# CHAPTER 3 Supervising and Coaching To Support Implementation

Chapters 1 and 2 stressed that feedback and coaching were the most crucial factors to learning motivational interviewing (MI)[1] and, therefore, must be the focus of attention when considering a successful implementation of MI. This chapter wrestles with what successful implementation of MI means, who provides it, and what the differences are among supervising MI, coaching MI, clinical supervision, and quality assurance. This chapter also provides a framework for supervision and coaching, while chapter 4 addresses the actual methods used to assess skill and fidelity with MI. The ultimate goal is to implement MI in a manner that ensures that a good portion of the staff trained in MI is likely to become proficient enough in the method to effect changes in their clients.

Supervisors are the conduit for transferring ideas from administration and upper organizational management to line agents.[2] A supervisor's role can be an amalgam of the variety of hats—from championing innovation to providing quality assurance (QA)—that are needed for an implementation to be successful. However, it is important to be clear about what these different roles are and, more importantly, whether it should be the supervisor who always fills these roles. The four roles this chapter clarifies are supervising MI, providing clinical supervision, coaching MI, and providing quality assurance for MI.

## Supervising MI

The role of a supervisor has an enormous effect on the successful implementation of a new innovation, whether or not the supervisor is skilled in the innovation.[3–9] Therefore, supervising the implementation of MI is about creating an atmosphere where MI can be learned, practiced, and coached successfully. It is more about creating conditions for skill acquisition and maintenance than about the nitty-gritty of reviewing skills and offering feedback and suggestions. There are several ways that supervisors can support the implementation of MI, whether or not they have skills or expertise in MI:

- **Creating cultural shifts.** The cultural and learning norms of the workplace affect staff's receptiveness to learning and implementing an innovation.[10–13] Supervisors have an understanding of these cultural norms and can therefore support a change in the culture. This has ramifications before and after training takes place. Often, agents know whether their supervisor thinks the training they are being sent to is important. Given this understanding of the culture and their ability to shape it, supervisors are able to enhance the anticipatory mindset of their staff before training, develop a foundation for subsequent practice of skills learned in the training, and remove barriers to receiving feedback about skills.[14]

- **Developing communities of practice.** After MI training, participants commonly express the need to practice their MI skills. This may require supervisors to develop a climate that facilitates and promotes cooperative study and practice. The supervisor can provide such an environment by supporting the formation of ***peer coaching*** groups, a forum for interest in MI (e.g., a ***LISTSERV***), or communities of practice[15–18] that meet regularly to practice skills,

role play difficult scenarios, and receive support and feedback.

A community of practice might initially consist of only two (or more) individuals in a local agency unit, e.g., the Pre-Sentencing Investigation Unit. As long as the agents agree to provide ongoing support to each other in their efforts to practice and acquire greater MI skills, the group constitutes a community of practice, no matter how informal. The more systematic the community becomes in its efforts to provide feedback and coaching around MI, the greater the probability that its members will grow in proficiency.

- **Mobilizing resources.** Supervisors have access to resources and are in the position to use existing resources efficiently. Resources in MI include reading material, taped demonstrations of skills, authorization of trainings, access to agents who are proficient in MI skills, and meeting space to practice skills. Mobilizing resources could be as basic as providing agents with helpful material on MI, but it could also include identifying champions of the innovation and relocating them to an area of greatest visibility so others can benefit from their skills. Supervisors can support ongoing MI coaching by identifying needed roles (such as peer coaches or quality assurance officers) and assigning them strategically. Finally, supervisors could promote and support outside coaching or clinical supervision for agents returning from an MI training workshop.

There are several other ways for supervisors to support the implementation of MI. Because supervisors are poised at such a key position in the organization, they can not only assess what the implementation needs are for their specific agency, but also follow through with the ideas they generate. Following is a summary of ways in which a supervisor can support the implementation of MI:

- Support the formation of peer coaching groups by providing a designated time—free of any administrative items—for peers to get together to focus on MI.
- Create an atmosphere that supports the giving and receiving of feedback.
- Participate in giving and receiving feedback, demonstrating a willingness to be vulnerable in the skill-acquisition process.
- Develop positive anticipation for MI training, for example, sending staff questions related to MI and providing incentives for the person with the most correct answers.
- Encourage staff to deepen their understanding of MI by rewarding them with further training or professional tape critiques.
- Make resources such as books and video demonstrations available to staff.

Thus far, the chapter has covered ideas for what supervisors can do without having expertise in MI. If they do have proficiency in MI, they can also support their staff's acquisition of MI skills by providing direct skill coaching, which mirrors clinical supervision.

### *Providing Clinical Supervision*

Firstline supervisors have ongoing interactions with their staff related to providing general support to them, clarifying policies and procedures, conducting evaluations, and facilitating their overall professional growth. Clinical supervision is different from administrative supervision in that it is more focused on providing support and education, and facilitating growth of the agent's skills related to working with clients. In the health fields, particularly in addictions and mental health, practitioners (whether working at an agency or in private practice) receive ongoing clinical supervision. At a formal treatment agency, this clinical supervision may be provided by the practitioner's immediate supervisor or by the agency's designated clinical supervisor, who could also be someone who is not part of the agency but comes in solely to provide clinical supervision. In corrections,

this job falls on the shoulders of firstline supervisors, whether or not they are trained in clinical supervision or are cognizant of the ramifications of providing it.

However, if supervisors indeed have the skills in MI to provide coaching, then their relationship with agents being coached begins to look like clinical supervision, which is further described in this chapter.

Falender and Shafranske[19] define clinical supervision as "education and training aimed at developing science-informed practice, facilitated through a collaborative interpersonal process [that] involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving." In clinical supervision and coaching, there is a ***parallel process*** in which the relationship or interaction between the supervisor and agent mirrors, informs, and shapes the relationship or interaction the agent develops with clients.

Clinical supervision usually focuses on helping agents develop:

- Self-awareness regarding how the agent is affecting and being affected by the client.
- Theory and knowledge, i.e., up-to-date information about the innovation.
- Skills in the agent's use of the innovation.

### *Purpose of Clinical Supervision*

The purpose of clinical supervision as it relates to MI is to support agents in increasing their efficacy and expertise in using MI so as to be more effective with clients. More specifically, clinical supervision can be instrumental in helping agents to become more fluid in their abilities to shift strategies (e.g., directing, guiding, and following) within their dual system-defined roles.[20] Direct supervisors proficient in MI or designated clinical supervisors are therefore coaching the agent's skills in a systematic way.

The supervisory/coaching relationship requires much vulnerability on the part of the agent being coached. Being watched as one is struggling with skills and ways of managing a client can be threatening and awkward, especially if the person watching is someone who also completes annual evaluations that determine promotions and raises. Therefore, if clinical supervision or coaching is being provided by the agent's direct supervisor, a blurring of roles can occur. This needs to be clarified at the outset. Most importantly (and this is reemphasized in the section on coaching), there needs to be a clear understanding that the process of coaching an agent is *separate* from evaluating the agent.

## Coaching MI

While the phenomenon of executive and personal coaching emerged only within the last 25 years, the concept of coaching another to improve skills is an ancient one that can be recognized in learning trades, parenting, teaching, or sports. It is founded on beliefs very similar to those of MI: that know-how needs to be drawn out of a person. In the case of coaching MI, the goal might be to increase MI-consistent behaviors and decrease MI-inconsistent behaviors through cooperative study, practice, and feedback. The prerequisites to being a coach include some level of proficiency with MI and a desire to support others in developing their MI skills. A coach could be a supervisor, a peer who agrees to coach another (perhaps reciprocally), a clinical supervisor, or an agent who is designated as an MI coach for his/her team.

Coaching is a flexible and versatile skill that can look very different based on the needs of the person being coached and the comfort of the coach. Focusing on the how, when, and what of coaching, Bacon and Spear[21] describe many ways that a coach could align with the person being coached. These approaches need to be looked at from the perspective of what the person being coached would like and what the coach is comfortable with.

## *Styles of Coaching*

In looking at the "how" of coaching, Bacon and Spear describe the two poles as directive, where the person being coached is told what to do from the coach's perspective, and ***nondirective,*** where the relationship between the person being coached and the one doing the coaching is collaborative. The "when" of coaching is described as either when a need arises (i.e., circumstantial) or on a long-term, regular basis (i.e., programmatic). The "what" of coaching looks at whether the focus of coaching is to develop certain abilities and skills, which Bacon and Spear called specific, or to develop the whole person, which they called ***holistic.*** These concepts are illustrated in exhibit 3–1.

Now, applying these styles, one could say that coaching MI would generally be nondirective, programmatic, and specific. Bacon and Spear[21] call this overall style the "facilitator." Much like an MI practitioner, the facilitator coach has an interest in developing and supporting the skills of the person being coached by allowing that person to drive the coaching process, asking pertinent questions to help the person clarify gaps in skills, and offering suggestions for enhancing skills. However, when coaching MI, the style of coaching will change based on the needs of the agent being coached. For example, if an agent asks for a more directive approach to coaching only when the need arises, this style would be called the "manager," whose focus would be on short-term, specific improvements in skills.

Thus, there are four main points concerning coaching styles or types:

1. Coaching is universal.
2. Coaching is a role that can be performed by:
   - Trainers.
   - Firstline supervisors.
   - Clinical supervisors.
   - Peers.
   - Designated coaches.
3. The styles (approach and scope) of coaching vary along three continua (how, when, and what) according to whatever two individuals negotiate as important.
4. In common practice, coaching for MI (and possibly other evidence-based practices) is likely to be limited to a few styles like facilitator and manager.

## *Ideas for Peer Coaching*

The following are some suggestions about the structure and focus of coaching sessions adapted from the work of William Miller, Kathy Jackson, and Mary O'Leary:[22]

- Set regular meetings where the explicit focus is on developing MI skills.
- Role play difficult situations with clients to gather different ways of using MI skills to handle such situations.

**EXHIBIT 3–1:** INGREDIENTS IN THE STYLES OF COACHING

- Discuss readings, taped "expert" demonstrations, or theoretical issues to deepen understanding of MI.
- Take turns taping sessions and use meetings to review and discuss tapes. (See chapter 4 for instructions on using coding tools to analyze taped content.)
- Decide on personal challenges that you are willing to focus on between meetings, for example, focusing on complex versus simple reflections.

### *Steps to Coaching*

Australian researcher Chris Trotter[23–25] investigated probation officers and neglect case social workers for more than 20 years to find out what was different about those who had better outcomes with involuntary clients. The four skills he identified were (1) clarifying roles, (2) developing a working alliance, (3) mutual problem solving, and (4) modeling skills. As mentioned earlier, there is a parallel between how a coach works with an agent and how the agent in turn works with a client. Therefore, the skills that Trotter outlines in working with clients parallel the steps used to structure coaching sessions.

1. **Role clarification and agreements.** The process of coaching begins with being clear about the parameters. Specifically, these include agreements on the kind of coaching relationship (mutual between peers or one way), when and how frequently coaching sessions will take place, and what the coaching session will look like (e.g., reviewing a taped contact, sitting in a live contact, demonstrating an MI-adherent contact, or role-playing using MI in difficult situations). This agenda-setting process,[26] which is so crucial when working with clients, is also important when coaching. The collective agreement is a commitment to practice MI and support each other or the person being coached in deepening MI skills.
2. **Working alliance.** Creating an effective, trusting coaching relationship is the cornerstone of successful coaching. Coaching relationships that embody the MI spirit are collaborative, respectful of the autonomy of the person being coached, and evocative, i.e., bringing out problems and their solutions from the person being coached. If a supervisor is doing the coaching, the distinction between coaching and administrative supervision (evaluation) needs to be clear.
3. **Assessment.** Just as it is important to assess what stage of change a client is in, it is also important to discuss what stage of learning[27] the agent being coached is in. (See chapter 2, "How Motivational Interviewing Is Learned," for an overview of the tasks for learning MI.) There are several microcomponents in MI to be assessed. (See book II, *Exercises for Developing MI Skills in Corrections,* for information on the components of MI.) Apart from the focused assessment of skills, it is important to evoke from the agent what his/her struggles with MI are and what he/she would like to have as the focus of the coaching session. In this way, the coach is at the service of the agent, offering suggestions and asking questions when needed but mostly listening to the agent being coached.
4. **Feedback.** While feedback may include providing agents with information on their skills, sharing spirit, and managing the change process (as discussed in *Exercises for Developing MI Skills in Corrections*), feedback can also include modeling MI-adherent skills for the agent, not only in the coaching relationship but also in live contacts with clients.

Thus, the results of a successful coaching relationship extend beyond enhancing the MI skills of the agent being coached. Collaborative relationships between peers help solve implementation problems and can act to model parallel processes between agents and clients. The relationship that develops between the coach and the agent becomes one of trust, vulnerability, and willingness to learn through support. The effects of this

relationship can therefore transfer to the relationship that agents have with their clients.

## Providing Quality Assurance

Quality assurance (QA) is the process of evaluating a particular practice, in this case the use of MI, to see if it is meeting standards set for the particular practice. While the focus of coaching and supervision is on supporting and enhancing the agent's skills, the immediate focus of QA is a quantitative one that looks at how the agent rates with regard to certain criteria. QA lends itself to the use of tools and can be done by anyone who can recognize the elements that are being looked for in the tool, with or without the actual ability to demonstrate the skills themselves. QA can also be combined with any of the roles discussed in this chapter.

There are several tools that use different methods to measure a variety of QA criteria. While the next chapter discusses these tools, methods, and criteria indepth, exhibit 3–2 provides a summary of the tools currently available to assess the different components of MI.

## Conclusion

This chapter discusses the four categories of roles a supervisor may play in ensuring the successful implementation of MI. The four categories include administrative supervision, clinical supervision, coaching, and quality assurance. While there is considerable overlap among these roles as they relate to MI, this chapter focused on parsing out and clarifying the significant differences, as illustrated in exhibit 3–3.

**EXHIBIT 3–2:** TOOLS AVAILABLE TO ASSESS COMPONENTS OF MOTIVATIONAL INTERVIEWING

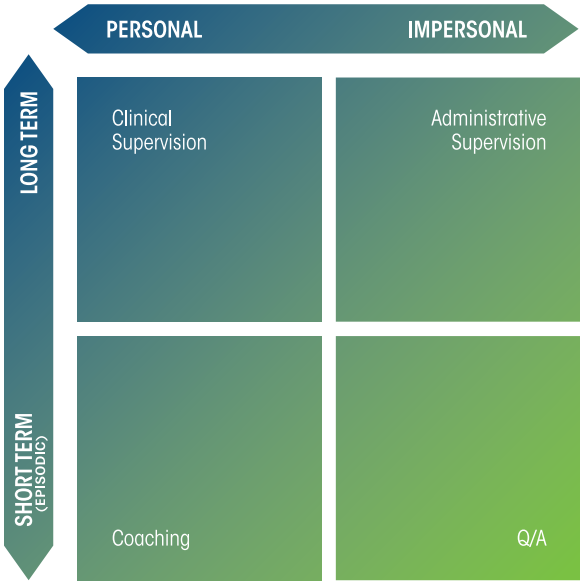
| | CRITERIA | | | | |
|---|---|---|---|---|---|
| TOOL | Interviewer Skills | Client Responses | Spirit Adherence | Timing of Interactions | Management of Change Process |
| BECCI | Likert Scale | | Likert Scale | Likert Scale | Likert Scale |
| MISC | Actual Counts | Actual Counts | Likert Scale | Actual Counts | |
| MITI | Actual Counts | Actual Counts | Likert Scale | Actual Counts | |
| V-MIC | Actual Counts | Actual Counts | Likert Scale | Actual Counts | |
| YACS | Likert Scale | | Likert Scale | | Likert Scale |

BECCI = Behavior Change Counseling Index, MISC = Motivational Interviewing Skill Code, MITI = Motivational Interviewing Treatment Integrity, V-MIC = Versatile Motivational Interview Critique, YACS = Yale Adherence and Competence Scale

The focus of administrative supervision is to support the implementation of MI. These kinds of support aim to create the most conducive atmosphere for learning MI. The style of supervision can be impersonal.

Clinical supervision of MI focuses on both the content and the process of learning and using MI. It is not only concerned with proficiency in MI but also the overall development of the agent as a corrections practitioner. The relationship style is extremely personal in nature, focusing acutely on the individual being supervised. There is a hierarchy inherent in the relationship in terms of knowledge, and the relationship tends to be long term.

**EXHIBIT 3–3:** FOUR ROLES OF A SUPERVISOR IN SUPPORTING SUCCESSFUL MI IMPLEMENTATION




Coaching focuses on enhancing proficiency in MI and can be done by supervisors, peers, or a designated coach. There is not an inherent hierarchy in the relationship, and while it is personal, the relationship tends to be more short term.

Finally, quality assurance focuses on reviewing practice and comparing it with criteria. It is an impersonal process with no hierarchical components in the relationship, and the relationship tends to be short term.

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