knew you'd lose your license and you drove anyway." **Confront** (criticizes)

Client: "I looked for a job this week."
Counselor: "Sure you did. Right." (Disbelieving, sarcastic voice tone) **Confront**

Client: "I thought when I got pregnant I'd quit smoking for the baby, but I haven't"
Counselor: "You're willing to jeopardize the baby's health just for cigarettes." **Confront** (judgmental, shaming, re-emphasizes consequences not voiced by the client)

Differentiating Confront from other categories

Do not confuse Confront with Reflect or Question or Facilitate.

Confront should be unmistakably confrontational. Subtle inference is not sufficient reason to code a counselor's behavior as Confront.

If a question has a sarcastic tone, code as Confront as referenced above.

Client: "I don't really have a problem with alcohol."

Counselor: Drinking really hasn't caused problems for you. **Reflection**

or *Counselor: So YOU think that you don't have any problems AT ALL!* **Confront** (conveyed by sarcastic tone in vocal emphasis)

Client**:** "I can't believe I missed work and blew a good job just to party.

Counselor: "It seems like a high price to pay for a good time." **Reflection**

or *Counselor: "Well, surprise surprise! Imagine that!"* **Confront** (sarcasm)

Client: "I don't care if I lose my job because I drink too much."

Counselor: "Losing your job is a pretty high price to pay for having a good time" **Confront** (disagrees)

or *Counselor: It really doesn't matter to you.* ***Reflect***

Client: "I feel kind of run down."

Counselor: "Don't you understand what drinking is doing to your health?" **Confront**

or *Counselor: "Do you think alcohol is affecting your health?"* **Question** (not sarcastic in tone)

or *Counselor: "D'ya think that alcohol might be responsible, maybe?* **Confront** (sarcastic tone)

Client: "I didn't drink all weekend."

Counselor: "So you say. Tell me another one." **Confront**

or *Counselor:* "Uh huh" **Facilitate**

Occasionally a Confront can masquerade as an Affirm.

Client: I went for five days without drinking this week.

Counselor: I told you you could do it! **Confront** (Expert, paternal quality)

or *Counselor: Good for you!* **Affirm**

Client: I'm doing a little better, I guess, but I feel like it's pretty hopeless.

Counselor: But look how much progress you've made! **Confront** (disagreement)

or *Counselor: You can see some progress, but mostly you're discouraged.* **Reflect**

Direct (DI)

The counselor gives an **order, command, or direction**. The language is imperative.

"Don't say that!"
"Get out there and find a job."

Phrases with the effect of the imperative tone include

"You need to___."

"I want you to___."

"You have to___"

"You must___."

"You can't___."

Examples:

"I want you to watch this video."
"You've got to stop drinking."
"You must have more respect for yourself."

Differentiating Direct from other categories

Direct should not be confused with Affirm, Advise or Confront.

"You could try looking for a job this week."	**Advise**
"I want you to try to find a job."	**Direct**
"There's no reason for you not to be working."	**Confront**
"You should be proud of yourself for finding a job."	**Affirm**
"Now get out there and get a job!"	**Direct**

Emphasize Control. (EC)

The counselor directly acknowledges, honors, or emphasizes the client's **freedom of choice, autonomy**, **personal responsibility**, etc. This may also be stated in the negative, as in "Nobody can make you change." There is no tone of blaming or faultfinding.

Statements acknowledging the client's autonomy in an accomplishment are coded as Emphasize Control rather than Affirm.

Client: "I went for five days this week without drinking"

Counselor: You made that choice. **Emphasize Control**

or *Counselor: Good for you!* **Affirm**

Emphasize Control takes precedence over Affirm or Reflect when a counselor response could be interpreted as both.

"It is totally up to you whether you quit or cut down."
"It's your decision."
"You know what's best for you." (No sarcasm)

Differentiating Emphasizing control from other categories

Emphasize Control should not be confused with Affirm, or Confront, or Reflect.

When one utterance can clearly be coded as an Emphasize Control, an Affirm or a Reflect, Emphasize Control takes precedence.

"It's great that you're doing this for yourself." **Affirm** (reinforcement)

"It's your decision whether you quit or not." **Emphasize Control** (freedom of choice)

Client: " I'm finding this difficult."

Counselor: "You're the one who has to change." **Confront** (negative quality)

Client: "I need to make up my mind about drugs."

Counselor: " You're ready to make a decision." **Reflect**

Client: "Since I'm quitting, I won't allow smoking in the house."

Counselor: "You're setting your own goals and boundaries." **Emphasize Control** (not Reflect)

Facilitate. (FA)

These are simple utterances that function as **keep going** acknowledgments. "Mm Hmm." "OK." "Tell me more." "I see."

Facilitate responses are **stand alone** utterances. They do not usually occur with other counselor responses in the same volley. Do not code as Facilitate if the vocal sound is a preface to some other counselor response like a Question or a Reflect. In these combinations, code only the second response. No Facilitate would be coded for:

"OK, well let's get started with these questionnaires, then." **Structure**

Do not code as Facilitate if the vocal sound serves as **a time holder** (uh . . .) that serves to delay the client's response, rather than having the "go ahead" function. These are not coded at all. Instead what follows is coded.

"Uhhhhhh, I think it's about four standard drinks." **Giving Information**

In videotape coding, **do not code a head-nod** or other nonverbal acknowledgment as Facilitate, unless it is accompanied by an audible utterance.

A counselor may make an utterance that sounds like a Facilitate but has a **negative or sarcastic quality.** It must unambiguously disagree, question the client's honesty, express sarcasm, etc. These have a "Hah!" or "Aha!" or cynical "Yeah, right!" quality. **Code as Confront.**

Differentiating facilitate from other categories

Do not confuse Facilitate with Question or Confront.

Some brief utterances sound like Questions, but function as Facilitates: "Oh, did you?" "Really!" If voice tone *clearly* implies skepticism ("Oh you did, did you?") it would be coded as **Confront.**

If a Facilitate has a sarcastic or cynical quality it is coded as a Confront. When in doubt code, however, as Facilitate rather than Confront.

Filler. (FI)

This is a code for the few responses that are not codeable elsewhere: **pleasantries**, etc. It should not be used often. If these exceed 5% of Counselor responses, they are probably being over-coded.

"Good Morning, John."

"I assume you found a parking space OK."

"Nice weather today!"

Giving Information (GI)

The counselor gives **information** to the client, **explains something**, **educates** or **provides feedback** or **discloses personal information**.

When the counselor gives an opinion but does not advise, this category would be used.

It is no longer necessary to distinguish among types of Giving Information. If a Counselor response fits any of the following example types, code it as Giving Information.

Some example types of Giving Information include providing feedback from assessment instruments, explaining ideas or concepts relevant to the intervention, or educating about a topic

Providing feedback from assessment

"You indicated during the assessment that you typically drink about 18 standard drinks per week. This places you in the 96th percentile for men your age." **Giving Information**

"Your blood pressure was elevated when the nurse took it this morning." **Giving Information**

Personal feedback about the client that is not already available.

"Your doctor tells me you've been struggling with your glycemic control."**Giving Information**

"I talked to your wife and she said she was really worried about your drinking." **Giving Information**

Explaining ideas or concepts relevant to the intervention

"This homework assignment to keep a diary of your urges to drink is important because an urge is like a warning bell, telling you to wake up and do something different." **Giving Information**

Educating about a topic

> "Individuals who eat five fruits and vegetables each day reduce their cancer risk five fold. For certain kinds of cancer, like colon cancer, it's even more of a reduction." **Giving Information**

Differentiating Giving Information from other categories

Giving Information should not be confused with **Warn, Direct, Confront, Advise** or **Reflect.**

Reviewing information contained on assessment instruments does not typically qualify as a Reflection.

Informing can become a Warn if there is a tone of threat or if..then

> "If you do tell me that you've used drugs, I am required to disclose that to your probation officer." **Giving Information**

> "If you tell me that you've been using drugs, I'm going to tell your probation officer." **Warn**

Giving Information can be combined with other responses that go beyond the simple provision of information:

> "You indicated during the assessment that you typically drink about 48 standard drinks per week. That much drinking is bound to damage your health sooner or later." **Giving Information/ Warn**

> "Here is a diary that you can use to keep track of urges." **Giving Information**

> "Keep track of your urges this week, using this diary, and bring it in next week to review with me." **Direct**

> "Well, you are only eating two fruits per day according to this chart, even though you think you are eating five. It can be easy to deceive yourself." **Confront**

> "AA worked for me (**Giving Information**), and it will work for you if you give it a try (**Confront**). We need to find the right AA meeting for you. You just didn't find a good one." **(Advice without Permission)**

Question. (QU)

The counselor asks a question in order to **gather information**, **understand**, or **elicit the client's story**. Generally these begin with a question marker word**: Who, What, Why, When, How, Where**, etc.

Questions require sub classification as either Closed **(QUC) or** Open **(QUO)**

A question may also be stated in **imperative statement** language: "Tell me about your family." (QUO) These are coded as Question, and *not* as Direct.

There may be two separate utterances that constitute **both a Reflect and a Question**. In transcript these would usually be written as separate sentences. Sometimes, however, the counselor begins with a Reflect but turns it into a Question to check the accuracy of the Reflection or to move forward. When both elements are present within the same utterance, **only the Question is coded.**

The exception to this is "near reflection" when a Reflect is inflected upward at the end (implying a question), and that is *the only* difference from a reflective listening statement. Reflections that are inflected upward at the end are still coded as **Reflect**, unless they contain specific words that mark them as a question.

> Client: I'm just not sure what's going to happen with this relationship. Sometimes we seem to be so good together, and sometimes it's a disaster.
>
> *Counselor: This relationship has been a mixed blessing for you.* **Reflect**

or *Counselor: This relationship has been a mixed blessing for you? (voice inflects upward at the end)* **Reflect**

or *Counselor: This relationship has been a mixed blessing for you, has it?* **Closed Question** because of the question words "has it?" inserted at the end.

or *Counselor: This relationship has been a mixed blessing for you. Tell me more about how you are together.* **Reflect/ Open Question**

or *Counselor: Has it been kind of a mixed blessing for you?* **Closed Question**

Closed Question. **(QUC)**

The question implies a short answer: **Yes or no, a specific fact, a number, etc**.

The question specifies a **restricted range** or satisfies a **questionnaire** or **multiple-choice** format.

This includes a **"spoiled open question"** where the counselor begins with an open question but ends it by asking a Closed Question. In this case, the QUO is not coded, but only QUC.

> "Tell me about your smoking. How old were you when you started?" **Closed Question** (A "spoiled open question")

All of these are Closed Questions:

> "Did you use heroin this week?" (Yes or No answer)
>
> "Where do you live?" (Specific fact)
>
> "Do you want to stay where you're at, quit, or cut down?" (Multiple choice)
>
> "On a scale from 0-10 how motivated are you to quit?" (Restricted range)

Open Questions. **(QUO)**

An open question is coded when the counselor asks a question that allows a **wide range of possible answers.**

The question may **seek information, invite the client's perspective, or encourage self-exploration.**

The Open Question allows for the **option of surprise** for the counselor.

If a counselor asks an Open Question and then gives a **series of "for example" questions** before the client answers, this is coded as ***one*** Open Question.

> "What problems has cocaine caused for you? – health problems, legal problems, family problems, money problems?" This is one **QUO**

An Open Question need not be in the form of a question. "**Tell me more**", is an Open Question.

These are all Open Questions:

> "How might you be able to do that?"
>
> "How do you feel about that?"
>
> "In what ways has being overweight caused problems for you? For example, I wonder if you've felt bad about yourself, been left out of things, had health problems . .Things like that."
>
> "Tell me about your smoking."

Differentiating Questions from other categories

Question should not be confused with Facilitate, Confront or Reflect

To qualify as a near reflection and be coded as **Reflect**, the utterance must be a reflection by definition, with the *only* difference being the inflection of voice at the end of the sentence.
If question words are added to a reflection, code it as a **Question.**

Facilitate responses may resemble questions, but are characteristically short, and their function is to communicate, "Keep going."

Confront responses may also take the linguistic form of a question, but if they meet the definition for confrontation (above) they are coded as **Confront**.

> "Really?" "Do you?" **Facilitate** (keep going, not sarcastic)
>
> "How could you possibly not know what would happen? **Confront** (critical, shaming)
>
> "You smoke 15 cigarettes a day, . . or is it 20? **Closed Question (**unless the context makes it an obvious **Confront)**

"So you you're drinking more. How much more?" **Reflect/ Open Question**

Client: "My drinking is OK during the week, but I really go overboard on the weekends."

Counselor:"You're OK except on the weekends?" **Reflect** (near reflection)

vs *Counselor:"Are you OK except on the weekends?"* **Closed Question**

or *Counselor*: "*You're OK except on weekends, are you?* **Closed Question**

Raise Concern (with or without permission) (RCP/ RCW)

The counselor points out a **possible problem** with a client's goal, plan, or intention.

It always contains language that marks it as the **counselor's concern** (rather than fact).

Raise Concern always requires sub classification as to whether the concern was raised with or without **permission.**

Prior permission can be in the form of a request from the client or in the counselor asking the client's permission to offer it.

Indirect forms of permission asking may also occur, such as a counselor's statement that gives the client permission to disregard the counselor's concern.

Raise Concern may include elements of **possible negative consequences** as long as these are expressed as the **counselor's own concern**.

Examples: Raise Concern with Permission (RCP)

"This may not seem important to you, but I'm worried about your plan to move back to your old neighborhood".

"Is it OK if I tell you a concern that I have about that? I wonder if it puts you in a situation where it might be easy to start using again?

Client: What do you think of that idea?

Counselor: Well, frankly it worries me.

Examples: Raise Concern without Permission (RCW)

"I'm worried that you may have trouble when you're around your old friends."

"I think you may wind up using again with your old friends."

Differentiating Raise Concern from other categories

Do not confuse Raise Concern with Advise, Support, Question, Giving Information, Confront or Warn.

Advise is coded when the counselor is suggesting a form of action. Raise Concern does not advise a course of action, but rather points to a potential problem or issue for the client's consideration.

Support includes statements of compassion that can appear similar in language. The difference is that Raise Concern points to a particular issue, problem, or risk.

If concern is raised in the form of a question, code as *Question*, **unless** the counselor is asking permission to raise a concern in the form of a question.

In *Giving Information* the counselor provides factual information that is not identified as a concern.

Confront involves direct disagreement, argument, criticism, shame, blame, judgment, moralization, disapproval, etc. Confront has a particular negative-parent quality that acts as a roadblock or confrontation. Confront contains language that implies the concern as "fact" rather than opinion or concern. Raise Concern contains language that identifies it as the counselor's concern only.

Warn always threatens or implies negative consequences without identifying them as the counselor's concern.

"I'm worried that you'll use drugs when you're bored.	**RCW-** (no advice given)
"You could ride your bike when you get bored."	**Advise** (makes a suggestion)
"I've been concerned about you this week."	**Support** (sympathetic, no specific issue)
"Could I tell you what concerns me about your plan?"	**RCP** (not coded as Question)
"Boredom is a common trigger for drug use."	**Giving Information** (if the context does not imply Warn)
"How will you keep on track when you go back home?"	**Open Question**, not RCW or Confront)
"There's no way your plan will work if you're around your old friends."	**Confront** (factual statement)
"I'm concerned that you are an alcoholic".	**Confront** (labeling)
"If you get bored you'll use drugs."	**Warn** (negative consequences, not concern, fact)

Reflect. (RES/REC)

A reflection is a reflective listening statement made by the counselor **in response** to a client statement.

It can reflect client utterances from the current or **previous sessions**.

Reflections **capture and return** to the client something that the client has said.

Reflections can simply **repeat** or **rephrase** what the client has said or may **introduce new meaning** or **material**.

Reflections can **summarize** part or all of a session.

Information that was provided by the client in a **questionnaire** or on an **intake form** can be coded as **Reflect** as long as it does not give the client new information.

Reflections require sub classification as either Simple **(RES) or**, Complex **(REC)**

When a coder cannot distinguish between a **Simple** and **Complex Reflection**, the **Simple Reflection** is the **default category.**

A reflection is still coded as **Reflect** even if the counselor's voice inflects upward at the end (a "near reflection"), as long as no question words are added. That is, the **Reflect** must be identical in all respects to a statement, except for the voice inflection at the end. **Near Reflections** may be coded separately from **Reflect** statements, as discussed below.

Simple Reflection. (RES)

Simple Reflections add **little or no meaning** or **emphasis** to what the client has said.

Simple reflections **merely convey understanding** or facilitate client/counselor exchanges.

Simply **repeating or rephrasing** what the client has said qualifies as a Simple Reflection.

They may identify very important or intense client **emotions** but do not go far beyond the original overt content of the client's statement.

Summaries pull together points from two or more prior client turns. Summaries are usually Complex Reflections, but can be coded as Simple Reflections if they add little or nothing to prior client statements. When in doubt, code a summary reflection as complex **(REC).** (There is no longer a separate Summary code.)

Complex Reflections. (REC)

Complex Reflections typically **add substantial meaning** or **emphasis** to what the client has said.

They convey a **deeper or richer** picture of the client's statement.

They contain significantly more or different content from what the client actually said.

The counselor may add **subtle or obvious** content or meaning to the client's words.

The following are almost always Complex Reflections

Analogy, metaphor and simile (not stated by the client)

Exaggeration or amplification by **understating or overstating**

"Continuing the paragraph" by anticipation of what the client might reasonably say next

Double-sided reflection containing both sides of ambivalence in a single Reflect

Summaries are usually coded as Complex Reflections when they add content or meaning to client statements.

Examples

Client: "I wouldn't mind coming here for treatment but I don't want to go to one of those places where everyone sits around crying and complaining all day."

Counselor: "You don't want to do that." **Simple Reflection**

Counselor: "So you're kind of wondering what it would be like here." **Complex Reflection**

Client: "The court sent me here."

Counselor: "That's why you're here." **Simple Reflection**

Counselor: "That's the <u>only</u> reason you're here." **Complex Reflection** (by amplication)

Client: "At one time I was pretty much anti anything but marijuana.

Counselor: "Marijuana was OK" **Simple Reflection**

Counselor: "That's where you drew the line." **Complex Reflection**

Client: "Everyone's getting on me about my drinking."

Counselor: "Kind of like a bunch of crows pecking at you." **Complex Reflection** (simile)

Client: "I don't like what smoking does to my health, but it really reduces my stress.

Counselor: "On one hand you're concerned about your health, on the other you need the relief." **Complex Reflection** (double-sided)

Counselor: "You don't like what smoking does to your health, but it's a stress-reducer" **Simple Reflection** because it adds nothing to what the client just said.

Client: "I'm a little upset with my daughter."

Counselor: "You're really angry at her." **Complex Reflection** (overstates)

Counselor (looking at questionnaire): So you said you eat about five fruits and vegetables a day, and that is the usual recommended daily level." **Simple Reflection/ Giving Information**

Near Reflections. (NRS, NRC)

The codes NRS (Near Reflect Simple) and NRC (Near Reflect Complex) can be used to differentiate Reflects in which the voice inflects upward at the end. This is included as an option - an investigator may elect just to collapse Near Reflects with Reflects, in which case they would be coded only RES or REC as described above.

The purpose of including the Near Reflect code is to differentiate a counselor who is thinking reflectively, but missing the optimal form of a reflection by using a questioning tone at the end. A Near Reflection serves to reflect a client statement, but **raises the voice inflection** at the end, causing the reflection to resemble a question.

A Near Reflection must **qualify as a reflection** in every sense except for the inflection at the end of the statement. If words are added to the front or end of the statement that would typically mark a question, then Question is coded instead of Reflect.

Like other Reflect responses, Near Reflections require sub classification as either Simple **(NRS)** or Complex **(NRC).**

Examples:

Client: "I'm OK drinking during the week, but I really drink a lot on the weekends."

Counselor: "You're OK except on the weekend." **RES**

Counselor: "You're OK except on the weekend?" **NRS**

Client: "I've tried to quit, but maybe I haven't tried hard enough."

Counselor: "You haven't given it your best effort yet?" **NRC**

Counselor: "You haven't given it your best effort yet." **REC**

Counselor: "Have you given it your best effort? **QUC Closed Question**

Counselor: "What have you tried so far?" **QUO Open Question**

Differentiating Reflections from other categories.

Reflections can be similar to Affirmations, Confronts**,** Emphasize Control, Question, or Giving Information.

What may sound like an **Affirm** is a **Reflect** if it is reflecting what the client has said himself or herself. Similarly, in differentiating **Reflect** from **Emphasize Control**, the key factor is whether the counselor is reflecting something that the client has just said.

Near Reflect should not be confused with **Question**. Simply inflecting the voice upward at the end of a **Reflect** does not make it a question.

The differential between **Confront** and **Reflect** usually has to do with added emphasis that provides a clear tone of disagreement or sarcasm. Particularly subtle is differentiation between **Confront** and an amplified reflection. Confront should be unmistakably confrontational. Subtle inference is not sufficient reason to code a counselor's behavior as Confront. When in doubt, **Reflect** is the default.

Examples:

Client: "I don't really have a problem with alcohol."

Counselor: Drinking really hasn't caused problems for you. **Reflection**

or *Counselor: So YOU think that you don't have a problem in the world!* **Confront** (conveyed by sarcastic tone in vocal emphasis)

Client: "I don't care if I lose my job because I drink too much."

Counselor: "Losing your job is a pretty high price to pay for having a good time"
Confront (disagrees - this is not a reflection of what the client said)

or *Counselor: It really doesn't matter to you* **Complex Reflect**

Counselor: It really doesn't matter to you at all. **Complex Reflect** *(amplified)*

Client: "I think I can do this."

Counselor: You believe in yourself **Complex Reflect** (not **Affirm**)

Client: "I drank this weekend."

Counselor: "So you went and <u>drank</u> this weekend." **Confront** (from judgmental tone)

Client: "I really think I can quit this time."

Counselor: You're pretty sure you can do it." **Reflect**

Counselor: "You're very strong and resourceful." **Affirm**

Counselor: "It's a decision only you can make." **Emphasize Control.**

Reframe. (RF)

The counselor suggests a **different meaning** for an experience expressed by the client, placing it in a new light.

These generally have the quality of **changing the emotional valence** of meaning from negative to positive or from positive to negative.

Reframes generally **meet the criteria for Reflect** but go further than adding meaning or emphasis by actually **changing the valence** of meaning and not just the depth.

Reframing can involve giving the client **new information** in order to see their situation from a different perspective. In this case the information is a vehicle for reframing, and the default is **v Reframe.**

Examples:

Client: My husband is always nagging me about taking my medication.

Counselor: "Sounds like he's pretty concerned about you." **Reframe** ("nagging" as "concern")

Client: "My wife and kids know I've cut down a lot, but every time I do smoke they make a remark."

Counselor: Their efforts to help feel like pressure to quit. **Reframe** ("pressure" as "help")

Differentiating Reframe from other characteristics

Reframe needs to be differentiated from **Reflect, Affirm, Giving Information**, and **Confront**

The above examples certainly reflect counselor understanding but they also change the valence or emotional charge of a client statement.

Client: I don't know if I can do it. I've tried so many times, and then something else comes up that I have to deal with first.

Counselor: Something always gets in the way **Complex Reflect**

Or *Counselor: You have clear priorities.* **Reframe**

Reframe may make a positive attribution about the person, but the difference from **Affirm** is that it is a direct restructuring of what the person has just said.

Client: I don't think I can do it. I've tried so many times, and then something else comes up that I have to deal with first.

Counselor: Oh, I don't know. You're a pretty strong person. **Affirm** (it is not obviously linked to the content of the client's preceding statement)

Counselor: You have clear priorities. **Reframe**

The giving of information is only coded as a **Reframe** if it changes the valence of meaning of a client statement.

Client: "Do people who go through this program quit the first time?"

Counselor: "Some do and sometimes it takes a few tries before they succeed." **Giving Information**

Client: I've tried to quit before and failed.

Counselor: Each attempt can move you closer to success." **Reframe** ("failure" as "step toward success")

Finally, **Reframe** can border on **Confront** because it involves an indirect form of disagreement with the client. The distinctive difference is that **Confront** has a corrective, expert tone that implies that the client is mistaken.

Client: I don't think I can do it. I've tried so many times, and then something else comes up that I have to deal with first.

Counselor: Oh, I don't know. You're a pretty strong person. **Affirm** (it is not obviously linked to the content of the client's preceding statement)

Counselor: You have clear priorities. **Reframe**

Counselor: Now look here. How can you sit there and tell me you can't do it, when you know full well that you can? **Confront**

Support. (SU)

These are generally **sympathetic, compassionate**, or **understanding** comments.

They have the quality of **agreeing** or siding with the client.

Examples of Support:

"You've got a point there."	Agreement
"That must have been difficult."	Compassion
"I can see why you would feel that way."	Understanding
"I'm here to help you with this."	Compassion

Differentiating Support from other categories

Support needs to be differentiated from Affirm, Reflect or Confront.

Affirm imparts appreciation, confidence or reinforcement.

"That's a difficult thing to say." **Support** (compassion)

"I appreciate you saying that." **Affirm** (appreciation)

"You've accomplished a very difficult task." **Affirm** (effort)

Client: "It wasn't easy to do that."

Counselor: "It was hard for you." **Simple Reflection**

Client: "I don't have a car."

Counselor: "That must make it difficult for you to get here for appointments." **Support**

Counselor: So that's your excuse for not keeping your appointments. **Confront**

Structure (ST)

To give information about what's going to happen directly to the client **throughout the course** of **treatment or within a study format,** in **this or subsequent sessions.**

To make a **transition** from one part of a session to another.

Examples of **Structure**:

"What we normally do is start by asking you about your eating habits."

"Now I'd like to talk with you about your motivation."

"In this study I'll meet with you twice a month and the sessions will be tape recorded."

"I usually meet with clients once a week for 10 weeks.

Differentiating Structure from other categories

Structure needs to be differentiated from Giving Information. If a counselor gives the client information about the study or treatment in general, code as **Giving Information**. When there is a clear purpose of preparing the client for what will happen, code as **Structure**.

"We'll ask you about your smoking every week." **Structure** (directly pertains to client)

"We analyze all of the blood samples for nicotine levels." **Giving Information**

Warn. (WA)

The counselor provides a **warning or threat, implying negative consequences** unless the client takes a certain action.

It may be a threat that the counselor has the perceived power to carry out or simply the **prediction of a bad outcome** if the client takes a certain course.

"You're going to relapse if you don't get out of this relationship."

"You could go blind if you don't mange your blood sugar levels."

"If you don't come to our sessions I'll have to talk to your parole officer."
"You can lose the weight you'll put on if you quit, but you can't lose cancer."

Differentiating Warn from other categories

Warn needs to be differentiated from **Advise, Confront, Direct, Inform or Raise Concern**.

Warn should always be identified as **containing a threat or implied negative consequences**. The following examples *do not* imply negative consequences.

"You should consider leaving your partner." **Advise (**suggestion)

"There's no reason for you to neglect your health." **Confront** (shames)

"You have to come to our sessions." **Direct** (lacks consequences)

"One of the health risks for diabetics is blindness." **Giving Information** (all diabetics)

When a potential negative consequence is expressed as a concern of the counselor, **Raise Concern** takes precedence.

"I'm worried that you'll relapse if you stay with your partner." **Raise Concern** (counselor's concern)

TRAINING STRATEGY FOR THE MISC

Training coders to competency, as measured by interrater reliability and matching to a gold standard, usually requires a stepped learning process. We have found that MISC coders do best beginning with fairly simple tasks and proceeding to more complex ones only when competence on the simpler tasks is solid. We recommend that coders begin by learning Level I tasks to an acceptable reliability and validity standard prior to attempting Level II tasks. Only when acceptable standards for combined I and II tasks have been accomplished

should coders begin on Level III tasks. The self-review of MI text and video learning tools can be used at any time (perhaps as a prelude to beginning Level I tasks).

The use of pre-scored gold standard transcripts will assist in evaluating coder competency and areas for improvement. We have found that coders often have difficulty in particular areas, requiring a more intensive focus on those topics. This can be identified by using standardized transcripts as a quiz for each level. More than one quiz is often needed. We have found that coders typically require 40 hours of training to reach interrater reliability using the MISC. In addition, regular (probably weekly) group coding sessions are optimal to insure drift does not occur. Clinical experience has not predicted ease of training or eventual competence in our laboratory.

Here are some examples:

Level I competencies: Start with second-pass coding of specific behaviors. Learn how to recognize and parse utterances. Learn to recognize and code the more discrete behavior categories, such as giving information and open/closed questions

Level II competencies: Add **Reflect** responses, and differentiate simple from complex. Learn differentials between similar response categories.

Level III competencies: Having mastered individual behaviors, include the global ratings.

D. Client Behavior Counts

The task of capturing the frequency, type and intensity of client language has proved to be a challenge in the developing research efforts to investigate the underlying processes in MI. Systems for thinking about and measuring such language during treatment sessions have been revised based on new data, new ideas about key constructs such as client resistance and evidence regarding the level of inter-rater reliability that can be achieved when parsing and coding client speech. Evaluating client language during MI sessions is very much like capturing a snapshot of a river: the outline is recognizable, but the content changes constantly.

The MISC 2.1 is intended for assessing client language within MI and MET sessions (and their variants) using audio or video recordings. As with all our coding systems, a transcript alone should never be used since the resulting loss in voice tone, inflection and pace renders an unacceptable loss of information and reliability. The entire session is coded and a code is assigned every time the client emits a codeable utterance. Client language coding in MISC 2.1 is exhaustive, but not mutually exclusive. In general, the complexity of client language coding in MISC 2.1 will require a separate review of the tape, possibly using a transcript, with clinician behavior to be evaluated on a different pass through the tape.

Overview of Changes and Essential Differences between MISC 2.1 and other MI client language Coding Systems

1) Within the MISC 2.1, "Reason" is an umbrella category, with Desire, Ability and Need representing subcategories of Reason. Thus, an utterance coded as a "Reason" may, or may not, receive additional subcodes of "desire", "ability" or "need".

2) An "Other" category has been added to reflect particular types of change talk that do not fall easily into the Reason category. Examples include hypothetical advice to others, if-then statements about the possibility of changing, and foretelling of future problems if change does not occur. Problem recognition also falls into the Other category.

3) The "Ask" category has been folded into Follow/Neutral.

4) Decision rules for minimal responses from clients have been elaborated, particularly with regard to speech that is "set-up" or prompted by the therapist.

5) Strength ratings for client utterances have been reduced to High, Medium and Low values. Due to ongoing reliability issues, these strength ratings are optional.

6) Client discussion of past behavior is now excluded from coding, with the exception of behavior immediately prior to the current treatment session.

7) Nomenclature of client language has been changed to be consistent with the Consensus Statement on Client Language (June, 2005) by Amrhein, Miller, Moyers and Rollnick

D.1 Client language overview

Categorizing client language: Within the client language coding system, any language that moves in the direction of change is termed "change talk" and language indicating a movement away from change is termed

"sustain talk". Each of these positive (change) and negative (sustain) language categories is comprised of four categories: Reason, Other, Taking Steps and Commitment.

Identifying the Target Behavior Change (TBC): Use of MI to recognize, reinforce, and elicit client language presupposes that the interviewer has a target behavior in mind, so that he or she will know which particular instances of client language to attend to and which to ignore. Before evaluation of the tape begins, coders should be made aware of the target behavior change. In general, this is the problem area specified by the research protocol or the focus of the therapy session. A few examples of target behaviors are:

Stopping smoking
Increasing exercise
Adhering to specific exercise guidelines
Compliance with medication regimen
Increasing fruit and vegetable intake
Obtaining vaccines for children
Abstaining from alcohol
Holding toddlers while feeding them, instead of propping a bottle
Journaling alcohol intake
Wearing a helmet while riding a motorcycle
Entering treatment
Remaining in treatment

The target behavior must be specified in enough detail so that coders can reliably discriminate it from all other topics a client might discuss. The MISC 2.1 will evaluate client language related to that target behavior (or behavior change) *and no other*. Multiple target behaviors can be identified as long as the inclusion criteria are identified in advance and are specific. Examples of such target behavior "trees" are found below:

Smoking Cessation (Target behavior)
- "Thinking Through" cravings
- Throwing out cigarettes
- Telling friends not to offer cigarettes
- Avoiding high risk situations

HIV Risk Reduction
- Using clean needles
- Avoiding sex with multiple partners
- Using a condom when having sex

Reducing risk for complications of diabetes
- Counting carbohydrates
- Checking feet for wounds
- Testing blood sugar levels

In general, coders should not infer a link between actions being discussed by the client and the TBC goal, unless it is clear from the context that the purpose of the behavior is to move toward or away from the TBC goal. For example, if the TBC goal is to reduce cardiovascular risk, (and corollary TBC's have not been specified): "I wish I were less stressed" would not in itself indicate movement toward or away from the TBC goal. If, on the other hand, the client said, "Decreasing my stress at work would probably help my heart," it would be coded as

TBC. Similarly, if the counselor's or client's prior responses clearly provide a context for TBC, it is coded. For example, if the counselor asked,

"What could you do to reduce your risk of having another heart attack?"

and the client replies, "I could exercise more," change talk would be coded even if the client does not directly state the connection. If the counselor says,

"One way that people can have a healthier heart is to stop smoking"

the client's next response is likely to be relevant to TBC, whether positive or negative.

D.2 Coding Procedure

Elements of Coding. Speech in the MISC 2.1 is divided into clinician and client VOLLEYS. A volley is a speaking turn. A client volley occurs when the clinician stops speaking and the client begins. Client volleys can be lengthy or very short – even one word *can* be a volley.

Parsing Volley into Utterancess. Volleys are divided into utterances. Utterances are complete and separate thoughts within a volley. Utterances are defined by the meaning attached to them. A volley may have many different ideas, and therefore many utterances. Likewise, it may have only a single idea and therefore only one utterance. Generally, each utterance will merit a separate behavior code. If a client's volley includes two statements, each of which can be assigned a different code (as below), then *both* are coded as utterances. This would include:

two utterances that would be given different signs:

I really have to stop smoking (+).
My cigarettes are like a friend to me (-)

or two utterances that state different content (e.g., reasons) for or against change:

I'd have a better change of getting my children back if I quit drinking (R+)
and I'm sure I'd feel better, too (R+),
but I would miss going out with my friends (R-)

or two utterances that result in different strength scores (see below):

Probably I do need to cut down a little bit . . . (Rn+ Lo)
No, who am I kidding? I definitely need to cut down (Rn+ Hi)

Even a single sentence might have two different ideas, both of which would constitute separate utterances.

I could quit (+), but I don't want to (-).

My drinking is not a problem (-), *but I do need to drink less* (+).

I know I ought to exercise more (+), *but I hate sure hate getting up in the morning* (-), *even thought it would do me good* (+).

Although longer volleys usually have more utterances, this is not always the case. It is possible for clients to speak at length about a single idea without deviating from it much, such as storytelling, or reporting past behavior. In this unusual case, only a single utterance would be parsed from the volley.

Client responses to clinician questions. Clients may respond to clinician questions with language that fits within any of the change talk categories, and it should be coded as such. The fact that the clinician "set it up" with a particular sort of question or comment does not mean that the client's response is not change talk. Even a one-word answer to a question may qualify for a change talk code if the coder deems it to be a genuine response rather than simply a socially facilitating response.

Counselor: On a scale from 0 to 10, how important is this change to you? **Closed question**
Client: I guess about a 3. **R-d**

Counselor: What are some of the good things about drinking, things you like about it? **Open question**
*Client: I guess the way it makes me feel (***R-d***). But sometimes I don't feel too good the next day (***R+d***)*

The Target Behavior Change (TBC)

Before you begin coding a session, it is essential to have a clear understanding of the Target Behavior Change (TBC), which is usually specified by the Principal Investigator. Examples of clear TBCs are:

Stopping smoking
Stopping or reducing use of alcohol
Increasing dietary intake of fruits and vegetables
Taking blood pressure medication as prescribed

Note that a well-specified TBC includes both a target behavior (smoking, drinking, fruit/vegetable intake, taking medication) and a specified direction of change (stopping, increasing, adhering to prescription).

Sometimes the TBC may involve a specified class of behaviors. For example, the goal of reducing risk for HIV/HCV infection might include any of a specified set of behaviors including:

Avoiding (stopping or reducing) unprotected sex
Avoiding alcohol/drug use prior to sex
Avoiding needle sharing
Sterilizing needles before re-use

In this case the Principal Investigator should specify the list of behavior changes that constitute TBC.

Least desirable as the TBC is an ill-defined general goal, such as to "be healthy." In this case, client speech relevant to TBC would be any behavior change that the *client* clearly identifies as intended to move toward or away from the general goal. Coders should not infer a link between actions being discussed by the client and the TBC goal, unless it is clear from the context that the purpose of the behavior is to move toward or away from the TBC goal. For example, if the TBC goal is to reduce cardiovascular risk, and the Principal Investigator has not specified specific target behaviors: "I wish I were less stressed" would not in itself indicate movement toward or away from the TBC goal. If, on the other hand, the client said, "Decreasing my stress at work would probably help my heart," it would be coded as TBC. Similarly, if the counselor's or client's prior responses clearly provide a context for TBC, it is coded. For example, if the counselor asked, "What could you do to reduce your risk of having another heart attack?"

And the client replies, "I could exercise more," it would be coded as TBC even if the client does not directly state the connection. If the counselor says,

"One way that people can have a healthier heart is to stop smoking"

The client's next response is likely to be relevant to TBC, whether positive or negative.

What is a Client Change Talk Utterance?

At the very least, any client "turn" in a conversation is one utterance, starting from the client's first word until the next person (typically a counselor) speaks. It is not uncommon, however, for a client turn to include more than one utterance. If a client's turn includes two statements, each of which can be assigned a different code (as below), then *both* are coded as utterances. This would include:

Two utterances that would be given different signs:

I really have to stop smoking (+),
but I just don't want to (-)

or two utterances that state different content (e.g., reasons) for or against change:

I'd have a better change of getting my children back if I quit drinking (R+)
and I'm sure I'd feel better, too (R+),
but I would miss going out with my friends (R-)

or two utterances that result in different strength scores (see below):

Probably I do need to cut down a little bit . . . (N+1)
No, who am I kidding? I definitely need to cut down (N+5)

D.4 Assigning Content Codes to Utterances. Each and every utterance within a volley will be assigned one of the following eight content codes:

R: Reason
(subcodes: d: Desire, a: Ability, n: Need)
O: Other
TS: Taking Steps
C: Commitment
FN: Follow/Neutral

With the exception of Follow/Neutral, every time an example of one of these occurs in client speech it is recorded with a positive (+) or negative (-) valence, depending on whether it reflects inclination toward (+) or away from (-) the TBC. Client language in favor of change is generally termed "Change Talk" while language moving away from change is called "Sustain Talk".

D.4.a. Reason: Statements of Reasons usually refer to a specific rationale, basis, incentive, justification or motive for making, or not making, the TBC. Client discussions of health, family problems, legal difficulties or other kinds of problems that are presented as a reason for considering change (or not changing) typically fall into the reason category. Client expressions of worry and concern about their behavior and circumstances are reasons to change (not simply the report of the concerns of others). "Ought" and "Should" statements are reasons to change. Benefits that would probably come to the client as a result of changing (+) are included in

this category, as well as likely disadvantages of changing (-). Hypothetical benefits (if-then) are included in the "Other" category. Statements incorporating the words "have to" or "got to" are reasons.

My liver's busted, so I have no choice. (R+)

I just don't drink that much. (R-)

I want my kids to have a real father. (R+)

It would be so good for my kids. (R+)

My drinking doesn't affect my kids. (R-)

My doc told me I'm going to lose my leg if I don't start checking my blood sugars. (R+)

My diabetes is as good as it's gonna get. (R-)

I've gotta get a grip on this (R+)

I've got a friend who got a head injury on his motorcycle and I don't want that to happen to me. (R+)

Only idiots need helmets and I am not an idiot. (R-)

I don't want my child to have all these expensive cavities. (R+)

My mother gave me my own bottle when I was her age and I never got cavities. (R-)

My drinking is getting worse. (R+)

My drinking is hopeless. (R-)

If I don't stop using crack, my wife will leave me. (R+)

If I have to use a condom, why even bother? (R-)

Protecting my health is the most important thing to me. (R+)

I have young children to take care of. (R+)

I just want to quit hearing those voices and the medicine helps with that. (R+)

I know I'd feel closer to God if I quit using drugs. They just keep me away from Him. (R+)

It's the right thing to do. (R+)

I'm a mother and I ought to take better care of my kids. (R+)

It's getting out of hand. I have to have my eye-opener in the morning. (R+)

D. 4. b Subcodes for Reasons: Any reason statement *may* receive an additional code indicating desire, ability or need.

D. 4. b. 1 Desire: Desire statements must have some form of one or more of the following words: "want", "desire", "like" or a close synonym of them. Depending on the meaning and context of the discourse, an antonym may also indicate a desire statement. The statement must refer to the target behavior, and not some other aspect of change.

I want to stop smoking (R+d)

I'd like to quit, yeah (R+d)

I hate a night without a buzz (R-d)

I love waking up sober (R+d)

I hate being an addict (R+d)

In the following exchange, the client statement is NOT desire:

T: So you see that quitting has its advantages.
C: It'd sure be nice.

While this client statement may seem to indicate desire, and probably does, it is NOT a desire statement, since it does not contain key desire words. See the discussion of the Other category for more examples of this type.

D. 4. b. 2 Ability: Ability statements are those that refer to the target behavior and include some form of the word "can", "possible", "willpower" or "ability" or a close synonym or antonym of them. Statements that indicate that changing the target behavior is difficult or hard should be coded as ability (R-a) statements. Obvious colloquialisms or turns of phrase that indicate ability may be coded as ability statements.

I am able to do this. (R+a)

I just can't quit. (R-a).

I can quit. (R+a)

I have the ability to stop smoking. (R+a)

I don't think I have it in me (R-a)

Once I make up my mind, I know I can do it (R+a)

I don't have much willpower (R-a)

It's not that hard to do (R+a)

Examples of statements that might seem to be, but are not, ability statements:

I can't smoke at work. (R+)

When I smoke I can think more clearly and focus for longer periods of time. (R-)

Don't be fooled: these statements include the word "can", but the "can" part does not refer to the target behavior. These statements are Reasons to change or maintain the status quo.

D. 4. b. 3 Need: These are statements that refer to the target behavior and include some form of the words "need" or "must". If the statement does not include the words "need" or "must", then they are not Need statements. If a statement does not refer to the target behavior, then it is not a Need statement.

I need to stop smoking. (R+n)

I must quit. (R+n)

I gotta do this. (R+n)

I need a cigarette. (R+n)

Examples that are NOT Need:

I need more money, so I should give up smoking. (R+)

I gotta get my life together, and part of that is laying off the booze. (R+)

"I have to do it" (R+)

These statements are Reasons to change.

Here is one that is a need statement followed by a reason:

I need to stop smoking (R+n) *or I'm gonna get cancer* (R+).

This statement should be parsed as two utterances, the first one coded as Reason: need and the second coded as Reason.

Decision Rule for D-A-R-N:
The Reason code is the default when coders cannot decide among the DARN categories

D. 4. c. Other: This category is intended to allow coders to capture language that clearly reflects the client's movement toward change, but does not necessarily fit easily into the Reason category. General statements of problem recognition will often reside in this category if they do not fall into one of the Reason categories. Similarly, minimization of problems will also be categorized here. Hypothetical language will usually fall into the Other category, as well as client statements of general attitude or advice to others with regard to the undesirability of the target behavior. In addition, coders may place in this category examples of language that are CLEAR and COMPELLING examples of the client's move toward change, but do not meet any criteria

other established here. All such examples must be recorded word for word and discussed in the weekly coding meeting.

I tell everyone I know, "Stay away from crack. That shit will just mess up your life." (O+)

"*The right AA meeting is the key."*(O+)

T: Did you come in to treatment on your own?
C: *Yes, I know exactly where I belong.* (O+)

Cocaine is just not the answer for me. (O+)

I'm going to be thinking positively about it. (O+)

I never have thought I was an alcoholic (O-)

T: What will you put in place of drinking?
C: *That's what I'm trying to find out.* (O+)

I promised myself that if I do drink, I will tell you. (O+)

If I weren't in AA right now, I'd be on a bender. (O+)

If I go to the track all day I can usually win enough money to stay drunk. That's sad. (O+)

D. 4. c. 1. Differentiating Hypothetical Language from other codes

Hypothetical language coded within the Other category should have the quality of a client *imagining* a different situation or outcome that would impact the target behavior. There is sometimes a wistful quality to hypothetical talk ("If I could just go kayaking on the Colorado river for three weeks, I could quit smoking") or an if…then configuration ("If my wife would just quit pushing me, I know I'd do it.")

Sometimes if…then language will fall into another change talk category, usually Reason, and when it does it should receive that code instead. For example, a client might say, "If I could just stay sober, then I could really do well at this job." Because this probable outcome represents a reason for changing the target behavior, rather than an exercise in imagination, it should be coded as a reason.

If I could just stay off cocaine, I'd be a better mother. (R+)

If my kids were with me this weekend, I could stay off cocaine. (O+)

D.4. c. 2. Differentiating Facilitating Language from Change Talk

Facilitating language in clients occurs when they respond to therapist speech with phrases such as "uh huh" or "yeah" or "sure". Usually, such utterances are NOT coded, as they are merely continuation markers in the conversation. In essence, the client is saying, "keep talking". However, these phrases CAN be coded as change talk if they occur in response to a question/reflection that "pulls" for change talk.

T: "Don't you ever wish things were different?"

C: "Yeah." (D+)

T: I'm going to look over this report and give you some feedback.
C: Sure. (F/N)
T: Then we can get your point of view
C: ok (F/N)

When client facilitates interrupt therapist speech, there is no need to code them.

T: On the one hand, you have decided that to quit drinking is going to be the best thing for you….
C: Uh-huh
T: …and on the other hand you feel like it's going to be really tough…
C: Yeah
T: …because you have tried it in the past and you feel like you have failed every time, even though you were able to stay sober for months at a time, which I really commend you on being able to do!

D. 4. d. Commitment Language: While change talk utterances reflect motivating factors related to change, **Commitment Language** implies an **agreement, intention**, or **obligation** regarding **future** TBC. Commitment can be expressed directly via a committing verb, or indirectly. Client statements of how they will rearrange their life in the future relating to the TBC are considered commitment statements. (Note that if this rearrangement is stated hypothetically, it would be coded as Other.).

I swear I'm going to stop this.

Nothing is going to stop me this time.

With commitment language, if a reason is given, it is coded separately, but does not trump the commitment language. For example:

I'm going to do it. (C+)

I'm going to do it (C+) *for my family.* (R+)

No way I'm going to stop drinking. (C-)

I'm not coming to treatment (C-) *because I don't have a drinking problem.* (R-)

***D. 4. e. Taking Steps*:** Concrete and specific steps the client has recently taken toward the behavior change are coded as Taking Steps. These statements usually describe a particular action that the person has done in the very recent past that is clearly linked to moving toward or away from TBC. To be coded, the behavior must clearly be one that is *intended* by the client to lead to (or away from) TBC. It is an intermediate response on the way to (or away from) the TBC. Taking Steps represents the only time that past client language is given a code.

The action may not be TBC itself. For example, if TBC is reduction in alcohol use:

I got rid of all the alcohol from my house this week. **(TS+)**
I went to two AA meetings this week. **(TS+)**
I bought a six-pack of beer this week. (**TS-)**
I stopped going to AA this week. **(TS-)**

I tried cooking without butter. **(TS+)** (concrete step)
I'm going to try cooking without butter. **(C+)** intention
If I tried cooking without butter, I'd reduce my fat intake. **(O+)**
I swear I will stop this **(C+)**
I'm always going to eat sweets. **(C-)**
I'll go to the gym everyday. **(C+)**
I'm going to throw away all of my cigarettes. **(C+)**
I threw away all of my cigarettes. **(TS+)**
I'll buy apples for snacks instead of chocolate. **(C+)**
I didn't drink at all last week. **(TS+)**
I worked overtime so I wouldn't be tempted to drink. **(TS+)**
I tell my partner I'm working late, then I go to the bar. **(C-)**

If a change talk utterance is made along with an Other, Commitment or Taking Steps statement, both utterances are coded. For example:

I'm going to do it. **(C+)**
I'm going to do it **(C+)** *for my family* **(R+)**

If I threw away all of my cigarettes, I'd be less tempted to smoke. **(O+)**

If I threw away all of my cigarettes I'd be less tempted to smoke **(O+),** *but I'd be a nervous wreck.* **(R-)**

I got my blood drawn for the HIV test this week, **(TS+)** *but I can't deal with the stress of finding out the results* **(R-).**

D. 4. f. Follow/Neutral (FN). In a follow-neutral turn, there is no indication of client inclination either toward or away from the TBC. The client may be asking a question, reporting, making non-committal statements, saying TBC-irrelevant things, or just following along with the conversation. Note that only TBC-relevant change talk is coded. If the target behavior is cocaine use and the client says, "I want to get my children back," it would not be coded as + unless there is a clear link made between cocaine use and getting the children back.

T*:* Why are you here?
C: I want my children back." (FN)

Whereas:

T: Why would you want to quit cocaine?
C: I want my children back. (R+)

Sometimes clients will emit language that indicates they are listening to what therapists are saying, or that indicates a therapist should continue speaking. These are referred to as facilitating utterances. In general, client facilitating language, unlike that of therapists, is NOT coded.

T: You've really had a rough week.
C: Yeah. (FN)
T: But even with all of that, you were able to stay away from cigarettes.
C: Uh huh. (TS+)
T: We've spent some time talking about the things you enjoyed about drinking.

C: Uh huh. (not coded)
T: What I'd like to do next is to get your impressions of how drinking affected your life.
C: Okay. (not coded)

When you are in doubt about an utterance - when you are not sure if there is talk (+ or -) relevant to the TBC, the default code is Follow/Neutral (FN).

Finally, a client turn is coded at Follow/Neutral (FN) *only* if it contains no other codeable utterance. That is, for a sequence of utterances within a turn, any + or - code trumps a FN. Suppose that this were the conversation:

T: What are you thinking about marijuana at this point?
C: Actually I wasn't thinking about it at all. I was thinking about
my girlfriend. (FN)
... but yeah, I guess I'm smoking too much for my own good (+).
At least she says so and she wants me to quit (FN).
I don't want to break up with her (R+).
I think it's messing me up at school, too. (R+)

Remember that it is also possible to have positive and negative responses within the same turn, reflecting ambivalence (such as R+ R- N+).

D. 4. f. 1. Decision Rule for Follow/Neutral and other codes : Client language that does not fit other available categories should be coded as FN. Inaudible or incomprehensible utterances should not be coded.

D. 4. f. 2. Decision Rule for Coding client facilitating language: Facilitative language that has the sense of "I'm listening" or "keep talking" is not coded. Neutral client language that occurs in response to a question is typically coded as F/N. Client language that occurs in response to a question about the TBC is coded as change talk (see sect. B.4. c. 2).

T: We'll be meeting four times during the next sixteen weeks.
C: Yeah (not coded)

T: Has your husband been supportive of you in the past?
C: Uh huh (FN)

T: If you could push a button that would make you stop drinking, would you do it?
C: Uh huh (O+, hypothetical change)

Rating the Strength of Client Language (Optional). Every time Reason, Other, Commitment and Taking Steps are coded, a strength rating may be assigned: High, Medium or Low. It is important to note that ratings for strength require coders to make artificial separations along a continuum of intensity. There are no "natural" categories of language intensity, so making High, Medium and Low designations may be less precise (and more frustrating) than other tasks in the coding system. Examples of strength ratings for each code are given below:

Reason: High

I definitely can't afford to get another DWI (R+)
I'll go back to jail if I have another positive urine (R+)
If I lose one more paycheck at the track, my husband will divorce me (R+)
I hate the way my clothes smell (R+)

There's no way I'd check my blood sugar three times a day because I'd be a human pincushion (R-)
It's the only way I can deal with the stress of my job (R-)
Sobriety just sucks most of the time (R-)

Reason: Medium

It's embarrassing to remember what I did that night (R+)
The reasons are starting to pile up (R+)
If I go to the casino again, my husband would probably leave me (R+)
It's the right thing to do (R+)

I can never find that machine when I have the time to test my blood sugar (R-)
My cigarettes are like a good friend (R-)

Reason : Low

I guess I'd be healthier if I exercised (R+)
It seems like the right thing to do (R+)
It's cramping my style (R+)

Well, it helps me to relax a little (R-)
I'd kind of miss my friends at the casino (R-)
It's sort of nice to just eat whatever I want (R-)

Subcodes for Reason

desire: High

I want to get off drugs for good (Rd+)
I'd love to be able to control my diabetes (Rd+)
I really wish I could just cut down (Rd+)

I don't want to quit (Rd-)
I like my life the way it is (Rd-)

desire: Medium

I wish I could just snap my fingers and lose 10 pounds (Rd-)
I just want to wake up sober in the morning (Rd-)

I like smoking (Rd-)
What's wrong with a little nightcap every now and then? (Rd-)

desire: Low

I guess I'd like to smoke less (Rd+)
I sort of wish I hadn't started using coke (Rd+)
It would be kind of nice to have the extra money (Rd+)

There's a few good things about it (Rd-)
I'm pretty much enjoying things the way they are (Rd-)
I guess I'm not very motivated to exercise (Rd-)

ability: High

I'm positive I can quit (Ra+)
I can do it: I just have to stick to it (Ra+)
I can quit whenever I want (Ra+)
Once I make up my mind, I do it (Ra+)

I just can't keep the weight off (Ra-)
There's no way I could make it through the day without a cigarette (Ra-)
I don't have a snowball's chance in hell (Ra-)

ability: Medium

I think I can (Ra+)
Pretty much, yes (Ra+)
I could (Ra+)

I don't think I can (Ra-)
Probably not (Ra-)
I don't have it in me (Ra-)

ability: Low

I might be able to (Ra+)
I guess I could (Ra+)

need: High

I definitely have to get off the street and this is the way to do it (Rn+)
I absolutely have to lose weight (Rn+)
I've got to use a condom every single time I have sex, no question about it (Rn+)

I need my pain pills and that's all there is to it (Rn-)
Cigarettes are the only thing keeping me going (Rn-)

need: Medium

Probably I need to do something about my drinking (Rn+)
A change would be a good idea (Rn+)

Mostly, I have to drink (Rn-)
I guess I need some excitement in my life (Rn-)

need: Low

I sort of have to drink right now (Rn-)
I guess I don't think I need to quit (Rn-)

Other: High

I've had it with this way of living (O+)
I imagine my liver must be saying, Thank God! (O+)

I'm no teetotaler! (O-)
I'm one of the hopeless ones they talk about in the Big Book (O-)

Other: Medium

I feel good about what I've accomplished (O+)
I realize now that all that drinking was wrong (O+)
AA gives me a lot of hope (O+)
If not know, when? (O+)

I keep asking myself: when are the benefits gonna show up? (O-)

Other: Low

I think that will motivate me to quit (O+)
If I could just be on a desert island for a month, I could quit (O+)
The court asked me to come to treatment, but that's probably not such a bad idea (O+)
I'm kind of questioning my behavior (O+)

E. MISC Summary Scores

As with MISC 1.0, MISC 2.1 provides several summary scores based upon the second-pass behavior codes. These are recommended as provisional summary indicators of the quality of motivational interviewing.

Ratio of Reflections to Questions (R/Q)
R/Q is the ratio of the total number of Reflect responses to the total number of Questions asked.

Percent Open Questions (%OQ)
%OQ is a percentage in which the numerator is the number of Open Questions asked and the denominator is the total number of Questions asked (Open + Closed).

Percent Complex Reflections (%CR)
%CR is a ratio in which the numerator is the number of complex reflections and the denominator is the total number of Reflections.

MI-Consistent Responses (MICO)
MICO responses are those directly prescribed (e.g., affirmation, emphasizing client control, reflection, reframing) in *Motivational Interviewing* (Miller & Rollnick 1991, 2002). The MICO score is the sum of:

Advise with permission
Affirm
Emphasize Control
Open Question
Reflect
Reframe
Support

MI-Inconsistent Responses (MIIN)
MIIN are those directly proscribed (e.g., giving advice without permission, confronting, directing, warning) in *Motivational Interviewing*. The MIIN score is the sum of:

Advise without permission
Confront
Direct
Raise Concern without permission
Warn

Percent MI-Consistent Responses (%MIC)
%MIC is a percentage in which the numerator is the number of MIICO responses, and the denominator is the sum of the MICO and MIIN responses.

Percent Client Change Talk (%CCT)
%CCT is a ratio in which the numerator is the number of all client commitment language (+) divided by the sum of client commitment language plus client negative commitment (-) responses.

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