

MI Readiness Assessment

Date: _____

Assessor: _____

Site: Agency: _____

County: _____

Contact: _____

1. How did you arrive at the decision to consider and/or undertake a Motivational Interviewing (MI) initiative at your agency (*Anecdotal feedback or formal needs assessment?*)

a. Are there unmet needs that triggered a decision to integrate MI into your existing practices?

i. Please describe: _____

b. What else have you tried to address this need?

c. What impact will integrating MI have on your current practice?

i. What outcome do you expect as a result of integration (consumer retention, improved abstinence rates, staff retention, etc.)?

d. Are there organizational champions (staff members who have buy-in, are dedicated to “the cause” of creating agency change and working to promote initiatives to support the change) for this initiative? (Name/position)

2. Discuss a previous attempt at implementing a new clinical practice within your organization.

a. How long did it take to fully implement the practice?

b. Is that initiative in practice today?

c. What lessons did you learn through this process?

i. What unanticipated challenges/consequences arose from the initiative?

ii. How can these lessons be applied to integrating MI?

d. Did you have to adapt your initiative? _____

i. If so, how?

e. Was it agency wide verses program specific?

3. What is the perceived interest level among the staff members below?

1) Pre-contemplation, 2) Contemplation, 3) Preparation, 4)Action, 5) Maintenance

a. Senior Management

b. Medical Professionals

c. Clinical Supervisors

d. Direct Services Providers

4. What currently exists to support this practice?

a. How are you currently integrating Motivational Interviewing into your services?

b. Organizational

i. Resources for Supervisor Development:

ii. How does QI currently inform your clinical practice?

c. Supervisor(s)

i. Are they aware of MI? What do they think about MI?

ii. How knowledgeable are they about basic principles and skills?

iii. How are supervisors involved in opportunities for their own skill practice?

iv. How many years of experience do they have with practicing MI? How many years of experience do they have with supervising? With service provision?

d. Supervision structure

i. How is supervision perceived within the agency? By direct service staff?
(please describe):

- 1) valued/perceived as useful
- 2) punitive
- 3) supportive
- 4) mandatory

- ii. Type of supervision offered:
 - 1) individual
 - 2) group
 - 3) formal/informal
 - 4) administrative/admin & clinical
 - 5) not necessary for independent licenses, etc.

- iii. Frequency of supervision:

- iv. Feedback is provided in the following ways:

- 1) skills assessment tools
- 2) direct observation
- 3) real plays/role plays
- 4) verbal
- 5) written
- 6) information giving (educational, resources, advice etc.)

- v. Have you considered a skilled practitioner other than the administrative supervisor to oversee the practice?

- e. Direct service provider

- i. Are providers aware of MI? How do providers perceive MI?

- ii. How knowledgeable are providers about basic principles and skills?

- iii. How are providers involved in opportunities for their own skill practice?

- iv. How many years of experience do providers have with practicing MI? With general service provision?

5. What resources are needed to implement the practice? (Please describe):

a. Training

i. Who will be trained?

ii. When and where will training take place?

b. Consultation

c. Funding

d. Educational materials to support learning

e. Other?

6. What measure will you use to determine whether application of MI has been successfully integrated?

7. What is your plan (next steps) towards full integration of MI practice?

8. Notes/Other:
