

MIA: STEP

Toolkit Overview



MIA:

STEP

AGENDA

- **What is a Motivational Interviewing Assessment?**
- **What are the effects of adding an MI assessment to treatment outcomes?**
- **The role of supervision in counselors learning MI**
- **The MIST Rating System**
- **Practical Applications**

What We Know from Research

Good outcomes are contingent on people staying in treatment for an adequate length of time.

What We Know from Research

- Many people leave treatment before it has a chance to work.
- Whether or not a client stays in treatment depends on
 - Motivation to change
 - Degree of support
 - External pressure (such as Criminal Justice System)

Meta-analysis of 72 empirical MI studies

“Robust and enduring effects when MI is added at the beginning of treatment.”

- **MI increases treatment engagement and retention**
- **MI improves substance abuse treatment outcomes**

Hettema, J, Steele, J. & Miller, W. R. (2005). A meta-analysis of research on MI treatment effectiveness (MARMITE), *Annual Review of Clinical Psychology*, Vol 1.

What is an MI Assessment?

- Use of client-centered MI style
- MI strategies that can be integrated into the agency's existing intake assessment process
- Methods that can be used with diverse substance use problems
- Skills for assisting clients in assessing their own substance use
- Understanding the client's perception and willingness to enter into a treatment process

MI Assessment “Sandwich”

MI strategies during 1st 20 min

**Agency Intake or
Assessment**

MI strategies during last 20 min

CTN MI Study Primary Purpose

To test the effect of one MI-based intake interview on client retention and substance use 4 weeks later

Secondary Purpose

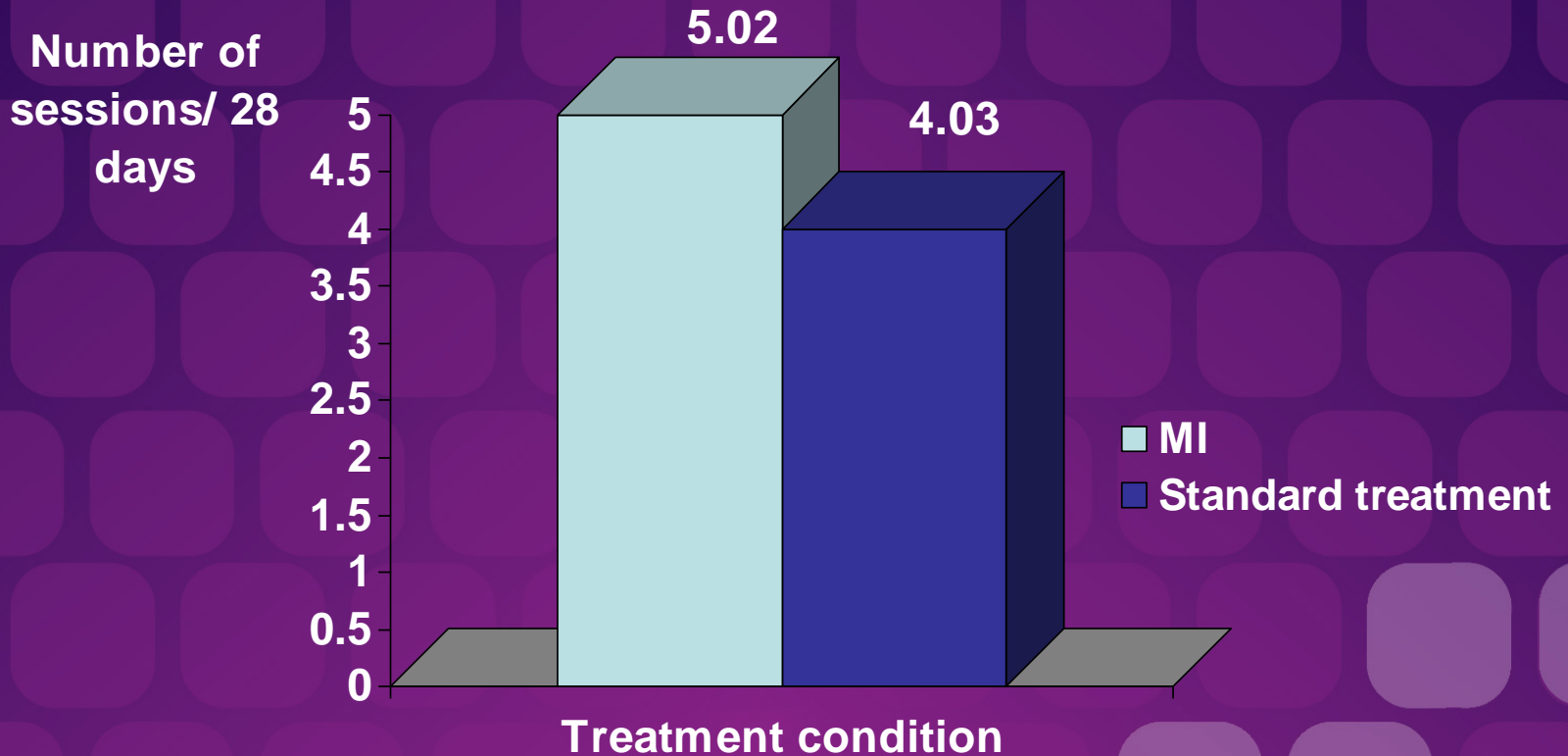
To ensure that people who are “doing MI” really are competently practicing MI.

After 1st session

When the first session (either standard or MI-infused assessment) was completed, participants then received the **usual treatment** already in place at the clinic.

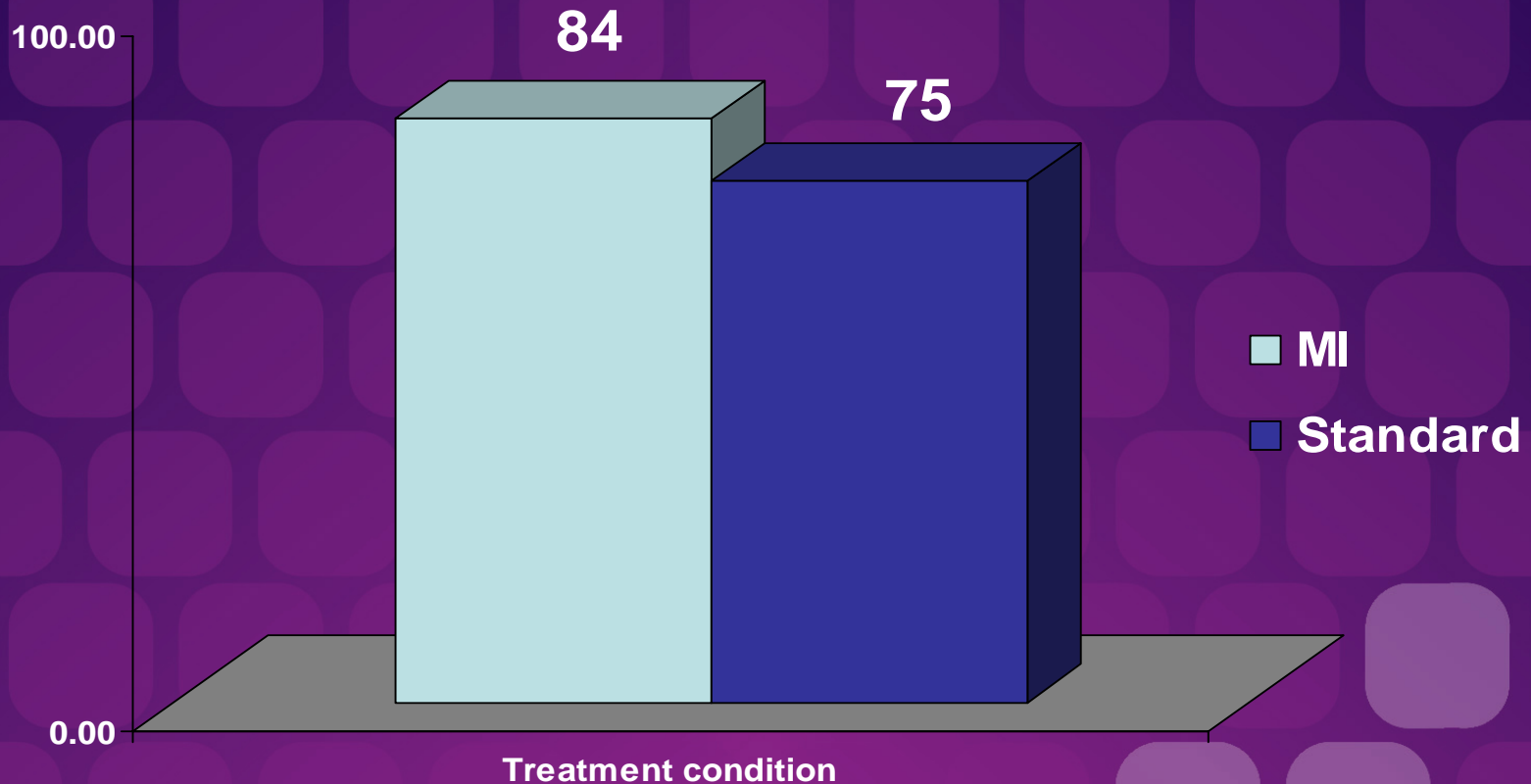
Research findings

1. People receiving MI assessment completed more sessions in 4 weeks than those receiving standard intake.



Research findings

2. MI retained more people in treatment at the 4 week point than standard assessment.



Why this study is important

#1. It showed that one session of MI improved retention.

Clients who received the MI assessment were more likely to be in treatment four weeks later and to have attended more sessions than clients who received regular assessment.

Good News/Bad News

Good News:

A substantial number of counselors in the US are being trained in MI and report that they are “doing MI” in their sessions.

Bad News:

- Research demonstrates that most counselors who say they are doing MI really are **not**.
- Unless counselors record sessions that can later be rated, it is not possible to know if they are really doing MI (or adhering to any type of practice).

Importance Ruler

MIA:

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MIA:STEP Toolkit

includes everything you need to:

- Introduce the idea of doing an MI assessment
- Train counselors and supervisors in MI Assessment
- Provide ongoing supervision of MI
- Train supervisors to use a simple 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

What makes up a rating system?

- Adherence and competence
- The aim of the system
- MI consistent and inconsistent counseling behaviors
- How to use the system in supervision

Aim of the System

- To rely on direct observation of practice via recorded sessions
- To track clinicians use of MI consistent and inconsistent strategies
- To provide clinicians with highly individualized MI feedback and coaching in supervision
- To systematically develop clinicians' MI skills using a MI consistent style of supervision

Definitions

- Adherence - frequency and extensiveness of using strategies

“How much?”

- Competence - skill level of implementing those strategies

“How well?”

MI Consistent & Inconsistent Items

- Consistent - Items congruent with MI approach
 - Fundamentals (OARS, MI Style)
 - Advanced Skills (Pros/Cons, Direct Methods to evoke change talk, Change Planning)
- Inconsistent - Items incongruent with MI
 - Direct Confrontation
 - Unsolicited Advice Giving
 - Use of Therapeutic Authority

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)

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: 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

Why consider this approach when staff are already trained in MI?

- Most trained clinicians do not use MI appropriately, effectively or consistently
- MI is more difficult than clinicians expect
- The key to successful implementation of MI is supervisory feedback and coaching

How to achieve these effects

- Introduce MI into **one** assessment interview
- Train counselors and supervisors in MI
- Provide ongoing supervision of MI
- Tape counseling sessions
- Train supervisors in a simple tape rating system
- Rate counseling sessions on a regular basis
- Use information from recordings and ratings to guide supervision to increase adherence and competency in MI
- If possible, use a MI style in supervision (not tested but what we think)

Applications to Practice

- Important 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
- Important to look at hiring practices
- 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

Contact and Resources

- Toolkit can be downloaded at:
www.attcnetwork.org under NIDA Blending Products
- Questions and/or interested in the MIA-STEP Training – Contact:
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