

OPTI-MI Questionnaire



OPTiMiSE MI Fidelity Self Rating and Training Questionnaire

1. Date	2. Provider	3. Patient
4. What was the patient's attitude at the start of the session?		
5. What made it so?		

MI Fidelity - overall

6. On a scale from 1-10: To what extent was the session in the spirit of MI?	1 2 3 4 5 6 7 8 9 10 Not at all Totally MI
7. Why was is so? What shall you be aware of next time, reinforcing the spirit of MI?	
8. On a scale from 1-10: How MI adherent were you? (Expressing empathy, etc)	1 2 3 4 5 6 7 8 9 10 Not adherent Totally adherent
9. What could have made it better? (Any of the following, that you could have used more or in a better way?) a) Expressing empathy, acceptance and affirmation b) Emphasizing autonomy and asking permission c) Resisting the righting reflex d) Roll with resistance e) Trying to understand the patient's perspective and readiness to change f) Selectively reinforcing the patient's own self motivational statements g) Develop a discrepancy h) Support self-efficacy.	
10. On a scale from 1-10: How MI non-adherent were you? (lecturing, telling, advising, judging, confronting, directing, etc)	1 2 3 4 5 6 7 8 9 10 Adherent Totally non-adherent
11. What happened? What would you have done less of?	

Core MI techniques - OARS

Open-ended questions		
12. How was the balance between open and closed questions? (Often you will like 60-70% open / 40-30% closed)	Open-ended questions %	closed questions %
13. What made it so in this session? What, if anything, would you like to change regarding open-ended questions?		
14. Can you find an example of a closed question, which could have been formulated as an open question? Try to reformulate it:		
Affirmation		
15. On a scale from 1-10; To what extent did you use affirmations?	1 2 3 4 5 6 7 8 9 10 Not at all	as much as possible without overdoing it
16. What, if anything, could you affirm more? (e.g. patients strengths, values, aspirations and positive qualities, etc)		
Reflective listening		
<u>Simple Reflections</u> - simply repeating or rephrasing what the patient has said.	17. approx. no of simple reflections:	
18. On a scale from 1-10; To what extent did you use simple reflections?	1 2 3 4 5 6 7 8 9 10 Not at all	as much as possible without overdoing it
<u>Complex Reflections</u> - add substantial meaning or emphasis to what the patient has said	19. approx. no of complex reflections:	
20. On a scale from 1-10; To what extent did you use complex reflections?	1 2 3 4 5 6 7 8 9 10 Not at all	as much as possible without overdoing it
21. How was the balance between simple and complex reflections? (Often you will like a 50%/50% balance)	Simple Reflections %	Complex Reflections %
22. What happened in the session regarding reflective listening? What, if anything, would you like to change?		
Summaries - reflect back to the patient what he or she has been telling you	23. approx. no of summaries:	
24. On a scale from 1-10; To what extent did you use summaries?	1 2 3 4 5 6 7 8 9 10 Not at all	as much as possible without overdoing it
25. What happened in the session regarding summaries? What, if anything, would you like to change?		

Traps. Recognizing & working with counter-motivation: We attempt to avoid certain classical traps

Taking sides trap (e.g.: Prescribing a course of action consistent with one side of the ambivalence, without exploring and resolving ambivalence. Arguing one side elicits the other.

26. On a scale from 1-10; To what extent did fall into the Taking side trap	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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27. What, if anything, would you like to change?

Expert Trap (Providing direction without consensus on where to go – You’re the expert!!)

28. On a scale from 1-10; To what extent did fall into the Expert Trap?	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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29. What, if anything, would you like to change?

Question/Answer Trap. (Q/A, Q/A, Q/A etc....)

30. On a scale from 1-10; To what extent did fall into the Question/Answer Trap?	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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31. What, if anything, would you like to change?

Confrontation/Denial Trap (C/D, C/D, etc. ‘ You would be better if.../ Yes, but I can’t, because.)

32. On a scale from 1-10; To what extent did fall into the Confrontation/Denial Trap?	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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33. What, if anything, would you like to change?

Premature Focus Trap (Being in a hurry, deciding the focus without consensus, without the story told)

34. On a scale from 1-10; To what extent did fall into the Premature Focus Trap?	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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35. What, if anything, would you like to change?

Blaming Trap (Talking about blame. Indicating that the patient is to blame or, together, blaming others)

36. On a scale from 1-10; To what extent did fall into the Blaming Trap?	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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37. What, if anything, would you like to change?

Labeling Trap. (Getting caught up in diagnostic labeling: ‘change will not happen, unless they accept it’.)

38. On a scale from 1-10; To what extent did fall into the Labeling Trap?	1 2 3 4 5 6 7 8 9 10 Not at all to the highest extent
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39. What, if anything, would you like to change?

Decision Balance

<p>Benefits/Pros of taking medication</p>	<p>Costs/Cons of taking medication</p>
<p>Costs/Cons of not taking medication</p>	<p>Benefits/Pros of not taking medication</p>
<p>All in all?</p>	

Change talk and strategies?

40. Which 'DARN CAT'- statements did you hear?
 (*Desire, ability, reasons, need, commitment, activation, taking steps*)
 (Response = EARS: Elaborate, Affirm, Reflect, Summarize)

Which of the following strategies did you use? (Please tick)
 Which could you have used with success? (Please circle)

41. Ask Evocative Questions	42. Explore Decisional Balance	43. Ask for Elaboration.	44. Ask for Examples	45. Look Back
46. Look Forward	47. Query Extremes	48. Use Change Rulers	49. Explore Goals and Values	50. Come Alongside

51. What was the patient's attitude at the end of the session?

52. What made it so?

53. What can make it better?

54. What should you remember next time?

More to note? - Use the Backside

With taped sessions or video sessions, this questionnaire can be filled out by the MI-provider and by the supervisor, and then compared and discussed

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 (Above all inspired from Theresa B. Moyers, Tim Martin, Jennifer K. Manuel & William R. Miller – MITI Version 2 and the TNT Manual Nov 2008)

OPTI-MI Questionnaire – Fidelity Rating guide

MI fidelity is a complex matter. What is most important is that the meeting is in the spirit of MI. Sometime a patient takes a course of action that would alter your normal MI-reactions. Perhaps he or she hates affirmations or wants you to be more talkative

Nevertheless, there are some guidelines:

Q 6: In question 6 it's not up to you alone, but you want the score to be as high as possible

Q 8, 15, 18, 20, 24: In these questions you would like the score to be 9 or 10 for each question

Q 10, 26, 28, 30, 32, 34, 36, 38: In these questions you would like the score to be 1 or 2 for each question

Q 12: The balance between open and closed questions is often preferred to be 60-70% open questions and 40-30% closed questions

Q 21: The balance between simple reflections and complex reflections is often preferred to be 50%-50%

Page 4: In the decision balance sheet on page 4 - which you can use with the patient, if he or she thinks it's a good idea – you would like to ensure that all the fields are sufficiently filled in

Q 40: Make sure that you notice all the DARN CAT- statements. Response = EARS (Elaborate, Affirm, Reflect, Summarize)

Q 41, 42, 43, 44, 45, 46, 47, 48, 49, 50: You would like to make sure, that you use the right amount of strategies. You would like, that the strategies that you could have used with success, actually was the strategies you used

Q 51, 52, 53, 53: MI is not easy. Maybe evaluating the session, reflecting on what can be done and what should be remembered next time is one of the most important tasks in learning MI