



Clinical Approach Self Inventory Exercise

Discuss (3 mins)

- 1) What is a personal inventory of clinical approach?
- 2) Why is it important to understand your own clinical approach?
- 3) How can we honestly reflect on our clinical approach and areas of growth?
- 4) Agreement to non-judgment of self and colleagues.
- 5) Reflect on what comes naturally, occurs most often and feels most comfortable.

Take a moment and reflect on a client who challenges your clinical skills (2 mins).

- Think of someone you work with who has recently experienced homelessness.
 - o Write down this clt initials
- A recent client who has been struggling with drugs or alcohol.
 - o Write down this clt initials
- A client of yours that has reported to you that she/he will never be able to graduate from CS rehab
 - o Write down this clt initials
- A client who does not want to use Medicaid ride.
 - o Write down this clt initials

Take 3 minutes: answer each question for each clt identified

-----distribute continuum place yourself on continuum-----

Discuss with group

- how does this feel?
- does this seem accurate?
- when are different styles appropriate?

Next Steps

What are some for a “following” style to improve?

- highlighting change talk – double sided reflection – more complex reflections – change ruler – menu of options – redirection – interrupting

What are some ways for “directing” style to improve?

- less questions more reflections – reflections – asking permission – IDing clt values – listening – self exploration – validating sustain talk -





Self Inventory

Mark the box that occurred *most often* in past month
Chose one column per client

Client Initials	I seem indifferent to client's wishes or choices	I recognize and honor the client's choices including no change	I struggle with client's choices and /or press the client to change
1)			
2)			
3)			
4)			
Client Initials	We're in the room but not much is happening	We are working in partnership	We are working against each other
1)			
2)			
3)			
4)			
Client Initials	I just let the session go wherever the clt takes it	I am drawing out client's own views on change	I am presenting the reasons for change
1)			
2)			
3)			
4)			
	Total Marks: _____	Total Marks: _____	Total Marks: _____



Conversation Style Continuum

Adapted from MITI 2010 & Shawn Smith MINT

	Following			Guiding			Directing		
	1	2	3	4	5	6	7	8	9
Influence	Clinician does not influence the topic	Clinician exerts minimal influence	Clinician exerts some influence on the session	Clinician generally able to influence	Clinician able to influence	Clinician exerts influence often	Clinician exerts influence frequently, sometimes unsolicited	Clinician Excerpts overwhelming influence, often unsolicited	Clinician dominates the interaction, unsolicited influence
Topic	Topic is entirely in the hands of client.	Topic mostly in hands of client, some talk of target behavior.	Topic on target behavior but easily diverted and distracted.	Topic generally on target behavior, lengthy episodes of wandering.	Topic stays on target behavior, minimal wandering.	Topic stays on target behavior, all wandering redirected.	Topic stays mostly on target behavior.	Topic stays on target behavior but may turn to client blaming.	Topic tied to target behavior but tends to veer towards client blaming, shaming or arguing.
Interventions	-Listening	-Simple reflections	-Simple reflections -Explore values	-OARS -Simple& complex reflections -Explore values -Highlight change talk	-OARS -Simple& complex reflections -Highlight change talk -Explore values -Summaries -Next Steps -MI skills	-OARS -Highlight change talk -Next Steps -Simple& complex reflections -Explore values -Summaries -Education & training	-Questions -Problem solving -Selling -Education & training -Explaining -Encouraging -Consequence	-Selling -Problem solving -Explaining -Educating & training -Consequence -Convincing	-Consequence -Convincing -Selling -Problem solving -Shaming -Explaining -Educating & training
Talking	Client talks and clinician listens. Conversation seems like therapy.	Client talks and clinician speaks some but mostly listens. Conversation seems one-sided	Client talks and clinician speaks some but mostly listens. Conversation seems one-sided	Client talks and clinician guides minimally. Conversation seems natural.	Client talks and clinician guides moderately. Conversation seems natural.	Client talks and clinician guides frequently. Conversation seems natural.	Client talks and clinician talks equally. Disagreement may occur occasionally.	Client talks less than clinician. Power struggle may happen.	Client talks much less than clinician. Client may shut down.

