Motivational Interviewing with Significant Others (MISO) Coding Manual

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Motivational Interviewing with Significant Others (MISO) Coding Manual

This coding system is designed to specifically for coding the language of significant others (SO's) who are participating in a session of Motivational Interviewing. Only SO speech is coded in this system; hence, it is designed to be used in conjunction with other existing coding systems that code therapist and client speech such as the Motivational Interviewing Skills Code (MISC). As with the MISC, this coding system is designed to be used with transcripts and audiotapes or videotapes of Motivational Interviewing sessions.

The MISO includes three global measures, and 10 specific behaviors.

Global Ratings:
1) Support
2) Collaboration
3) Contemptuousness

Specific Behavior Counts:
1) Giving Information, General (GIG)
2) Giving Information, regarding patient's Drinking (GID)
3) Encourage/support (ES)
4) Giving Advice (AD)
5) Discuss Self (DS)
6) Direct (DISO)
7) Confront (COSO)
8) Change Talk (CT)
9) Counter Change Talk (CTC)
10) Follow/Neutral (FNSO)

GLOBAL RATINGS

Global scores are used to capture the overall impression of the relationship between the significant other, the patient and the therapist. These scores are based on the overall interactions between those present in the therapy sessions. A 7-point Likert scale is used to measure global ratings with the coder beginning at a 4 and moving either up toward a 7 or down toward a 1 based on the overall gestalt of the session.

Support
This scale is intended to measure the significant other's overall investment and assistance to the patient and the goals of the patient.

High Support
SO's high in support will convey that they are actively trying to be of assistance to the patient. This may be communicated through actions the SO has already taken (for example, "I have been going with you to AA meetings.") or the SO's intent to assist the patient ("I will stop drinking while you are in treatment."). SO's high in support actively communicate to the patient that they are invested in the relationship as well as the patient's treatment goals.

Low Support
SO's low in support may be actively trying to dissuade the patient from achieving their goals. They may be unconcerned about the patient's treatment goals or in opposition to the goals. In addition, they may be unwilling to help the patient meet his or her goals.

Collaboration
This category measures how well the SO and patient work together in the session.

High Collaboration
Collaboration is evident when the SO appears to be invested in the session, interested in assisting the patient, and open to discourse. The SO is actively engaged in the session with a primary focus on helping the client. Much of the SO's language focuses on working together with the patient to address the target behavior.

Low Collaboration
Interactions on the low end of this scale indicate that the SO is not invested in the session. This may be evident from a SO that is disengaged in the therapy session, as seen through minimal responsiveness. Alternatively, low collaboration is evident with an SO who is monopolizing the session by focusing most of the attention on himself or herself. Low collaboration is also evident when the SO is detached or in opposition to the patient.

Contemptuousness
This category measures the interactions between the SO and the patient.

High Contemptuousness
SO's high in contemptuousness may demonstrate resentfulness or contempt for the patient. They may be discouraging or critical of the patient's goals. Other SO behaviors that are indicative of contemptuousness are disgust, mockery, disdain for the patient, and hostile humor.

Low Contemptuousness
SO's low in contemptuousness may be warm and appreciative of the patient. They appear to be genuinely concerned about the patient and behave in a compassionate manner toward the patient.

SPECIFIC BEHAVIOR COUNTS

1. Giving Information, General (GIG)
This category includes all statements from the SO that provide any form of general <u>information about the patient</u>, but not directly regarding the patient's drinking. This may include examples such as personal characteristics of the patient, information about the patient's living situation, job, hobbies, family, or life situation. Information about the relationship between the SO and the patient also gets counted here.

<u>Examples:</u>
"He has hobbies; he likes to lift weights."
 "He used to play basketball."
"That's right when he got out of the Army."
"I noticed he was getting more stressed out after he started working there."
"His job takes him on the road a lot."
"We used to live in Connecticut, when she was growing up."
"She's my friend."

A short answer from the SO in response to a therapist inquiry that gives specific information about the patient would be coded as GIG. This is to be differentiated from short answers in response to the therapist that fail to provide any meaningful information (and would thus be coded as FNSO).

Therapist: "Do you two work together?"
SO: "No." (Giving Information-General)

Therapist: "What hobbies has he liked in the past?"
SO: "None, really." (Giving Information-General)

Therapist: "What can you add to this?"
SO: "Nothing." (Follow/neutral)

<u>Differentiating:</u>
"Paul drinks a six-pack every night." (Giving Information-Drinking)
"There are a lot of bars in this town" (Follow/neutral)
"We went to dinner last night." (Giving Information – General)

2. Giving Information - Drinking (GID)
Here the SO provides factual information regarding the patient's drinking. Any comments related to the drinking of <u>others</u> (other family members, the SO's own drinking habits) should not be coded in this category.

<u>Examples:</u>
"This isn't the first time he's had a DUI."
"It's just when he goes home at night, there's nothing there and so he goes to the bar."
"He started drinking when he was twelve years old."
"When he goes to his friend's house, I know they're gonna be drinking."
"I think you (referring to patient) had about six drinks that night."

<u>Differentiating:</u>
"His father was a big drinker." (Giving Information, General)
"She used to drink more a few years ago." (Giving Information - Drinking)
"I only threw up once from drinking, when I was a teenager." (Discuss Self)

NOTE: If the SO statement meets criteria for Change Talk (by including some level of desire, ability, reasons, need taking steps, or commitment to change), the statement should be coded as Change Talk (or Counter Change Talk, depending on the valence), not Giving Information - Drinking.

"Sometimes she drinks too much, and makes a fool of herself." (Change Talk)
"He's hard to talk to once he's had a few drinks." (Change Talk)
"I wish he would stop drinking." (Change Talk)
"He likes beer, always has." (Counter Change Talk)
"He has a hard time sleeping unless he drinks." (Counter Change Talk)
"She's tried quitting before, but it never works." (Counter Change Talk)

3. Encourage/support (ES)

Comments from the SO that are generally encouraging or supportive; however, these comments do not have to be directly related to the target behavior. These comments may convey that the SO is agreeing or siding with the patient. Statements of concern are also coded as encourage/support. SO statements that specifically refer to helping the client change his or her drinking, are coded as Encourage/Support.

Examples:
"I know what he's going through. I've been through the same things and it's hard."
"Whatever he has to do, I support."
"I'd give up drinking if it would help her."
"She's a really good person."
"You're a good father (speaking to patient)."

NOTE: If the SO statement meets criteria for Change Talk (by including some level of desire, ability, reasons, need, other, taking steps, or commitment to change), the statement should be coded as Change Talk, not Encourage/support.

Differentiating:
"I know that he can stop drinking if he tries." (Change Talk)
"I really want him to stop drinking." (Change Talk)
"You could do it if you tried harder." (Confront)

4. Giving Advice (AD)
The SO gives advice, makes a suggestion, or offers a solution or possible action. Comments from the SO that provide suggestions on what the client should do in particular situations are also coded as Giving Advice. This can include comments that give directions or instructions, or statements of the SO's expectations for the client's behavior. These statements should have a quality of support, and are likely to use conditional language ("could," "why don't you," "maybe")

Examples:
 "Why don't you try going to AA?"
"You could ask your friends not to bring alcohol over to your house."
"Maybe you should consider getting a job somewhere besides the tavern, so you'd be less tempted to drink."
 "I think it would help him to go to counseling."
"I would like to see him spend more time with his son."

Differentiating:
"He likes to drink coffee." (Giving Information, General)
"You could drink coffee instead of beer." (Giving Advice)
"You need to tell your friends to stop bringing the liquor over." (Direct)

SO language that emerges in the process of formulating a plan for change that includes ideas or suggestions from the SO as to how the patient could change will often be coded as Giving Advice:

Therapist: "What do you think he could do instead of drinking on Friday nights?"
SO: "He could go to see a movie or something." (Giving Advice)

5. Discuss Self (DS)
When the SO provides information about himself or herself, this is coded as Discuss Self.

Examples:
"I'm a calm person."
"I just want to move out of this state."
"I try to let people live their own lives."
"It's hard to raise a child by yourself, but I did it."
"Sometimes I just get fed up with things."

Any comments from the SO that pertain to his or her own use of alcohol is also coded as Discuss Self. These utterances may refer to the past, present, or future.

"I don't drink anymore."
"I used to just drink beer with my friends at school."
"I didn't go to AA, I did it on my own."
"When I drink, I just get agitated. I don't want to waste my life."
"I like to go out to clubs."

Differentiating:
 "Nah, I ain't that into the clubs." (Discuss Self)
"We're going to start going to AA together." (Change Talk)
"We went to dinner last night." (Giving Information – General)
"Honestly, I'm kind of at the end of my rope with her drinking." (Change Talk)

If the SO discusses his or her own drinking that also includes the patient's drinking, then this would be coded as Giving Information - Drinking (GID).

"Yeah, we party together, we go to the club." (Giving Information - Drinking)

6. Direct (DISO)
The SO gives an order, command, or direction using imperative language. Phrases with the effect of the imperative tone include:

"You need to…"
"You have to…"
"You've got to…"
"You must…"
"You can't…"
"You should…"

Examples:
"You gotta change your ways."
"You can't be going back to that neighborhood."
"You have to just take it one day at a time."
"You should respect yourself more."
"He needs to go out and find work; he's got too much free time to get into trouble."

Differentiating:
Statements coded as Direct should convey a sense of controlling or commanding, while statements coded as Giving Advice (AD) will have a more collaborative quality.

"You've got to go to AA and really stick with it this time." (Direct)
"Maybe you could try AA again." (Giving Advice)
"You can't see how much your drinking affects me." (Confront)
"You need to hang in there." (Direct)

7. Confront (COSO)
Language that conveys disapproval, disagreement, or negativity is coded as Confront. The SO directly disagrees, argues, corrects, shames, or blames the patient. Comments that seek to criticize, judge, label, ridicule, or question the client's honesty are also coded as Confront. Re-emphasizing negative consequences that are already known by the client constitutes a Confront.

Confront can also include SO language that actively discourages the patient from his or her goals. The SO may be resistant to the patient's attempts to change or critical or the patient's efforts. Language that refers negatively to past attempts at change would also fit here.

If there is doubt as to whether a particular utterance qualifies as a Confront, then do not code it as Confront. Tone of voice can be crucial in deciding which code to assign.

Example**s:**
"Believe me, I've heard this story before."
"That's what you said last time you got a DUI."
"You knew it was stupid to drive after you'd had that much to drink."
"I can't tell you how many times I've heard this line."
"You should have thought about that before!"
"I knew this was gonna end up happening if you kept on drinking."
"He's just lied about his drinking so much I don't believe him anymore."
"Oh, like that's really going to make a difference." (sarcastic tone of voice)

Differentiating:
"He ain't never gonna change." (Confront)
"He's right; he has been to rehab before but it's never worked (neutral tone of voice)." (Counter Change Talk)
"I don't know if giving up drinking is what you need to do." (Counter Change Talk)
"You've tried to cut down so many times in the past. It's never worked." (Counter Change Talk)
"You just need to stop drinking." (Direct)
"His drinking has been a problem for some time now." (Change Talk)

8. Change Talk (CT)
Any language from the SO <u>about the patient's drinking</u> that can be categorized into the MISC 2/CLAMMI change talk categories (Desire, Ability, Reasons, Need, Commitment, Taking Steps, Other) are coded as SO Change Talk. It is not necessary to distinguish between subtypes of change talk language.

<u>Examples:</u>
"He's got a quick temper when he's drinking."
"I think that he's got to recognize that he just can't go on like this."
"When he's sober, he's got a level head."
"I'd like him to have a better life, without drinking. Maybe meet a nice girl and get married."
"He's hard to talk to once he's had a few drinks."
"I wish he would stop drinking."
"I think he can do it if he puts his mind to it."
"She'll lose her job if she doesn't stop drinking."
"He needs to quit."
"I think he's determined to quit this time."

If an SO utterance contains more than one distinct example of change talk, it should be parsed and coded as such.

Therapist: "What have you noticed as some of the not-so-good things about his drinking?"

SO: /"Well, he's missed work numerous times because of his drinking/(Change Talk) and I know he loses his temper more with the kids after he's had a few drinks."/ (Change Talk)

<u>Differentiating:</u>
 "He drinks every day at 6pm." (Giving Information - Drinking)
"I think I like alcohol too much." (Discuss self)
"You need to go to AA every night." (Direct)
"Why can't you see the problems your drinking has caused you?" (Confront)

SO statements that use DARN-C, TS or O language, but specifically refer to the SO's own behavior to <u>help</u> the patient change his or her drinking, are coded as Encourage/Support.
"I want to help." (Encourage/Support)
"I can help." (Encourage/Support)
"She's my daughter, of course I'll take her to meetings." (Encourage/Support)

9. Counter Change Talk (CTC)

This category includes language from the SO that minimizes the severity of the patient's drinking, refers to barriers to changing drinking behavior, or positive aspects of the patient's drinking. Any language from the SO <u>about the patient's drinking</u> that could be categorized into the MISC 2/CLAMMI <u>negative valence</u> change talk categories (Desire, Ability, Reasons, Need, Commitment, Taking Steps, Other) are coded as SO Counter Change Talk. SO language that refers to unsuccessful past attempts would fit here.

<u>Examples:</u>
"He's not as bad as my other brother."
"I don't think he <u>can</u> stop."
"She's more relaxed and easier to get along with after a few drinks."
"It's not like he drinks to get drunk every day."
"It's just a social thing."
"He's a happy drunk."
"She goes weeks without drinking sometimes."
"I don't know if giving up drinking is what you need to do."
"You've tried to cut down so many times in the past. It's never worked."
"He'd have to change all his friends to stop drinking, and it's going to be really hard to do that."

<u>Differentiating:</u>
"He ain't never gonna change." (Confront)
"I like going to the clubs." (Discuss Self)
"He likes his beer, that's for sure." (Giving Information – Drinking)

10. Follow/Neutral (FNSO)
Follow/Neutral is used to code any response from the SO that does not fit into any other category.

Examples:
"I don't know."
"It costs twelve dollars to get into the club."

NOTE: Responses to therapist questions that fail to provide specific information about the patient or about the patient's drinking are coded as Follow/Neutral. If the SO asks a question of either the therapist or the patient, this is coded as Follow/Neutral.

Examples:
Therapist: "Were you there the night he got stabbed at the bar?"
SO: "No." (Follow/Neutral)

Therapist: "Is there anything you'd like to add at this point?"
SO: "No." (Follow/Neutral)

Therapist: "What types have things have you noticed?"
SO: "About his drinking?" (Follow/Neutral)

SO (to patient): "Who were you with that night?" (Follow/Neutral)

Differentiating:
"He works at Circle K." (Giving Information – General)
"She tends to drink bourbon." (Giving Information – Drinking)

NOTE: A short response from the SO to a therapist question does not automatically qualify for a follow/neutral code. Short answers set up by the therapist that contain a codable response for another category should be coded as such.

Therapist: "You're very supportive of him."
SO: "Yeah." (Encourage/Support)

Therapist: "So you've known Tom for most of his life."
SO: "Yeah." (Giving Information - General)