

Introducing **MIA:STEP**

Motivational Interviewing Assessment
Supervisory Tools for Enhancing Proficiency

Steve Gallon, Ph.D.

Steve Martino, Ph.D.

Chris Farentinos, MD, MPH



Agenda

- Background
- The clinical trials
- Overview the package
 - Briefing materials
 - Tools
 - Interview rating system
- Application to practice
- Q-A



Background

- **SAMHSA-NIDA Blending Initiative**
- **Blending products:**
 - Buprenorphine Treatment: A Training
 - Short-Term Opioid Withdrawal Using Buprenorphine: Findings and strategies
 - SMART Treatment Planning: Utilizing the ASI
 - MI Assessment: Supervisory Tools for Enhancing Proficiency
 - Promoting Awareness of Motivational Incentives



Background

- **Clinical trials and MI**
 - Known effects on engagement and retention in controlled studies
 - Established efficacy in reducing substance use among alcohol and drug using clients
 - Need to test MI effectiveness in community agencies
- **Blending Team objectives and assumptions**
 - Develop a package that promotes the use of MI
 - Provide tools useful to community providers
 - Field does not need another MI training package
 - MI skills erode quickly without feedback and coaching following training



Background

- **What the package is...**
 - A tool kit for enhancing clinical proficiency in using MI
 - A resource for supervisors who mentor clinicians
 - A multi-media package of products for enhancing individual and group learning
 - A set of materials in the public domain that can be copied and customized to meet specific needs



Background

- **What the package is not...**
 - A set of resources for introducing MI
 - A tool for helping supervisors learn MI
 - A curriculum for teaching an MI course
 - A self-paced instructional program
 - A substitute for intensive basic training in MI



The Clinical Trials

- **MI Protocol**

- A 1-session MI intake assessment in outpatient treatment

Completed/Published

- **MET Protocol**

- A 3-session MET intervention the 1st month of outpatient treatment

Completed/Under Review

- **Spanish MET Protocol**

- A 3-session MET intervention the 1st month of outpatient treatment conducted in Spanish with primary Spanish-speaking clients

Completed/Being Analyzed



The Clinical Trials

- **The clinician training model ...**
 - 2-day MI expert-led intensive workshop for clinicians and supervisors
 - Program-based supervisors trained/certified in MI and adherence/competence rating system
 - Individually supervised practice cases until certification standards achieved in 3 sessions
 - Ongoing biweekly individual or group supervision
 - MI expert consultant had monthly contact with supervisors



The Clinical Trials

- **Maintaining MI proficiency during trial ...**
 - Initial Proficiency/Certification = at least half of the MI consistent items rated average or above on adherence and competence
 - Maintaining Proficiency = individual and group supervision (rating feedback, tape review, role play, focused skill development)
 - Protocol for Inadequate MI Performance = more intensive supervision until certification standards achieved again.



The Clinical Trials

- **Steps to maintain proficiency during the trial:**
 - A) Follow a disciplined supervision schedule
 - B) Tape reviews with personalized feedback
 - C) Frequent review of protocol manual and role play
 - D) Counselors reported tendency to hurry through MI part to “get assessment done”, and to not use it at the end of the session.



Main MI Protocol Results

- **Engagement**

- MI clients attended more sessions at 4 weeks than standard intake clients (5 vs. 4; effects strongest for primary alcohol users)

- **Retention**

- More MI than standard intake clients remained in treatment at 4 weeks (84% vs. 75%; effects strongest for primary alcohol users)

- **Substance Use**

- No overall group differences. For primary alcohol users, trend for MI clients to drink fewer days than standard intake clients.



MIA:STEP Overview

1. Briefing materials
2. Summary of the MI Assessment intervention
3. Results of the NIDA CTN Research
4. Teaching tools for enhancing and assessing MI skills
5. Interview rating guide and demonstration materials
6. Supervisor training curriculum



MI Assessment “Sandwich”

MI strategies during 1st 20 min

Agency Intake or
Assessment

MI strategies during last 20 min

Why another application of MI?

- Positive outcomes depend on clients staying in treatment for adequate length of time
- Adding MI at beginning of treatment increases client engagement and retention
- The field needs a clinical supervision system to maintain and improve clinician MI skills



MIA:STEP Toolkit

includes everything you need to:

- Introduce the idea of doing an MI assessment
- Implement the MI Assessment protocol
- Provide ongoing supervision of MI
- Train supervisors to use a practical interview rating system
- Use an MI style of supervision



Teaching Tools

1. MI Style and Traps
2. MI Assessment Sandwich
3. MI Principles
4. Using Your OARS
5. Stages of Change
6. Reflections
7. Exploring Ambivalence
8. Eliciting Change Talk
9. Assessing Readiness to Change



Self-Assessment Skill Summaries

1. MI Style and Spirit
2. Fostering a Collaborative Atmosphere
3. Open-Ended Questions
4. Affirmations
5. Reflective Statements
6. Motivation to Change
7. Developing Discrepancies
8. Pros, Cons and Ambivalence
9. Client Centered Problem Discussion and Feedback
10. Change Planning



Interview Rating Guide

- MI Supervision Guidelines
- General Tape Rating Guidelines
- Rating Adherence and Competence
- Description of Rating Items
- Tape Rating Forms
- References
- Demonstration Recordings
- Training Plan



16 Rating Items

MI Consistent Items

- MI Style or Spirit
- Open-ended Questions
- Affirmations
- Reflections
- Fostering Collaboration
- Motivation to Change
- Developing Discrepancies
- Pros, Cons, and Ambivalence
- Change Planning Discussion
- Client-centered Feedback

MI-Inconsistent items

- Unsolicited Advice
- Emphasize Abstinence
- Direct Confrontation
- Powerlessness/Loss of Control
- Asserting Authority
- (Closed-ended Questions)



2 Rating Dimensions

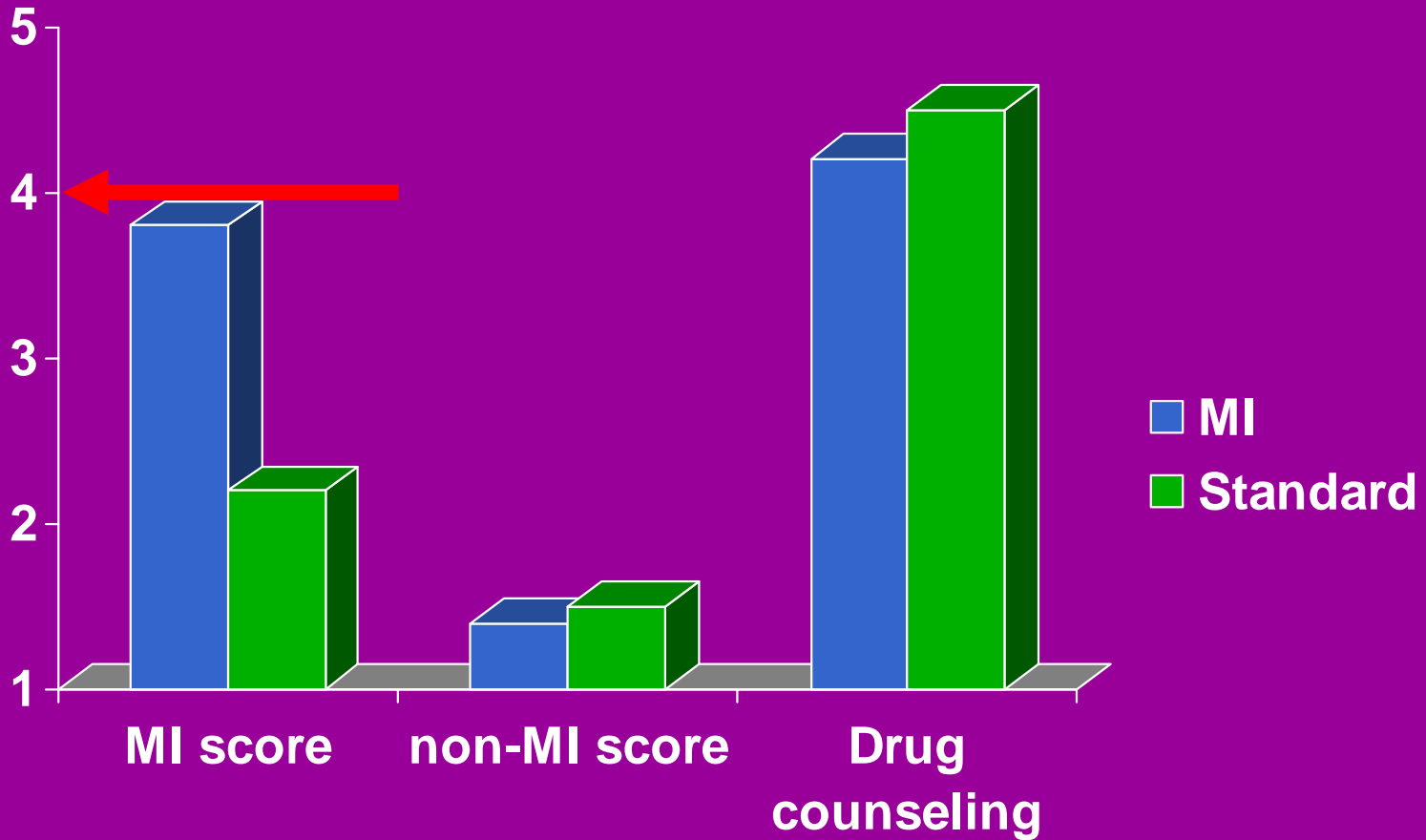
Adherence – How often a particular intervention or strategy occurs. Items rated from 1 (Not at all), to 7 (Extensively)

Competence - The quality of the intervention or strategy. Items rated from 1 (Very Poor), to 7 (Excellent)

Adherence Ratings

(based on 315/377 sessions)

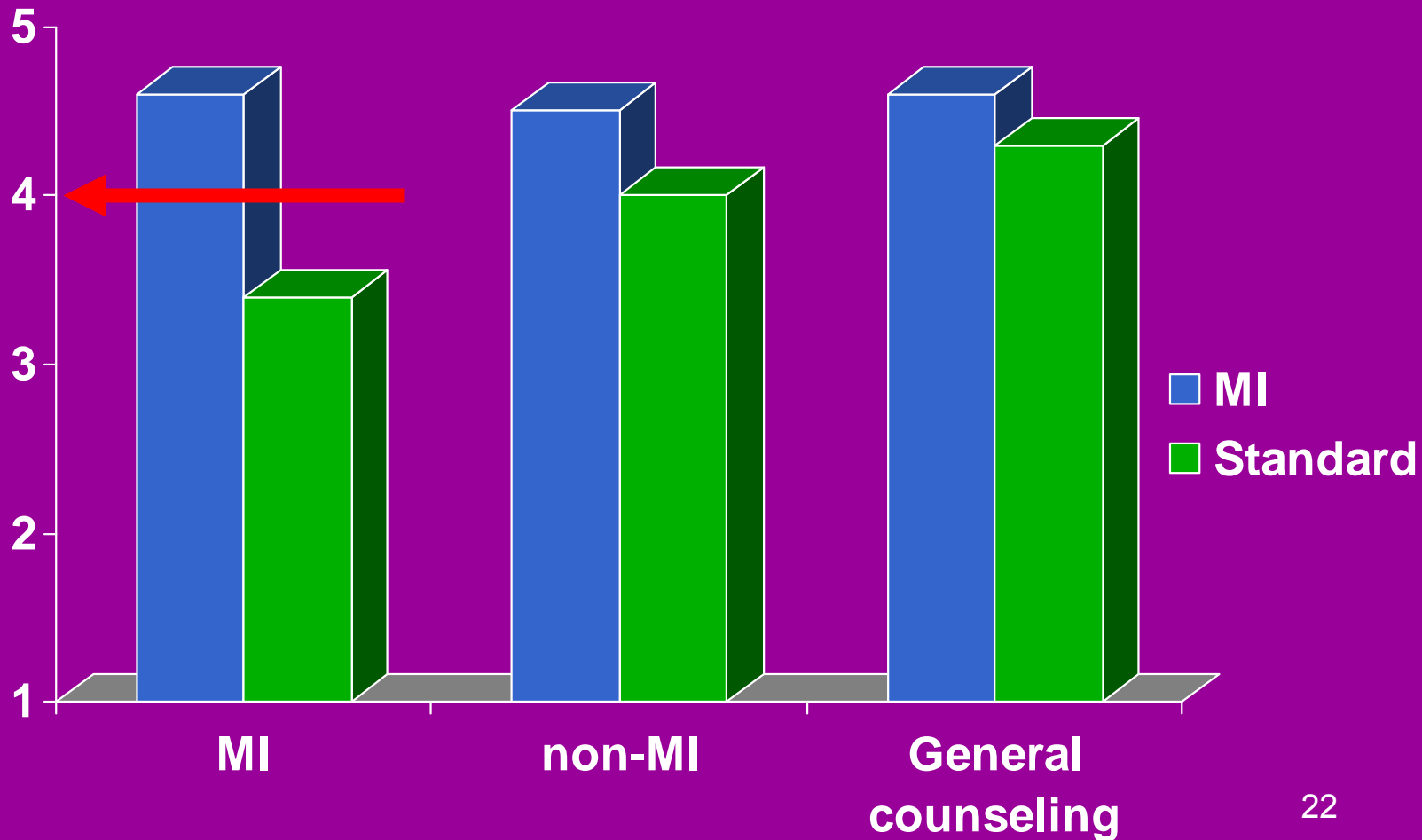
Frequency of
intervention



Competence Ratings

(based on 315/377 sessions)

Mean skill ratings



Sample Item: Adherence

OPEN-ENDED QUESTIONS: *To what extent did the therapist use open-ended questions (i.e., questions that elicit more than yes/no responses) to elicit the client’s perception of his/her problems, motivation, change efforts, and plans?*

Adherence Rating Guidelines:

Open-ended questions are questions that result in more than yes/no responses and that don’t pull for terse answers or very specific pieces of information. Often these questions begin with the following interrogatives: “What,” “How,” “In what,” and “Why (somewhat less preferable)” or lead off with the request, “Tell me…” or “Describe…” The clinician uses open-ended questions to elicit an open conversation about the client’s view of his/her problems and commitment to change. In brief, by using open-ended questions, the clinician gives the client a wide range for discussing his or her life circumstances and substance use patterns.

Sample Item: Competence

Higher: High quality open-ended questions are relevant to the therapist-client conversation and pull for greater client exploration and recognition of problem areas and motivation for change, without appearing to be judgmental or leading to the client. They are simple and direct, thereby increasing the chance that the client clearly understands what the therapist is asking. Usually, several open-ended questions do not occur in close succession. Rather, high quality open-ended questions typically are interspersed with reflections and ample client conversation to avoid the creation of a question-answer trap between the therapist and client. The therapist pauses after each question to give the client time to respond to each query.

Lower: Low quality open-ended questions are poorly worded or timed or target an area not immediately relevant to the conversation and client concerns. They often will occur in close succession, giving the conversation a halting or mechanical tone rather than one that flows naturally between the therapist and client. Lower quality open-ended questions also may compound several questions into one query (e.g., “Tell me about how you felt before and after you got high and how that all affects your future risk for using cocaine.”), making them harder to understand and respond to by the client. Further reductions in Skill Level ratings may occur if the therapist seems to be leading or steering the client or uses a judgmental or sarcastic tone when asking open-ended questions.



A Rating Example from Demo

Clinician: Well, to kinda summarize at this point, you got 2 DUIs and that concerns you. I mean, you know, you don't like doing that. You don't like driving that way. You don't like driving under the influence. Having to go to an attorney and deal with all this is something you wouldn't want to do.

Reflection – good

Developing Discrepancy – good



Client: Well, it's expensive and inconvenient to say the least. And I don't like having that on my record because I'm not that guy. I'm not the guy who drinks and drives.

Clinician: Like you said, that's not your normal behavior nor something you would normally do.

Reflection – good

Developing Discrepancy – good



Client: No.

Clinician: And you're also concerned about having to rely on it. Like you said, you play in a band...you get those tunes going through your head and it's something you've come to rely on to get you to sleep. And that's not so much something you thought but something your girlfriend has pointed out to you.

Reflection – good

Developing Discrepancy – good



Client: Well, she's kinda got me thinking about it a little bit, and I'm realizing I'm sounding kinda like a jerk talking like the only reason I am here is because of my lawyer or to just make my girlfriend relaxed. I don't want you to think that.

Clinician: You've got some concerns about this yourself. You're kinda thinking well maybe there's something about this I need to look at myself.

Reflection – very good

Fostering Collaboration – very good



Client: You don't want stuff like this to get to a point where it's a problem. I'm kinda heading it off at the pass, you know what I mean? Trying to sort of look at it in a pre-problem stage...maybe determine, is this a problem or is it not a problem? Like I said, both times I got pulled over for DUIs, I didn't feel like I was impaired at all.

Clinician: I gotcha. Your assessment right now is that it's not a serious issue. However, you have some concern that it could develop into one.

Reflection – very good

Pros, Cons, and Ambivalence – very good



Client: You said assessment. That's a good word. That's actually kinda what I'm trying to do here.

Clinician: Try to figure some stuff out for yourself. And you mentioned your girlfriend having a concern about relying on it in the evening. What other concerns does she have or that you have?

Reflection, Fostering Collaboration,
Open Question, Motivation to Change



Rating Forms

- **Worksheet**

- Use it to rate tape

- **Adherence and Competence Feedback Form**

- Use it to give clinician performance feedback

- **MI Skills Development Plan**

- Use it to affirm performance strengths and to target areas for skill improvement



Applications to Practice

- Organizational commitment through leadership support – personnel, resources (time and money)
- ChangePoint – we implemented the trial in a modified fashion after the study was over.
- The first 20 minutes of our intakes is designed to be a short MI session



Applications to Practice

- At ChangePoint we learned to separate MI skill training from administrative/case management supervision.
- MI skill training (or other EBP) assumes proficient supervisor, hence investment in hiring and training supervisors
- ChangePoint changed its hiring practices to support MI
- Investment in tape recorder and tapes



Applications to Practice

- Counselors reported performance anxiety with first tape review – challenge
- Ongoing group supervision is more efficient and effective for MI skill building purposes
- MI style supervision enhances learning
- Measuring skills (tape rating) is fundamental for competence enhancement
- By-product of counselors learning to tape rate is enhancement of their own knowledge and skills



Applications to Practice

- ChangePoint engagement rate (attendance at intake and 1st two group sessions) is 88%, retention (90 days in treatment) is 78% and successful completion rate is 68%.
- Next step is computer based assessment; one more reason to use MI engagement strategies prior to data collection.



MIA:STEP

The MIA:STEP package will be available in several forms:

1. Downloadable and editable version is at: www.nfattc.org
2. Downloadable published pdf version will be available Nov 1
3. Print version plus CDs of tools and demonstration interviews will be available from Northwest Frontier ATTC
4. CD package alone will be available from the Mid-Atlantic ATTC

