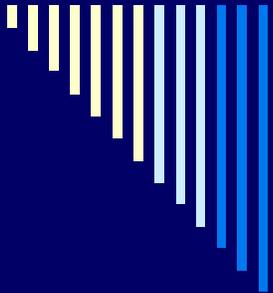


Comments on “Treatment Integrity” in Behavioral Interventions : The Case of Motivational Interviewing

John S. Baer, Ph.D.

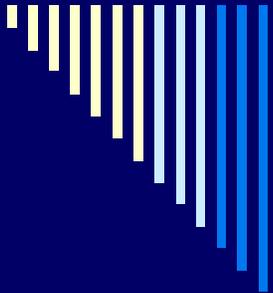
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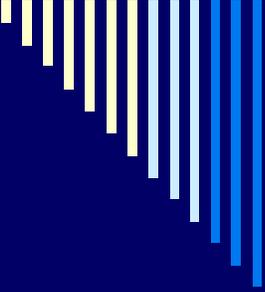
Motivational Interviewing

- Miller and Rollnick 1991, 2nd ed. 2002, MI in Health Care 2008
 - MI bibliography lists @800 publications in academic literature
 - by 2007: 140 RCTs, several meta-analyses
 - CRISP database search Jan 09 for NIH supported research yields 143 current funded projects.
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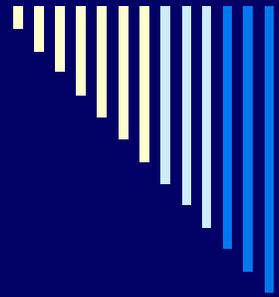
MI: Strengths for Assessing Competence and Adherence

- Well articulated clinical approach
 - Large evidence base
 - Concern over Treatment Integrity
 - Active diffusion effort
 - Performance standards
 - Numerous assessment methods
 - Sensitive to different clinical contexts
 - Attempts to maximize accessibility and minimize cost and difficulty
-



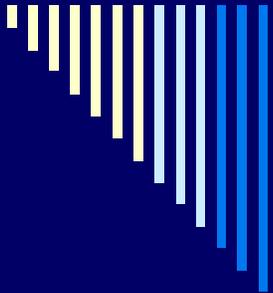
MI Diffusion Efforts

- Professional training group (MINT)
 - Training for Trainers
 - selective
 - 3 days
 - By 2008 over 800 trained trainers
 - Identification of
 - core training material
 - modal CE structure (2-day workshop)
 - attention to issues of variability in work context, consultation and coaching
-



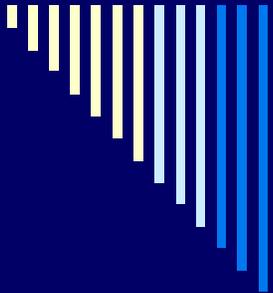
“Proficiency” in MI (Miller, 2000)

- ❑ Talking less than the client does
- ❑ Reflecting twice per each question asked of client
- ❑ Using mainly complex reflections (e.g., paraphrases, summaries)
- ❑ Using predominantly open-ended questions
- ❑ Avoiding clinician behaviors that push client beyond current level of readiness (e.g., warning, confronting, unwelcome advice)
- ❑ Score of “5” on several 7-point rating scales



Methods/Measures used to assess MI competence

- ❑ Questionnaire (HRQ; Miller et al., 1991)
- ❑ Video Exams (VASE-R; Rosengren et. al, 2004, 2008)
- ❑ Computer Exams (CASPI; Baer et al., under dev.)
- ❑ Clinical Interviews, Standardized Patient Interviews (SPs)
- ❑ Coding Systems
 - MISC: Motivational Interviewing Skills Code (Miller, 2000)
 - MITI: Motivational Interviewing Treatment Integrity (Moyers et al., 2005)
 - BECCL: Behavior Change Counseling Index, (Lane et al., 2005)
 - ITRS: Independent Tape Rater Scale (modification of the Yale Adherence and Competence Scale; Ball et al., 2002)



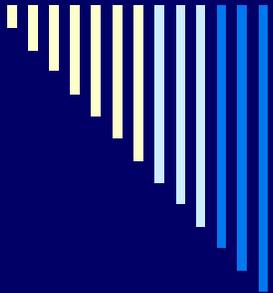
MI: Challenges for Assessing Competence and Adherence

□ Style matters

- MI not procedure-based – checklist of tasks do not assess competence or adherence
- Sampling of clinical behaviors required (MIA:STEP)
- Ratings of fidelity in part subjective
 - Can be done reliably, but require considerable training

□ Work Samples difficult to obtain

- Considerable cost in RCTs
 - Rates of compliance low in studies of training/implementation
 - Systems not in place to collect such data in community agencies
-



MI: Challenges for Assessing Competence and Adherence

- Validity/Generalizability of video and computer-based methods yet to be established
 - Preliminary data suggest validity limited
 - Threats to validity of work samples
 - selection of sample
 - case mix
 - treatment type
 - Lack of data on treatment mediation to guide assessment of specific skills or processes
 - Assessment of competence far ahead of adherence
-