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# Video Assessment of Simulated Encounters (VASE-R)

## Administration and Scoring Manual

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By:

David B. Rosengren, Ph.D.

John S. Baer, Ph.D.

Bryan Hartzler, Ph.D.

Christopher W. Dunn, Ph.D.

Elizabeth A. Wells, Ph.D.

Richard Ogle, Ph.D.

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- To obtain a copy of the VASE-R training video, please contact:

John S. Baer, Ph.D.

VA Puget Sound Healthcare System-Seattle

1660 South Columbian Way, MH (S-116 ATC), Box 356560

Seattle, WA 98108

VM 206.768-5224 FAX 206.764.2192

[jsbaer@u.washington.edu](mailto:jsbaer@u.washington.edu)

- To obtain a copy of the VASE-R Administration and Scoring Manual, the Respondent's Booklet/Answer Sheet, or the Scoring Form visit the VASE-R web site:

[http://bit.ly/VASE-R\\_inst](http://bit.ly/VASE-R_inst)

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## **Introduction to the VASE - R**

### **Overview**

The Video Assessment of Simulated Encounters – Revised (VASE-R) is a video-based method for assessing respondent skill in Motivational Interviewing (MI). The VASE-R consists of video presentation of three vignettes in which actors portray substance abusers. Respondents are prompted to identify or generate written responses consistent with particular MI principles. The VASE-R includes 18 items (6 per vignette) that produce a total score and five subscale scores (i.e., Reflective Listening, Responding to Resistance, Summarizing, Eliciting Change Talk, & Developing Discrepancy). Administration requires presence of a proctor to provide initial instructions (Appendix A), access to TV/VCR equipment, and a Respondent’s Booklet for each respondent. The VASE-R takes **35 minutes** and can be administered individually or in groups.

Scoring the instrument, as outlined in this manual, requires additional time and requires familiarity with general principles and specific techniques used in MI. The Scoring Form provides directions to raters for tallying VASE-R scale and subscale scores. Coders may also find it useful to review background information and full-length narratives for each vignette character (Appendix B).

The VASE-R Administration and Scoring Manual, the Respondent’s Booklet/Answer Sheet, and the Scoring Form can all be downloaded from the VASE-R web site: <http://ada.washington.edu/instruments/VASE-R.htm>

### **Instrument Development**

The original VASE, developed in 2002, consisted of twenty-four items (e.g., 8 items per vignette) and allowed computation of a total score and seven subscale scores: Reflective Listening (4 items), Responding to Resistance (5 items), Summarizing (3 items), Stages of Change Assessment (3 items), Asking Stage-Matched Questions (3 items), Identifying Change Talk (3 items), and Developing Discrepancy (3 items). Psychometric evaluation with small initial samples prompted removal of the Stages of Change Assessment and Asking Stage-Matched Questions subscales due to poor internal reliability and concurrent validity. Analyses also prompted revision of the Identifying Change Talk and Developing Discrepancy subscales. Characters and narratives remain unchanged.

The amended 18-item VASE-Revised, or VASE-R, instrument has since been employed as an outcome measure in a large, federally-funded MI training evaluation study (NIDA #1 R01 DA016360, *Development and Evaluation of Context-Tailored Training*). In this study, the VASE-R was administered to nearly 200 community-based addiction treatment providers on three occasions within a repeated-measures study design. Based on its administration with this sample, VASE-R psychometrics (e.g., scoring reliability, internal consistency, concurrent validity) are published (see Rosengren et.al., 2008) and are also provided in Appendix C. Notably, the VASE-R was also administered to 66 members of the Motivational Interviewing Network of Trainers (MINT). Data from both of these endeavors now inform a set of scoring norms and suggested proficiency benchmarks, included both in the noted publication as well as among the psychometric information provided in Appendix C. Instrument circulation continues to expand, and current and future collaborations may further inform instrument scoring norms.

### **Instrument Applications**

The VASE-R may be used in a variety of training (e.g., workshops) and research (e.g., internal validity of MI interventions) contexts. The video assessment may also prove useful in alternative formats for MI training (e.g., V-Tel or other distance-learning modalities), as a component of MI training booster sessions to sustain skill gains, or in the development of other novel methodologies for assessment of MI skills among providers. This manual describes instrument development, assists users in application of the VASE-R, and provides information that would allow adaptation of the methodological approach to other respondent skill sets.

## **VASE-R Scales: Content & Preliminary Thoughts on Scale Interpretation**

### **General Considerations**

The scale contents and score interpretation are described below. Every item on the VASE-R receives a score of 0, 1 or 2. The scale includes 15 items that are free response. The Developing Discrepancy subscale includes three multiple-choice questions, followed by a free response that explains the choice. Specific scoring rules for each item are described later in this text.

Data to establish proficiency standards are not yet available. We hope, in future studies, to establish normative cut-offs for interpreting VASE scores. At present, we have adopted a 75% rule to establish basic proficiency in MI skills. That is, the respondent produces answers that receive 75% of the available score on a subscale or the total scale. We have included the 75% cut-off for each scale below, but also urge caution in using these scores as the sole criterion for establishing MI skillfulness.

### ***Reflective Listening.***

A key element of MI is the generation of accurate reflections and is represented by items 1, 2, 7 & 9 within the VASE-R. Basic and accurate responses receive full credit. Summing across 4 items, respondents can score from 0 – 8. Subscale scores at or above 6 suggest proficiency in this area.

### ***Responding to Resistance.***

Responding to difficult moments in clinical sessions without increasing confrontation or arguments is a basic principle in MI. For this 5-item scale respondents may use statements, reflections, or open questions to reply. Sum item scores for 3, 8, 13, 14 & 15 for a score from 0 – 10. Subscale scores at or above 8 suggest proficiency in this area.

### ***Summaries.***

Summaries allow counselors to link together or juxtapose concepts, direct the conversation and ask key questions. This 3-item scale indicates skill in producing summaries that include elements of client ambivalence and change talk. Scores for items 4, 10 & 16 are summed to produce a score from 0 – 6. Subscale scores at or above 5 suggest proficiency in this area.

### ***Eliciting Change Talk.***

Client statements about change are the central goal of MI. This 3-item scale indicates skill in producing responses that are likely to elicit change talk from clients. The sum of item scores for 5, 11 & 17 produces a score from 0 – 6. Subscale scores at or above 5 suggest proficiency in this area.

### ***Developing Discrepancy.***

Contrasts between current behavior and internal values are thought to be motivating for client change, and MI practitioners seek to elaborate and develop such discrepancies. This 3-item scale indicates skill in choosing directions for interviews that are most likely to elaborate motivation for change. The sum item scores for 6, 12 & 18 produce a score from 0 – 6. Subscale scores at or above 5 suggest proficiency in this area.

### ***Total Score.***

The five subscales can be summed for a total, overall VASE-R score. Preliminary analysis of the original VASE indicates moderate intercorrelations among subscales, and suggests the presence of a single general concept of MI skillfulness. Respondents can score from 0 – 36 points on the scale. Scale scores at or above 27 suggest general MI proficiency.

## **Resources Needed for the VASE-R**

## **Materials**

Raters should reference the General Decision rules and Item Scoring sections of this manual to score the VASE-R. The scoring form prompts raters score each item and then sum the items to calculate subscale scores, as well as a Total Score.

Raters should use this manual in scoring items. In addition to general decision rules and information about scoring classes of items, this manual includes scoring information specific to each of the 18 VASE-R items. For each item, the manual includes the respondent prompt, the client statements that immediately precede that prompt (as appropriate), the item scoring rules and examples of 0, 1 and 2 point responses. The rater should use item specific information as he or she scores each item.

In some instances, raters may want to reference prior statements in the vignettes or character background characteristics. Each character's background characteristics, as well as the text of their collective narrative, are provided in Appendix B.

## **Rater Training and Background**

The preparation for accurate and reliable rating of the VASE-R will vary according to the purpose for using the VASE-R. We have purposely avoided use of MI jargon (as much as possible) so that non-MI trained respondents can accomplish this task. Nevertheless, those with less experience with MI will require more preparation. MI trainers should have little difficulty following rating instructions reliably.

For less experienced raters, familiarity with the precepts of MI is required before scoring the forms, although no specific professional background is needed. For example, an advanced undergraduate RA should be able to accomplish this task with some training. Specifically, the rater needs must have the skill to do the following:

- Differentiate between an open and a closed question
- Identify a reflective listening statement
- Identify a summary
- Identify responses likely to elicit change talk
- Recognize responses that are likely to engender and reduce resistance

## **Training of Research Raters**

We recommend that rater training begin with an MI-knowledgeable trainer/consultant reviewing the general concepts noted previously. Once raters feel comfortable with concepts, we encourage them to complete a VASE-R assessment using the VASE-R Respondent's Booklet. Raters can use these answer sheets for their initial scoring attempts. Once they've completed the test, the raters should read the VASE-R manual. A VASE-R trainer should then review the general decisional rules and item class scoring with raters. The trainer and rater then review individual items, using their own responses as well as sample test responses included in this manual. The training emphasis is on review of scoring rationales.

Trainers are strongly encouraged to incorporate into the training process the completion of a series of practice scorings from which inter-rater reliability may be calculated. Recommended inter-rater concordance is 90% (though 80% may be deemed adequate for some purposes). An overall training process of 4-8 hours may be required to achieve adequate reliability.

## **Scoring Complete VASE-R protocols**

For ease of scoring, we recommend the rater complete VASE-R protocols items sequentially (in order of presentation). This approach allows the rater to consider responses within a cumulative client narrative. For example, a respondent may demonstrate significant understanding or misunderstanding of the client narrative that assists in the understanding of a later item response. Similarly, a respondent may incorporate background data or information presented on prior items. This strategy may be more attractive to individual respondents using the VASE-R for self-assessment of MI skills. It also follows the manual and answer sheets provided and thus may reduce errors in scoring.

An alternative approach would be to rate items based on subscales. That is, to rate items that share similarity of scoring criteria before proceeding to items comprising other VASE-R subscales (e.g., 1, 2, 7 & 9 for Reflective Listening subscale). This strategy may be more practical after large group administrations and particularly in research settings.

Empirically, the question remains open as to which approach produces more reliable ratings. In our evaluation of the original VASE we scored each item separately (i.e., all item #3s for the entire sample) to avoid biases based on previous responses. This approach is less practical for most applications. We encourage raters to consider rating approaches, as well as their intended purposes for data collected via the VASE-R, before opting to use a particular approach for VASE-R ratings.

## Scoring the VASE-R

### General Scoring Rules

- Items are scored on a 3-level point system. Items are not intended to elicit qualitatively ‘good MI’ or ‘bad MI,’ but rather specific responses that are consistent with specific MI skill areas.
- To receive a score of 2, a response should *clearly* meet the outlined criteria. If it is *vague, unclear* or requires the rater to *infer meaning* it should receive a lower score. If a response is so unclear that it cannot be scored, the item receives a 0.
- When the *emotional tone is unclear* or unknown, and the tone could affect the scoring, the response should be given the benefit of the doubt and the higher score is applied.
- Raters will often encounter items where a respondent provides *multiple responses*. For example, a respondent may offer two reflections separated by “or.” If both response are rated above 0, *raters should credit the score of the highest-rated response* (i.e., if a “1” and a “2”, then score the item “2.”). However, *if any of the responses are rated a 0*, then the response is considered ‘*spoiled*’ (see below) and the item *receives a 0*.

### Subscale Scoring Rules

These descriptions contain item numbers, general scoring rules and score range for the subscales.

#### *Reflective Listening.*

This scale includes Responses 1, 2, 7, & 9.

- 0- Statements, reflections, or questions that are confrontational or likely to engender resistance
- 1- Statements or questions that are neutral; inaccurate reflections
- 2- Responses that are accurate reflections (or summaries)

#### *Responding to Resistance.*

This scale includes Responses 3, 8, 13, 14 & 15.

- 0- Statements, reflections or questions likely to engender resistance
- 1- Statements, reflections or questions that are neutral (neither increasing or reducing resistance)
- 2- Statements, reflections or open questions that are likely to decrease resistance.

### ***Summaries.***

This scale includes Responses 4, 10 & 16.

- 0- Responses that are not summaries or summaries that engender resistance.
- 1- Summaries that include either client ambivalence or change talk.
- 2- Summaries that include both client ambivalence and change talk

### ***Change Talk.***

This scale includes Responses 5, 11, & 17.

- 0- Response likely to elicit resistance talk (i.e., talk that maintains the status quo).
- 1- Response that is neutral, inaccurate, off-target, off-task or not supported by the client statements (but essentially harmless).
- 2- Response likely to elicit change talk (i.e., problem recognition, benefits of or intent to change, ability to change, commitment to change).

### ***Developing Discrepancy.***

This scale includes Responses 6, 12, & 18.

- 0- Incorrect response and the reason given implies an intention to diagnose the problem, educate the client or confront the client with her/his problem. The response may engender resistance.
- 1- Incorrect response, but the reason given implies intent to better understand the client, reduce resistance or increase readiness for change. The response is unlikely to engender resistance.
- 2- Correct response (reason is not scored)

The correct answers for the items are: #6 = 3, #12 = 4 and #18 = 2.

### **Additional Decision Rules:**

#### ***Reflective Listening, Summaries and Questions***

- On responses that call for a reflection, summaries are also acceptable.
- A question is not a reflection. On responses that call for a reflection and a question is all that is given, then the response should be scored a “0” or “1”. However, adding a question after a reflection does not automatically spoil the response. Apply the “spoil” rule described below.
- Summaries normally include at least two sentences. A one-sentence summation could be regarded as a summary if it includes two or more ideas. However, a sentence with one idea followed by a question does not constitute a summary
- Open questions cannot be answered with a yes, no or frequency count. On items requiring an open question for a 2-point response, a closed question response would be scored a “1” or a “0” based on its content. The lone exception is a ‘scaling question,’ such as the following: “On a scale of 1-10, how important to you is it to...” This question can receive a 2-point score, if the content is otherwise appropriate to the client context.



### ***Engendering Resistance***

- Based on MI, statements that confront, label, blame, shame, dismiss, argue, and criticize should all be considered as likely to result in client defensive responses, and hence rated as engendering resistance.,
- Not every statement that potentially creates defensiveness in clients can be listed herein. We have attempted to list several for each question in the item-by-item scoring that follows. When considering whether a respondent response engenders resistance, think about what the next response from the client would be. What is most likely? This stance does require the rater to take a reasonable guess about what a client would say next. Experience with MI is necessary for the reliable rating of this dimension.
- “*Inaccurate comments*” are answers where the respondent simply missed the target or misconstrued what was said. This would typically receive a score of 1. However, statements that are grossly inaccurate are likely to engender resistance as they imply the respondent was not listening to what the client said.
- On change talk items (5, 11 and 17), inaccurate, off-target or off-task comments are scored a “1” since they are considered to elicit neither change talk nor defensiveness.
- Stage-mismatched questions can also engender resistance. However, this decision calls for considerable judgment on the part of rater. Thus, we suggest that, for the purpose of this instrument, raters should disregard stage-mismatched questions as a source of resistance.

### ***Unclear Responses***

- As responses are scored on the basis of their content, raters should not be marked down for sloppy handwriting. However, a written statement that is totally illegible or unclear should be scored a “0”.
- When a response is partially illegible or somewhat unclear, raters should decipher legible and/or clear components and score these.
- Respondents may at times use arrows and other devices to indicate changes to answers. If clearly done, then items are to be scored accordingly. If the intent is unclear, the item should be scored “0.”

### ***Extraneous Material and Spoiled Responses***

- A response that contains the requisite elements for a correct response, but *also* contains additional elements that are likely to engender resistance is considered “*spoiled*” and the entire response is scored “0”. For example, an accurate reflection followed by a hostile question would be considered spoiled. “Your parent’s really frustrate you. Why can’t you give them a break?” illustrates this point. The “spoil” rule applies regardless of the order of MI-consistent and resistance-engendering material within a response.
- If additional elements do not “spoil” the response, the answer is scored according to the criteria for a “1” or a “2” point response. For example, a reflection followed by an open-ended question might be scored “1” or a “2”: “Your parent’s really frustrate you. What other things frustrate you?” The higher score (2) is rated in this case.

### ***Implied Meaning and Inferred Meaning***

- “*Implied meaning*” refers to respondent behavior. It is a *respondent’s reasonable guess* at what a *client or actor* thinks or feels (based on statements within the vignettes). This is acceptable behavior if the guess is reasonable (i.e., most respondents would agree to it).

- “*Inferred meaning*” refers to a rater behavior. The rater is unsure of what the respondent is trying to say in a response and guesses at what the meaning is. The rater should be very careful about inferring meaning in respondent comments when they are unclear. Instead, try to score the response based on the information that is present.
- If there is an omitted word/phrase or an incorrect word is included and this element is unessential or changes the sentence in a minor way, then meaning can be inferred.
- If there is an omitted word, phrase or contraction or an incorrect word is included and this element is essential or changes the sentence in a major way then meaning *cannot* be inferred. The response should be scored either as unclear or as written. For example, the respondent forgot to include a contraction. This response should be scored as written, since adding the contraction would substantially change the meaning of the sentence. “You are happy with your parents” versus “You aren’t happy with your parents” are two very different sentences.
- As the VASE-R is a skills-based assessment tool, respondents write responses from 1<sup>st</sup> person perspective as literally “what he or she would say to the client.” *Responses provided from 3<sup>rd</sup>-person perspective* (i.e., “Explore the client’s ambivalence about drinking.”) *do not receive points*, since it is not possible to know how the respondent would operationalize this response from the information provided.

## **Item Scoring**

Below you will find the item number, narrative that immediately precedes the respondent prompt, the prompts the item, scoring criteria and sample responses for each criterion. The samples are not meant to be exclusive, but instead to represent a category of response. There is a brief rationale given for the scoring of the 0 and 1 point samples.

### ***Response Sample Item A.***

#### **Item Content**

**Pat:** *You know, people are making a bigger deal out of this than is really needed. Everyone I know smokes a little pot now and then.*

**Prompt:** *Write a response that indicates you are listening.*

#### **Item Scoring**

- 0 Responses (e.g., statements, reflections or questions) that are confrontational or likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*Maybe they’re concerned because it is a big deal. (Begins counterargument)*  
*It sounds to me like you are in denial about your drug addiction. (Diagnosing)*  
*That’s how people usually talk when they don’t want to deal with a problem. (Dismissive)*  
*Just because other people may do something doesn’t mean it’s OK for you. (Counterargument)*  
*Do you know anything about addiction? (Likely to engender resistance)*

- 1 Responses (e.g., statements or questions) that are neutral or inaccurate reflections

*How often are you using marijuana now? (Question)*  
*Let’s talk about your marijuana use. (Neutral)*

*How much do you use, compared to these people you know? (Question)*  
*How big of a deal do YOU think it is? (Question)*  
*Sounds like you are concerned about some people you know. (Inaccurate Reflection)*

- 2 Responses that are accurate reflections (or a summary). The content of accurate reflections might include: lack of personal concern about current drug use; external pressure from other people to present for treatment, normative statements about level of use of his peers. Accurate reflections might also include *implied* content that expresses understanding of his current concern, worry or wonder about change.

*Your marijuana use doesn't seem like a big deal.*  
*You're not using marijuana any more than lots of people you know. (Reasonable inference)*  
*People are overreacting about your drug use.*  
*So you use marijuana now and then, and you don't feel concerned about it.*  
*Some people are giving you a bad time about using marijuana.*

### **Response Sample Item B.**

#### Item Content

**Pat:** *I mean, what is their problem anyway? They're making a big deal out of nothing.*

**Prompt:** *Write a response that you think would be most helpful in this situation.*

#### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*You're smoking a lot of marijuana, aren't ya? (Confrontation)*  
*I guess you're in the denial stage of the addictive process. (Likely to elicit counterargument)*  
*It doesn't sound like you're being very honest with your self. (Counterargument likely)*  
*Finding faults in other people isn't going to help you get the support you need (Counterargument)*  
*If everyone else is wrong about this, then why are you here? (Argumentative)*

- 1 Responses (e.g., statements, reflections or questions) that are neutral (neither increasing or reducing resistance)

*A lot of people feel that way when they first start talking about their drug use. (Neutral reframe)*  
*Have you ever been in treatment? (Neutral question)*  
*What do you think you need? (Collaborative, yet primarily neutral)*  
*What do you know about treatment? (Unlikely to engender resistance)*  
*Yeah, lots of people use marijuana. (Focus on one aspect, mainly neutral)*

- 2 Responses (e.g., statements, reflections or open questions) likely to decrease resistance. The content of reflections might include: appreciation for his reluctance about need for change; recognition of perceived unfair treatment from other people; personal responsibility for change; include positive and negative content (double-sided reflection) or implied content (e.g., reflections about willingness to discuss drug use).

*It doesn't seem fair to you the way some people are treating you right now.*  
*You don't think being here is necessary.*  
*Some people seem to be taking their own problems out on you.*  
*It should really be up to you to figure out if any changes need to be made in your drug use.*

*You feel other people are making ‘a mountain out of a molehill’; but to your credit, you were willing to come in and discuss your drug use.*

## **Response 1.**

### Item Content

**Lisa:** *I don’t know when things started to change, I mean somewhere along the way my drinking just sort of shifted. I did the usual partying in high school. No big deal. But then I went from having a couple drinks after work on a Thursday or Friday, to having something with dinner, a glass of wine, to having something before dinner, as well as with it.*

**Prompt:** *Write a response that indicates you are listening.*

### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) that are confrontational or likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*I’m surprised you’d say it’s no big deal. (Begins counterargument)*

*It sounds to me like your alcoholism is in mid-stage. (Diagnosing)*

*That’s how people usually talk before they realize they have a problem. (Dismissive)*

*Often times people are the last ones to know there is a problem. (Counterargument)*

*Do you know anything about alcoholism? (Likely to engender resistance)*

- 1 Responses (e.g., statements or questions) that are neutral or inaccurate reflections

*What caused your drinking to change? (Question)*

*Let’s talk about your drinking. (Neutral)*

*So, you’ve started to drink alone? (Question)*

*What do you think is going on there? (Question)*

- 2 Responses that are accurate reflections (or a summary). The content of accurate reflections might include: a change in drinking; an increase in drinking; drinking in high school w/o consequences; and uncertainty about when drinking changed. Accurate reflections might also include *implied* content that expresses concern, worry or wonder about the change.

*You’re not sure when things shifted.*

*Before you realized it, your drinking increased. It caught you by surprise. (Reasonable guess)*

*You’ve noticed a change in your drinking habits.*

*You’ve seen a change in your drinking – it seems to you that you are drinking more.*

*So, you started to have a drink before dinner.*

## **Response 2.**

### Item Content

**Lisa:** *I mean I am here, talking with you, which – no offense – but it isn’t high on my list of favorite things to do. It says something ain’t right.*

**Prompt:** *Write a response that indicates you are listening.*

## Item Scoring

- 0 Responses (e.g., statements, reflections or questions) that are confrontational or likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*You didn't end up here without reason. (Argumentative)*

*How do you explain this DUI, if you don't have a problem? (Calls for counterargument)*

*Yet if you don't drink and drive, you don't get DUIs. (Off target, likely to engender resistance).*

*If it causes problems, it is a problem. (Labeling often leads to resistance)*

*And drinking is one of your favorite things to do. (Not reasonably implied. Inaccuracy may lead to resistance or at least support for the status quo)*

- 1 Responses (e.g., statements or questions) that are neutral or inaccurate reflections

*Maybe this DUI is really a blessing in disguise. (Neutral and a little off target)*

*So, what led you to come in? (Question)*

*Have you had any other DUIs in the past? (Question)*

*What are some of your favorite things to do? (Question)*

*You are really confused. (Inaccurate Reflection)*

- 2 Responses that are accurate reflections (or a summary). The content of accurate reflections might include being unhappy about being at the interview and awareness that something is not right. Accurate reflections might also include *implied* content that expresses concern, worry or wonder about drinking habits. Reflections that integrate content from the prior client statement are also considered accurate.

*You don't want to be here, but there are some things that make you wonder.*

*You came even though you had mixed feelings because it feels like something isn't right.*

*You really aren't thrilled about being here.*

*You're a little bit concerned about the way things are going. (Reasonable guess)*

## **Response 3.**

### Item Content

**Lisa:** *But, this DUI stuff is bullshit. I mean I was right at .08 and the cop was just hassling me. I think he wanted a date or something. So, my being here is way overkill, you know what I mean?*

**Prompt:** *Write a response that you think would be most helpful in this situation.*

### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*Do you realize you're blaming it on the cop when it's really a consequence of your own behavior? (Leads to counterargument)*

*The DUI may be bullshit, but you're going to need to face that it got you into trouble. (Confrontation)*

*If you were .08, you were impaired, regardless of the cop. (Confrontation)*

*I happen to believe those cops save a lot of lives by doing their job. (Counterargument)*

*You say its overkill, what if you had killed somebody? (Confrontation)*

- 1 Responses (e.g., statements, reflections or questions) that are neutral (neither increasing or reducing resistance)

*That's interesting that you see it that way. (Neutral)*

*So, what happened with the DUI? (Neutral Question)*

*So, you think this whole thing is bullshit? (Question)*

*You don't feel the reading was accurate. (Inaccurate reflection)*

*So where do things stand now?*

- 2 Responses (e.g., statements, reflections or open questions) likely to decrease resistance. The content of reflections might include appreciation for her feelings and positive and negative content (double-sided reflection). Implied content might include reflections of her anger or her frustration. A question that shifts focus to an area of less resistance would be acceptable.

*You feel you were given a bad deal.*

*So even though this feels unfair, I'm wondering what you'd like to talk about today that would feel useful. (Shifting focus)*

*So you think this whole thing is bullshit. (Reflection, as opposed to a question)*

*So you think maybe the cop had unethical motives.*

*So there are some things you're a bit concerned about, but you're still unhappy with the cop.*

#### **Response 4.**

##### Item Content

**Lisa:** *On the other hand, I know that drinking and partying has gotten a little out of hand. I don't think I'm an alcoholic or anything. I mean my father was an alcoholic so I know what that looks like. I'm not there. But, I don't want to get there.*

**Prompt:** *Write a summary that you might say to Lisa and which touches on the things that you think are most important.*

##### Item Scoring

- 0 Responses that are not summaries or summaries that engender resistance. Responses that are either unclear or illegible receive a 0.

*I guess I'm surprised at your conclusions. You've been drinking heavier. You have a family history of alcoholism. Now you've got a DUI. Don't you think that there might be something to all this stuff? (Summary that builds an argument)*

*It seems to me that you don't think you have a problem yet. (Not a summary)*

*It was painful growing up with an alcoholic. You don't want to do that to yourself. (Change talk, but not a summary).*

- 1 Responses that are summaries and may include client ambivalence or change talk. Ambivalence refers to the client feeling two ways about a behavior. Change talk includes concern about the status quo, benefits of change, intention to change, and hope that change is possible.

*So you're not sure that you need to be here. You think the cop gave you a raw deal. Your drinking is less than your Dad's, so you don't think you're an alcoholic. Yet, you've got this DUI so here you are. (Summary w/o ambivalence or change talk)*

*You sound concerned about alcohol in your life due to your father's alcoholism. You don't want to wind up like your father. (Doesn't include ambivalence)*

*You're worried about your drinking. Alcohol hurt your Dad and you don't want to repeat that. (Doesn't include ambivalence)*

*You saw what happened to your father and didn't like it. You don't want that to happen to you. (Doesn't include ambivalence)*

- 2 Responses that are summaries and must include both client ambivalence and change talk

*So, it sounds like you feel mixed – not really wanting to be here, but at the same time you don't want to end up like your Dad. This really concerns you.*

*So you are upset with the cop and having to come here. At the same time you've noticed some changes that you're not crazy about.*

*Let me see if I've understood. You are unhappy with the cop, the DUI process and being here today. You feel like the DUI was unfair and perhaps driven by some unethical motives on the cop's part. At the same time, you have some concerns because you've noticed some changes in your drinking. You fear becoming like your Dad. It hasn't escalated to that point and you don't want it to.*

## **Response 5.**

### Item Content

**Prompt:** Write what you would say to Lisa that might elicit from her statements that support making healthy changes (e.g., concerns and/or recognition of problems, intention and/or optimism about prospective changes).

### Item Scoring

- 0 Response engenders defense or justification of the status quo through antagonism, minimization of client concerns, or reinforcement of current behavior. Responses that are either unclear or illegible receive a 0.

*So you won't even give this treatment idea a chance, will you? (Antagonistic)*

*You seem overly focused on the hassle of coming here today instead of what's really important. (Minimizes client concerns)*

*A DUI doesn't necessarily mean you are an alcoholic or anything like that (Reinforces status quo)*

- 1 Response that is unlikely to elicit defense of the status quo or discussion of change. Content may be neutral, off-target, off-task or not supported by the client statements.

*You might be surprised how many people are raised by an alcoholic parent. (Off-target/Off-task)*

*How are you getting along with your partner? (Neutral, off-target)*

*Talking to me isn't your favorite thing. (Presented alone, this focuses on things other than change)*

- 2 Response clearly would elicit change talk. Change talk includes concern about the status quo, benefits of change, intention to change and hope that change is possible. Here are examples of change talk identified in Lisa's previous comments:

- *somewhere along the way my drinking just sort of shifted;*
- *it says something ain't right;*
- *On the other hand, I know that the drinking and partying has gotten a little out of hand.*
- *I'm not there. And, I don't want to get there, either.*

Here are sample responses to elicit change talk.

*You mentioned that your drinking has shifted. Tell me more about that... (Elicits concerns about status quo)*  
*If your drinking and partying have gotten a little out of hand, how might your life improve if you quit or reduced your drinking? (Elicits benefits of change)*  
*Sounds as though you're not sure if you want to change this area of your life. If you did decide to try, how might you go about that? (Elicits optimism and hypothetical plan for change).*

## **Response 6.**

### Item Content

**Prompt:** *There are many different directions to explore with Lisa. Select the question or statement that you think would be most helpful to explore with Lisa now, if you wanted to increase her motivation to change; then indicate why you chose that one in the space below.*

- \_\_\_\_\_ (1)      What was your drinking like on the evening of the DUI?
- \_\_\_\_\_ (2)      You indicated that being here is not a high priority for you. What would you rather be doing?
- \_\_\_\_\_ (3)      You said, "something ain't right" about your situation. Tell me more about that.
- \_\_\_\_\_ (4)      Tell me about your drinking patterns. How often and much do you drink?
- \_\_\_\_\_ (5)      So what does an alcoholic look like to you?

*What reason(s) led you to choose this item?*

### Item Scoring

The **correct answer** is #3, but the item is scored on a 3-point scale.

- 0 Incorrect response and the reason given for the response implies an intention to diagnose the problem, , educate the client or confront the client with her problem. The response may engender resistance. Responses that are either unclear or illegible receive a 0.

*Respondent endorses # 1 or 4 and says:*

*"I need to know more about her drinking to determine if she really has a problem ."* (Diagnosis)  
*"I need to show her she has a problem."* (Educating/confronting)

*Respondent endorses #2 and says:*

*"I'm trying to press on her priorities a little bit to see if she's really thought it through."*(Confront)

*Respondent endorses #5 and says:*

*"I want to be able to show her that alcoholics are not just people who are homeless".* (Educating)  
*"I want her to see that she could be an alcoholic."* (Educating)

- 1 Incorrect response, but the reason given for the response implies intent to better understand the client, reduce resistance or increase readiness for change. The response is unlikely to engender resistance.

*Respondent endorses # 1 or 4 and says:*

*"I am trying to understand her perspective on her drinking."*  
*"I want to elicit change talk (or reduce resistance by shifting directions)".*

*Respondent endorses #2 and says:*



*“I need to understand what’s important to this client and how alcohol fits into that.”*

Respondent endorses #5 and says:

*“This seems to be an important issue in her deciding if she has something to change so I want to see what she’s thinking.”*

*“I’m trying to avoid the labeling trap.”*

*“I’m trying to build rapport.”*

*“I want to understand what she is afraid of.”*

- 2 Correct response (reason is not scored)

## **Response 7.**

### Item Content

**Ulysses:** *I'll be honest with you, Doc. Things ain't going that great. But what I am doing, you know, I smoke a little crack, hang out with the fellas and we be drinking wine or whatever else we can get our hands on. And trying to come up with a hustle. Sometimes we beat somebody out of something or break into a car. Whatever we got to do. It's just the way it is. When you are out here and you don't have a home – You do whatever you got to do to survive.*

**Prompt:** *Write a response that indicates you are listening.*

### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*Sounds like your crack use and drinking are pretty out of control. (Overstates)*

*Sounds like it would be pretty hard to get any money together with all the crack you’re smoking. (Likely to make client defensive)*

*It may not seem so bad now, but what about five years down the road? (Likely to engender resistance)*

*You’re not going to find new friends, unless you get rid of the old ones first. (Advice giving when its not been asked for)*

*Hustling is just going to get you back into the joint. (Warning)*

- 1 Responses (e.g., statements or questions) that are neutral or inaccurate reflections

*How much crack are you using? (Question)*

*You’re trying to put your life together since your release (Inaccurate).*

*Tell me more about your alcohol use (Question).*

*So, what do you mean days are better than nights? (Question)*

*When you say hustlin’, what do you mean? (Question)*

- 2 Responses that are accurate reflections (or a summary). The content of accurate reflections might include references to: being homeless; some ongoing substance use; feeling that alcohol is not an issue; hustling to make money; and the difference between nights and days. Accurate reflections might also include *implied* content that expresses acceptance of the situation.

*You’ve accepted that this is the way things are going to be.*

*Days are better than nights.*

*You’re just doing what it takes to survive.*

*Sometimes you do a little crack and drink a little wine.*

*Sounds like you are working hard to survive a difficult situation.*

## **Response 8.**

### Item Content

**Ulysses:** *You know, I don't know, I don't know what good this is going to do me being here. Good thing is I got a place to lay my head. You feed me three times. And that's good 'cuz I was not getting that where I was. I also know that unless I am ready to make some changes, ain't nothing going to change. I don't know. I've done this treatment thing before. That's what I know.*

**Prompt:** *Write a response that you think would be most helpful in this situation.*

### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*You're still smoking crack, aren't ya? (Confrontation)*

*I guess that maybe you haven't hit bottom yet. (Likely to elicit counterargument)*

*I hate to say it, but it doesn't look like you're being very honest with your self. (Counterargument likely)*

*Insulting us isn't going to help any. (Respondent takes client statement as personal affront)*

*If treatment is crap, then why are you here? (Argumentative)*

- 1 Responses (e.g., statements, reflections or questions) that are neutral (neither increasing nor reducing resistance)

*A lot of people feel that way when they first come in. (Minor reframe, primarily neutral)*

*Have you been in treatment before? (Neutral question)*

*What do you think should be different with treatment? (Collaborative in nature, but mostly neutral)*

*What do you know about treatment? (Unlikely to engender resistance)*

*Yeah, honesty is an important part of this, isn't it? (Focus on a minor aspect is mostly neutral)*

- 2 Responses (e.g., statements, reflections or open questions) likely to decrease resistance. The content of reflections might include: appreciation for his position; personal responsibility for change; include positive and negative content (double-sided reflection) or implied content (e.g., reflections of his doubts or fears about treatment).

*You are very aware that you are the only who can make any changes*

*You're not sure treatment would be helpful.*

*You've done this before and you know its going to be hard.*

*You've learned from experience that it's really up to you.*

*It sounds like three hots and a cot can be pretty helpful sometimes, especially if things are not working out.*

## **Response 9.**

### Item Content

**Ulysses:** *I be trying to take care of myself. Being out here is a trip. You know I got to watch out not only for the police, but I have to watch out for everybody else. Sometimes you don't know who's-who. So, it's not a movie, it's not wonderland, it's real. I also know I ain't with sleeping on the ground.*

**Prompt:** *Write a response that indicates you are listening.*

## Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*The life you're describing sounds pretty bad. You know treatment can help you with some of this. (Caring advice, but still likely to engender resistance)*

*Wouldn't you like to get the cops out of your face? (Calls for a "Yes, but..." response)*

*Sounds like doing your thing isn't working. (Gentle, but confrontation)*

*And none of this has anything to do with your substance use? (Sarcasm)*

*Believe it or not most of this stuff is a result of your substance use. (Advising)*

- 1 Responses (e.g., statements or questions) that are neutral or inaccurate reflections

*Do you have any outstanding warrants? (Neutral, slightly off target)*

*How's your health doing these days? (Neutral, slightly off target)*

*I bet you have to pay attention to who you're dealing with. (Neutral, supportive)*

*So, you think the cops have it in for you. (Neutral, slightly off target)*

- 2 Responses that are accurate reflections (or a summary). The content of accurate reflections might include references to: keeping to himself; being aware of people and surroundings; issues with the police; life not being a theme park; and sleeping on the ground. Accurate reflections might also include *implied* content that expresses dissatisfaction about his current lifestyle.

*You find it very hard to trust anyone.*

*There are parts of your life you're not happy with.*

*It's hard living here and you have to watch out.*

*You're not too happy about sleeping on the ground.*

*It's hard always being on alert.*

## **Response 10.**

### Item Content

**Ulysses:** *Things used to be pretty good. I thought. I had a little house. I had a woman and she was fine, and we was getting along and I got a couple years clean. Then the party came. You know I started getting loaded. Now she's gone, the little house is gone, and here I am.*

**Prompt:** *Write a summary that you might say to Ulysses and which touches on the things that you think are most important.*

### Item Scoring

- 0 Responses that are not summaries or that are likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*Despite sleeping on the ground, losing your job, and your woman leaving, you still can't see that your substance use is a problem. (Not a summary and challenging)*

*So, what's it going to take for you to admit there is a drug problem? (Direct challenge)*

*So your life is hard (Nice reflection, but not a summary).*

- 1 Responses that are summaries and may include either client ambivalence or change talk. Ambivalence refers to the client feeling two ways about a behavior. Change talk includes: concern about the status quo, benefits of change, intention to change, and hope that change is possible.

*You've had good times and you've had bad times. Right now your life ain't great. (Change talk, but no ambivalence).*

*You used to have things you wanted: a woman, a job and a house. Those things are gone now. (Change talk, but no ambivalence)*

*So, you're sleepin' on the streets – fresh out of jail – and doing a little of this and a little of that; whatever it takes to survive. You're smoking a little rock and drinking a little, but you're not convinced it's a problem. Still, here you are at treatment. (Ambivalence, but no change talk)*

- 2 Responses that are summaries and must include both client ambivalence and change talk

*You're unsure you need treatment, but you are also not so crazy about how things are going. You know for sure things were better at one time. Right now, you're struggling with using drugs and finding it hard to trust others, too. You haven't made up your mind yet, but you are sure that only you can make the changes.*

*Its hard work out there and you've had some losses. You sometimes feel like there isn't much you can do about it. Yet, you know what it was like when you weren't using and you know something about what it will take to make changes.*

## **Response 11.**

### Item Content

- Prompt:** Write what you would say to Ulysses that might elicit from him statements that support making healthy changes (e.g., concerns and/or recognition of problems, intention and/or optimism about prospective changes).

### Item Scoring

- 0 Response engenders resistance talk (i.e., maintenance of the status quo) through antagonism, minimization of client concerns, or reinforcement of current behavior. Responses that are either unclear or illegible receive a 0.

*Being homeless is just an excuse. You don't want to give treatment a real chance. (Antagonistic)*

*Don't you think that quitting drugs and alcohol will help stabilize the other areas of your life? (Minimizes client concerns)*

*Maybe you're right. Now may not be the right time for you to give treatment a try. (Reinforces status quo)*

- 1 Response that is unlikely to elicit resistance talk or discussion of change. Content may be neutral, off-target, off-task or not supported by the client statements.

*Life on the streets sound pretty rough. Had you stayed in any of the local shelters before you came in for treatment?(Off-target/Off-task)*

*Sounds like you are eating and sleeping better since you've been here. (Presented alone, this focuses on things other than change)*

*What would be a useful way to spend the rest of our time today? (Neutral statement, nondirective)*

- 2 Response that would clearly elicit change talk. Change talk includes concern about the status quo, benefits of change, intention to change and hope that change is possible. Here are examples of change talk identified in Ulysses' previous comments:

- *Things aren't going that great;*
- *You know I got to watch out for not only the police, but I have to watch out for everybody else. Sometimes you don't know who's who;*
- *So, its not a movie, it's not a wonderland, it's real;*
- *Being out here is a trip;*
- *I ain't with sleeping' on the ground;*
- *Things used to be pretty good.*
- *The party came. You know I started getting loaded. Now she's gone, the little house is gone, and here I am.*

*Like you said, it's no movie out there. You feel like you've had to be on the lookout for lots of things. (Elicits concerns about status quo)*

*You mentioned you've been eating and sleeping better since you came here. What are some other ways that remaining in treatment could be helpful for you? (Elicits benefits of change)*

*What would it take to begin to regain some of the important things you've lost in recent years? (Elicits optimism and hypothetical plan for change).*

## **Response 12.**

### Item Content

**Prompt:** *Choose the statement or question that you think might be most helpful to explore with Ulysses, if you wanted to increase his motivation to change; then indicate why you chose that one in the space below.*

- \_\_\_\_\_ (1) You mentioned that being homeless is bad for your health and puts you at-risk for legal difficulties. If so, why not give treatment a chance?
- \_\_\_\_\_ (2) Don't you think your housing situation might improve if you stopped your drug use?
- \_\_\_\_\_ (3) So, even though all these tough things happened because of your drug use, you're still not sure you need treatment?
- \_\_\_\_\_ (4) What were things like when you were clean?
- \_\_\_\_\_ (5) What sorts of experiences have you had with treatment?

*What reason(s) led you to choose this item?*

### Item Scoring

The correct answer is # 4, but the item is scored on a 3-point.

- 0 Incorrect response and the reason given for the response implies an intention to diagnose the problem, educate the client or confront the client with his problem. The response may engender resistance. Responses that are either unclear or illegible receive a 0.

*Respondent endorses #1 and says:*

*I am trying to convince him treatment is not as bad as other things in his life. (Persuasion)*

*Respondent endorses # 2 or 3 and says:*

*Because I need to help him see that drugs are hurting him. (Confrontation)*

*I am trying to break through his denial. (Confrontation)*

*Respondent endorses # 5 and says:*

*I'm trying to show him he's making a mistake in viewing all treatment as the same. (Education)*

- 1 Incorrect response, but the reason given for the response implies intent to better understand the client, reduce resistance or increase readiness for change. The response is unlikely to engender resistance.

*Respondent endorses #1 and says:*

*I want to elicit the reasons for not wanting to change before I elicit the reasons to change.*

*Respondent endorses # 2 or 3 and says:*

*I am trying to understand how he came to these conclusions or these views.*

*Respondent endorses #5 and says:*

*I want to find out what he dislikes about treatment.*

- 2 Correct response (reason is not scored)

### **Response 13.**

#### Item Content

**Bailey:** *So, what are you gonna do, fix me? It's my parents that need fixing, not me. The losers.*

**Prompt:** *Write a response that you think would be most helpful in this situation.*

#### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*You've got to start looking at your own behavior, not your parents (Confrontation)*

*But they're only trying to help you because they love you (Advising)*

*But can't you see they do really love you? (Leads to counterargument)*

*That's pretty harsh, don't you think? (Leads to counterargument)*

- 1 Responses (e.g., statements, reflections or questions) that are neutral (neither increasing or reducing resistance)

*What's wrong with your parents? (Neutral question)*

*No. I'm not going to try to fix you. (Diverts, but does not return responsibility to client)*

*So, your parents are losers. (Neutral reflection)*

*I know you're mad at your parents, but I find name-calling rarely helps.*

- 2 Responses (e.g., statements, reflections or open questions) likely to decrease resistance. The content of reflections might include: appreciation for her feelings of frustration and anger; her view of her parents; and concerns that you might try to fix or change her. A statement of client responsibility for change or a question that shifts focus to an area of less resistance would also be acceptable.

*It's their problem, not yours.*

*You don't want me trying to get inside your head.*

*It seems totally wrong that they shipped you off to me to get fixed.*

*You sound angry with your Mom and Dad.*

*Deciding to fix or change anything is really up to you, but it seems like we are getting way ahead of ourselves. I'd like to get to know you a little before we talk about any fixing or changing.*

### **Response 14.**

#### Item Content

**Bailey:** *It's like they never let up. Maybe I wouldn't smoke pot if they'd just get off my back for 1/2 a second.*

**Prompt:** *Write a response that you think would be most helpful in this situation.*

#### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*Don't you think you're overstating it a bit? (Counterargument)*

*Is it really that bad? (Requests client to defend why it is bad)*

*You can't keep blaming them for your mistakes forever, you know. (Confrontation)*

*Let's get honest here. You're the one smoking dope now, not your dad. (Confrontation)*

- 1 Responses (e.g., statements, reflections or questions) that are neutral (neither increasing or reducing resistance)

*Why do you think they never let up? (Neutral question)*

*What sorts of things do your parents do? (Neutral)*

- 2 Responses (e.g., statements, reflections or open questions) likely to decrease resistance. The content of reflections might include: appreciation for her feelings of constant pressure; attempts to change her against her will; and the possibility of change if only given some room. A statement that reframes the experience would also be acceptable.

*It's hard having them on your back.*

*They're nagging doesn't bring out the best in you.*

*It seems like there's never a moment when they're not on your case.*

*It seems to you that their pressure makes you want to smoke more.*

*It's almost like you have to use something...*

*So, you might consider making some changes in your smoking, if you could just get some room to do it your way.*

### **Response 15.**

#### Item Content

**Bailey:** *Here's my Dad. Mr. Helpful, telling me how life is. I'm like, "Whatever, Dad". I mean he's so full of shit. He smoked pot when he was a kid. I just wish they'd leave me alone.*

**Prompt:** *Write a response that you think would be most helpful in this situation.*

#### Item Scoring

- 0 Responses (e.g., statements, reflections or questions) likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*But he got his act together and quit. What about you? (Challenge)*

*But there must have been a good reason why he stopped. (Calls for client to defend a position)*

*This is your chance not to make the same mistakes your dad made. (Warning/advising)*

*So, you want your Dad to cut you some slack, but you're not willing to cut him any. (Challenge)*

*You know even though he's not doing it well, that he's just trying to help you. (Calls for a "Yes, but..." response)*

- 1 Responses (e.g., statements, reflections or questions) that are neutral (neither increasing or reducing resistance)

*You have something in common with him. (Neutral content)*

*Dads are full of advice, aren't they? (Neutral and slightly off target)*

*My Dad was the same way when I was your age. (Attempt to come alongside client may actually increase distance)*

*Some parents see things differently when they mature. (Generally neutral defense of Dad)*

- 2 Responses (e.g., statements, reflections or open questions) likely to decrease resistance. The content of reflections might include: her sense of her father's hypocrisy; her feelings of frustration and anger with her father; and her desire to be left alone. A statement of client responsibility for change or a question that shifts focus to an area of less resistance or reframes the interaction would also be acceptable.

*Just because he's your dad doesn't make him an expert on your life.*

*It seems phony to you that's he's telling you to stop something that he himself did.*

*And this is the last way in the world you want your Dad to try to help you; it's really unpleasant to you.*

*You'd really like to be free to make your own decisions and maybe you're own mistakes.*

## **Response 16.**

### Item Content

**Bailey:** *They never believe what I say anyway, so why should I tell them anything. It's like they don't care about the truth or about me. It's just, like – I don't know – like, "Oh no. Our daughter's a drug addict. Let's go see a rent a friend". They don't know about the things that are really going on and I can't tell them. They'd totally flip out.*

**Prompt:** *Write a summary that you might say to Bailey and which touches on the things that you think are most important.*

### Item Scoring

- 0 Responses that are not summaries or that are likely to engender resistance. Responses that are either unclear or illegible receive a 0.

*They don't trust you. (Reflection)*

*So your parents see a problem in your using marijuana and your falling grades, but you don't. And even though you've got stuff going on that would freak your parents even more, you don't see that as a problem either. In fact, you don't see much of any problems. I'm wondering how bad its gonna get before you to see a problem. (Confrontation)*



*You seem really angry and when you are this angry I don't think that anyone can help you very much. You need to think some about where you are, why your parents are so upset, and see if things can be better. I'd be happy to help you do that. (Confrontation)*

- 1 Responses that are summaries and that may include either client ambivalence or change talk. Ambivalence refers to the client feeling two ways about a behavior. Change talk includes: concern about the status quo, benefits of change, intention to change, and hope that change is possible.

*They don't care about you, so they sent you here to be fixed by me and that pisses you off. They don't know you well and they certainly don't know what's going on. (Summary w/o ambivalence or change talk)*

*So your parents keep trying all this stuff – jumping on your back, sending you here – because they think you have a drug problem. And you don't see it that way. You just wish they'd leave you alone and let you work out your own life. (Some change talk, no ambivalence)*

- 2 Responses that are summaries and must include both client ambivalence and change talk

*Everyone is telling you that you have a drug problem and you're feeling misunderstood and not heard. You feel kind of two ways about that. Part of you wants to be left alone and part of you would like someone to understand. There are some things that trouble you, but weed isn't one of them.*

*They're in a panic over your smoking some pot, which you disagree is something to panic about. There are other things going on and they don't know you well enough to figure that out, and that may pain you a little that they don't. You're certainly not going to tell them about that stuff because they'd go off the deep end, but there may be a part of you that wants to be understood and not so alone.*

## **Response 17.**

### Item Content

- Prompt:** Write what you would say to Bailey that might elicit from her statements that support making healthy changes (e.g., concerns and/or recognition of problems, intention and/or optimism about prospective changes).

### Item Scoring

- 0 Response engenders resistance talk (i.e., maintenance of the status quo) through antagonism, minimization of client concerns, or reinforcement of current behavior. Responses that are either unclear or illegible receive a 0.

*All the teenagers I see who are using pot seem to complain about their parents ,that's just the marijuana talking. (Antagonistic)*

*I bet if you quit using marijuana, the other problems in your life wouldn't seem so unmanageable. (Minimizes client concerns)*

*It will be difficult for us to make much headway if you are unwilling to look at the problems your parents are concerned about. (Reinforces status quo)*

- 1 Response that is unlikely to elicit resistance talk or discussion of change. Content may be neutral, off-target, off-task or not supported by the client statements.

*You feel like your parents don't know what's going on. (Presented alone, this does not elicit change talk)*

*Do you have any friends that understand what you're going through with your parents? (Off-target/Off-task)*  
*How do you want us to spend our time in these sessions? (Neutral statement, nondirective)*

- 2 Response would clearly elicit change talk. Change talk includes concern about the status quo, benefits of change, intention to change and hope that change is possible. There is a limited amount of change talk in Bailey's comments and little of it has to do with her marijuana smoking. Most people may receive a one on this item. Here are examples of change talk identified in Bailey's previous comments:

- *Maybe I wouldn't have to smoke pot if they'd just get off my back for ½ a second;*
- *I mean its like they don't care about the truth or about me;*
- *They don't know about the things that are really going on. I can't tell them. They'd flip out.*

*You are pretty worried about some of the things going on in your life. (Elicits concerns about status quo)*  
*It sounds like you're in a difficult place, and that you feel all alone in this. (Elicits concerns about status quo)*  
*If your parents did get off your back for a while, what would that be like for you? (Elicits benefits of change)*

## **Response 18.**

### Item Content

**Prompt:** *Choose the question or statement that you think might be most helpful to explore with Bailey, if you wanted to increase her motivation to change; then indicate why you chose that one in the space below.*

- \_\_\_\_\_ (1) What relationship do you see between your drug use and your dropping grades?  
\_\_\_\_\_ (2) Your parents don't believe you and that bothers you. What upsets you about that?  
\_\_\_\_\_ (3) So, how often and what sorts of drugs are you using?  
\_\_\_\_\_ (4) Your situation does sound hard and would probably be easier if you were off the weed for a while. What do you think?  
\_\_\_\_\_ (5) You said your parents would worry if they knew what was really going on. Bailey, can't you see that they're already worried and that's why they brought you here?

*What reason(s) led you to choose this item?*

### Item Scoring

The **correct answer** is #2, but the item is scored on a 3-point.

- 0 Incorrect response and the reason given for the response implies an intention to diagnose the problem, educate the client or confront the client with her problem. The response may engender resistance. Responses that are either unclear or illegible receive a 0.

*Respondent endorses # 1 and says:*

*"I need to connect the dots for her. She's not seeing how drug use is screwing up her life." (Education)*

*Respondent endorses # 3 and says:*

*"I need to show her she has a problem." (Education/Confrontation)*

*Respondent endorses #4 and says:*

*"Her drug use is effecting her thinking. I don't think she can make a sound decision until she's drug free." (Confrontation)*

- 1 Incorrect response, but the reason given for the response implies intent to better understand the client, reduce resistance or increase readiness for change. The response is unlikely to engender resistance.

*Respondent endorses # 1 and says:*

*“I want to elicit some change talk.”*

*Respondent endorses # 3 and says:*

*“To give her a chance to not be judged for telling the truth.”*

*Respondent endorses #4 and says:*

*“To present her with some options for changing her situation.”*

2 Correct response (reason is not scored)

## Appendix A

### Verbal Instructions for Trainer/Proctor

Reads or paraphrase the following instructions

*I am about to show an instrument called the Videotape Assessment of Simulated Encounters – Revised or VASE-R. The VASE-R consists of a video presentation of hypothetical clients. Each actor will make a statement and then you will write a response in the test booklet. Please keep your booklet closed until asked to open them by the video announcer.*

*The initial section of tape will describe the administration procedures. After these initial instructions, you will see Pat, the first actor. You will complete two practice items with Pat before the actual assessment begins.*

*Just as in a real clinical situation, it is critical that you are able to both see and hear the clients portrayed on the video equipment. Please be sure you are sitting in position where you can do that and write as well. If, after you have completed the sample items, you have concerns about administration procedures, please raise your hand and I will stop the tape momentarily to answer your questions.*

*Are there any questions before we begin?*

### **Answering Participant Questions**

Be brief, and reference the instructions provided above.

Respondents should generate or identify individual responses they believe would be most helpful to the client, given what is known about him/her.

Responses should reflect something they might actually say to a client in their practice situation (written from 1<sup>st</sup>-person perspective).

If the clients portrayed do not match the types of clients typically seen, respondent should apply the principles they recognize as being helpful in creating behavior change.

## Appendix B

### Character Background Information and Narratives

#### Client #1: Lisa

Lisa is a 30 year-old, unmarried woman who is focused on her career. She comes to you for possible treatment after getting her first DUI. This is not a formal assessment. She admits to some light-to-moderate drinking with friends, but denies that it has affected her work. Her boyfriend drinks heavily, and Lisa tends to drink more intensely when she is around him.

*“I don’t know when things started to change, I mean somewhere along the way my drinking just sort of shifted. I did the usual partying in high school. No big deal. But then I went from having a couple drinks after work on a Thursday or Friday, to having something with dinner, a glass of wine, to having something before dinner, as well as with it.”*

*“I mean I am here, talking with you, which – no offense – but it isn’t high on my list of favorite things to do. It says something ain’t right.”*

*“But, this DUI stuff is bullshit. I mean I was right at .08 and the cop was just hassling me. I think he wanted a date or something. So, my being here is way overkill, you know what I mean?”*

*“On the other hand, I know that drinking and partying has gotten a little out of hand. I don’t think I’m an alcoholic or anything. I mean my father was an alcoholic so I know what that looks like. I’m not there. But, I don’t want to get there.”*

#### Client #2: Ulysses

This is your 1<sup>st</sup> session with him since he was admitted to your inpatient program. This is not a formal assessment. Ulysses is a 45 year-old man who has been homeless and unemployed for the past year. He had previously worked in the construction and fishing industries. A knee injury ended his original dream of becoming a professional athlete, and causes ongoing pain problems that limit his ability to work. Religion was an important element in his upbringing. He comes to inpatient treatment after recently being released from jail after a drug possession charge.

*“I’ll be honest with you, Doc. Things ain’t going that great. But what I am doing, you know, I smoke a little crack, hang out with the fellas and we be drinking wine or whatever else we can get our hands on. And trying to come up with a hustle. Sometimes we beat somebody out of something or break into a car. Whatever we got to do. It’s just the way it is. When you are out here and you don’t have a home – You do whatever you got to do to survive.”*

*“You know, I don’t know, I don’t know what good this is going to do me being here. Good thing is I got a place to lay my head. You feed me three times. And that’s good ‘cuz I was not getting that where I was. I also know that unless I am ready to make some changes ain’t nothing going to change. I don’t know. I’ve done this treatment thing before. That’s what I know.”*

*“I be trying to take care of myself. Being out here is a trip. You know I got to watch out not only for the police, but I have to watch out for everybody else. Sometimes you don’t know who’s-who. So, it’s not a movie, it’s not wonderland, it’s real. I also know I ain’t with sleeping on the ground.”*

*“Things used to be pretty good. I thought. I had a little house. I had a woman and she was fine, and we was getting along and I got a couple years clean. Then the party came. You know I started getting loaded. Now she’s gone, the little house is gone, and here I am.”*

#### Client #3: Bailey

This is your 1<sup>st</sup> outpatient session with her. She is a 16 year-old girl, who was an ‘A’ student until about a year and half ago. Then, her grades then began dropping. Always having been a bit shy, she has become more

sullen and withdrawn. Her parents had suspected drug use, but Bailey denied it. Recently, they discovered marijuana in her room and then brought her to you for help. Bailey acknowledges smoking marijuana 3-4 times a week as well as some other drug use.

*“So, what are you gonna do, fix me? It’s my parents that need fixing, not me. The losers.”*

*“Its like they never let up. Maybe I wouldn’t smoke pot if they’d just get off my back for ½ a second.”*

*“Here’s my Dad. Mr. Helpful, telling me how life is. I’m like, “Whatever, Dad”. I mean he’s so full of shit. He smoked pot when he was a kid. I just wish they’d leave me alone.”*

*“They never believe what I say anyway, so why should I tell them anything. It’s like they don’t care about the truth or about me. Its just, like – I don’t know – like, “Oh no. Our daughter’s a drug addict. Let’s go see a rent a friend”. They don’t know about the things that are really going on and I can’t tell them. They’d totally flip out.”*

## Appendix C

### Test Development and Psychometric Information

As described at the outset of this manual, the 18-item VASE-R scale has been employed with nearly 200 community treatment providers in a large, federally-funded MI training evaluation study (NIDA #1 R01 DA016360, *Development and Evaluation of Context-Tailored Training*). What follows in Tables 1-4 is consequent psychometric data concerning instrument scoring reliability, concurrent validity, internal reliability, and responsiveness to training for this sample.

**Table 1. Scoring Reliability for VASE-R Components**

VASE Index	Intra-Class Correlation	Criterion Level
Reflective Listening	.43 - .88	Fair-to-Excellent
Responding to Resistance	.41 - .74	Fair-to-Good
Summarizing	.46 - .74	Fair-to-Good
Eliciting Change Talk	.43 - .83	Fair-to-Excellent
Developing Discrepancy	.70 - .92	Good-to-Excellent

**Notes:**

Scoring reliability computed as pooled intra-class correlations among three independent raters.

Reliability subsample consisted of 85 completed VASE-R protocols chosen at random from a larger pool.

Criterion levels for ICC ranges as suggested by Cicchetti (1994).

**Table 2. Concurrent Validity of VASE-R Scale and Components**

	Full VASE-R Scale	Reflective Listening Subscale	Responding to Resistance Subscale	Summarizing Subscale	Eliciting Change Talk Subscale	Developing Discrepancy Subscale
HRQ	.50***	.45***	.38***	.41***	.36***	.23**
SP Interview Empathy	.44***	.42***	.40***	.19*	.32***	.24**
SP Interview MI Spirit	.32***	.29**	.31***	.15	.24**	.13
SP Interview R:Q	.35***	.33***	.25**	.22*	.31**	.18*
SP Interview %OQ	.16	.14	.08	.12	.32***	-.04
SP Interview %CR	.11	.08	.10	.02	.12	.10
SP Interview %MIA	.26*	.30**	.31**	.15	.10	.01

**Notes:**

N = 144 substance abuse treatment practitioners *prior* to MI training.

All values are Pearson product-moment correlations.

HRQ reflects summary score for Helpful Responses Questionnaire (Miller et al., 1991).

SP interview reflects a 20-minute audio-recorded encounter later reviewed and scored using the Motivational Interviewing Treatment Integrity scale (Moyers et al., 2004).

\* p<.05, \*\* p<.01, \*\*\* p<.001

**Table 3. Internal Consistency and Inter-Correlation of VASE-R Scale and Components**

	Internal Consistency	Corrected Subscale-Full Scale Correlation	Corrected Item-Subscale Correlation	Corrected Item-Full Scale Correlation
<b>Reflective Listening</b>	<b>.69</b>	<b>.67</b>		
VASE-R #1			.50	.49
VASE-R #2			.46	.45
VASE-R #7			.46	.52
VASE-R #9			.50	.61
<b>Responding to Resistance</b>	<b>.67</b>	<b>.64</b>		
VASE-R #3			.26	.36
VASE-R #8			.41	.53
VASE-R #13			.49	.43
VASE-R #14			.56	.55
VASE-R #15			.41	.45
<b>Summarizing</b>	<b>.73</b>	<b>.62</b>		
VASE-R #4			.44	.51
VASE-R #10			.61	.52
VASE-R #16			.61	.59
<b>Eliciting Change Talk</b>	<b>.49</b>	<b>.54</b>		
VASE-R #5			.31	.39
VASE-R #11			.30	.37
VASE-R #17			.33	.45
<b>Developing Discrepancy</b>	<b>.44</b>	<b>.44</b>		
VASE-R #6			.24	.37
VASE-R #12			.33	.26
VASE-R #18			.24	.36
<b>Lisa Vignette</b>	<b>.64</b>	<b>.66</b>		
<b>Ulysses Vignette</b>	<b>.65</b>	<b>.74</b>		
<b>Bailey Vignette</b>	<b>.71</b>	<b>.65</b>		
<b>Full VASE-R Instrument</b>	<b>.85</b>			

**Notes:**

N = 144 substance abuse treatment practitioners *prior* to MI training.

Internal consistency reflects Cronbach alpha coefficients.

Corrected subscale-scale metric reflects correlation (e.g.,  $r$ ) of the subscale with the full-scale instrument when the subscale is not included in the full scale instrument score.

Corrected item-subscale correlation reflects correlation of the item with the subscale score when the item is not included in the subscale score.

Corrected item-scale correlation reflects correlation of the item with the full-scale instrument when the item is not included in the full scale instrument score.



**Table 4. Sensitivity of VASE-R Scale and Subscales to Effects of Training Participation**

	Pre-Training		Post-Training		3-Month Follow-up		Multivariate Effect Size
	M	SD	M	SD	M	SD	
<b>Full VASE-R Score</b>	<b>18.21</b>	<b>7.41</b>	<b>24.13</b>	<b>6.74</b>	<b>23.08</b>	<b>7.53</b>	<b>.50</b>
<b>Reflective Listening</b>	<b>4.88</b>	<b>2.26</b>	<b>6.13</b>	<b>2.04</b>	<b>5.97</b>	<b>2.25</b>	<b>.30</b>
<b>Responding to Resistance</b>	<b>5.72</b>	<b>2.56</b>	<b>7.41</b>	<b>2.49</b>	<b>7.10</b>	<b>2.54</b>	<b>.28</b>
<b>Summarizing</b>	<b>1.53</b>	<b>1.67</b>	<b>2.83</b>	<b>1.59</b>	<b>2.41</b>	<b>1.62</b>	<b>.39</b>
<b>Eliciting Change Talk</b>	<b>2.79</b>	<b>1.69</b>	<b>3.66</b>	<b>1.76</b>	<b>3.52</b>	<b>1.77</b>	<b>.19</b>
<b>Developing Discrepancy</b>	<b>3.29</b>	<b>1.86</b>	<b>4.10</b>	<b>1.61</b>	<b>4.07</b>	<b>1.57</b>	<b>.15</b>

**Notes:**

**Data reflects 111 substance abuse treatment personnel who participated in formal MI training processes.**

**All temporal changes reflect statistically significant difference at  $p < .001$ .**

**Listed effect sizes represent partial eta values.**

As also noted at the outset of this manual, the VASE-R was administered to 66 members of the Motivational Interviewing Network of Trainers (MINT). Resulting data, taken together with that of the larger sample of MI training trial participants, now inform a set of scoring norms and suggested proficiency benchmarks. This information is provided on the following pages as normative data for groups of untrained practitioners, trained practitioners, and MI experts in Table 5, and proposed ‘Beginning Proficiency’ and ‘Advanced Proficiency’ benchmarks for total scale and subscale scores in Table 6.

**Table 5. Normative Data for VASE-R Scale and Components for Untrained, Trained & Expert Samples**

	Untrained Practitioners		Trained Practitioners		MI Experts	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
<b>Reflective Listening (4)</b>	<b>4.80</b>	<b>2.22</b>	<b>6.13</b>	<b>2.04</b>	<b>7.30</b>	<b>1.51</b>
VASE-R #1	1.24	.78	1.53	.76	1.88	.41
VASE-R #2	1.17	.75	1.55	.72	1.83	.51
VASE-R #7	1.23	.80	1.59	.77	1.83	.54
VASE-R #9	1.17	.75	1.48	.71	1.76	.61
<b>Responding to Resistance (5)</b>	<b>5.69</b>	<b>2.57</b>	<b>7.41</b>	<b>2.49</b>	<b>9.06</b>	<b>1.77</b>
VASE-R #3	.90	.88	1.36	.84	1.82	.49
VASE-R #8	1.37	.72	1.63	.65	1.83	.51
VASE-R #13	1.24	.81	1.53	.72	1.85	.47
VASE-R #14	1.14	.94	1.49	.72	1.76	.63
VASE-R #15	1.05	.75	1.42	.81	1.80	.53
<b>Summarizing (3)</b>	<b>1.54</b>	<b>1.66</b>	<b>2.83</b>	<b>1.59</b>	<b>4.52</b>	<b>1.22</b>
VASE-R #4	.53	.70	1.02	.72	1.83	.45
VASE-R #10	.63	.73	.93	.66	1.35	.64
VASE-R #16	.38	.65	.87	.73	1.33	.69
<b>Eliciting Change Talk (3)</b>	<b>2.83</b>	<b>1.73</b>	<b>3.66</b>	<b>1.76</b>	<b>4.92</b>	<b>1.24</b>
VASE-R #5	.96	.86	1.21	.84	1.79	.57
VASE-R #11	1.04	.87	1.19	.90	1.77	.60
VASE-R #17	.83	.71	1.26	.80	1.36	.74
<b>Developing Discrepancy (3)</b>	<b>3.24</b>	<b>1.90</b>	<b>4.10</b>	<b>1.61</b>	<b>5.08</b>	<b>1.14</b>
VASE-R #6	1.31	.90	1.47	.88	1.88	.45
VASE-R #12	1.14	.94	1.39	.83	1.58	.70
VASE-R #18	.78	.94	1.25	.93	1.62	.76
<b>Lisa Vignette (6)</b>	<b>6.09</b>	<b>2.91</b>	<b>8.06</b>	<b>2.72</b>	<b>11.03</b>	<b>1.46</b>
<b>Ulysses Vignette (6)</b>	<b>6.59</b>	<b>2.91</b>	<b>8.08</b>	<b>2.37</b>	<b>10.12</b>	<b>2.15</b>
<b>Bailey Vignette (6)</b>	<b>5.42</b>	<b>2.96</b>	<b>7.67</b>	<b>3.15</b>	<b>9.73</b>	<b>2.52</b>
<b>Full VASE-R Scale Score (18)</b>	<b>18.09</b>	<b>7.56</b>	<b>24.13</b>	<b>6.74</b>	<b>30.88</b>	<b>5.02</b>

**Notes:**

Untrained practitioners were 144 substance abuse treatment practitioners *prior* to MI training.

Trained practitioners were a subset (n = 111) of the above practitioners who completed 15 hours of structured MI training activities and both pre- and post-assessments.

MI experts were 66 members of the Motivational Interviewing Network of Trainers (MINT).

Numbers in parentheses in column 1 reflect the number of items

**Table 6. Proposed Proficiency Standards for VASE-R**

	<b>Beginning Proficiency</b>	<b>Advanced Proficiency</b>
<b>Full Score VASE-R (range = 0 – 36)</b>	<b>26</b>	<b>31</b>
<b>Reflective Listening (0 – 8)</b>	<b>6</b>	<b>7</b>
<b>Responding to Resistance (0- 10)</b>	<b>8</b>	<b>9</b>
<b>Summarizing (0 – 6)</b>	<b>3</b>	<b>5</b>
<b>Eliciting Change Talk (0 – 6)</b>	<b>4</b>	<b>5</b>
<b>Developing Discrepancy (0 – 6)</b>	<b>4</b>	<b>5</b>
<b>Lisa Vignette (0 – 12)</b>	<b>9</b>	<b>11</b>
<b>Ulysses Vignette (0 – 12)</b>	<b>9</b>	<b>10</b>
<b>Bailey Vignette (0 – 12)</b>	<b>8</b>	<b>10</b>

**Notes:**

**Beginning Proficiency scores, are based on calculated cut scores considering means and variability of the untrained community sample and expert sample.**

**Expert scores are based on means of 66 members of the Motivational Interviewing Network of Trainers (MINT). All scores were rounded to the nearest whole number. As a result, sums of subscales may not match total scores.**