Motivational Interviewing Treatment Integrity Coding Manual (MITI 4.2.1)

Recent advancements in coding

Things that the MITI can't do!

1. Provide a complete picture of clinician skill

2. Evaluate the client's contribution

3. Eliminate bias and judgment completely

4. Deliver precise and exact measurement of skills

The mighty MITI can provide!

1. A measure of treatment integrity for clinical trials

2. For Practitioners and Coaches it provides:

   - An estimate of a clinician MI skills that can be used for self-evaluation, feedback, skill coaching, and to identify training needs

   - Useful constructs for ongoing skill development

Brief history of the MITI

- Existing instruments for measuring motivational interviewing process
  - Motivational Interviewing Skills Code
  - Informed by Psychotherapy Process Code (Chamberlain et al., 1986)
  - Developed as part of research study during Miller sabbatical in Oregon
  - 43 different codes, including therapist, client and interaction between the two
  - Pioneered use of global and behavior counts

Overall time investment for MISC

- Three passes
- Very tedious to train
- Obtaining inter-rater reliability across 12 globals, 31 behavior counts is no picnic
- Much more data generated than is commonly needed for most evaluations of MI

Motivational Interviewing Treatment Integrity Code (MITI)

- Derived from factor analysis of MISC
- Codes for therapist only
- Not intended to measure process of MI but to give a quality measure
- A tool for giving clinical feedback
- Psychometric data published in 2006 (MITI 3) and 2016 (MITI 4)
- Placed in public domain

Getting to 4.0:
A Developmental Process

The MITI was updated

- In response to new data and findings from the process research
- To accommodate new theoretical developments (such as the relational and technical components)
- To be consistent with MI 3 *where possible*
- To add codes to capture the complexity of persuasion and information giving in MI sessions

MITI Globals

New Technical Global Measures

- Cultivating Change Talk
- Softening Sustain Talk

Cultivating Change Talk				
1	2	3	4	5
Clinician shows no explicit attention to, or preference for, the client's language in favor of changing	Clinician sporadically attends to client language in favor of change – frequently misses opportunities to encourage change talk	Clinician often attends to the client's language in favor of change, but misses some opportunities to encourage change talk	Clinician consistently attends to the client's language about change and makes efforts to encourage it	Clinician shows a marked and consistent effort to increase the depth, strength, or momentum of the client's language in favor of change

Softening Sustain Talk				
1	2	3	4	5
Clinician consistently responds to the client's language in a manner that facilitates the frequency or depth of arguments in favor of the status quo.	Clinician usually chooses to explore, focus on, or respond to the client's language in favor of the status quo.	Clinician gives preference to the client's language in favor of the status quo, but may show some instances of shifting the focus away from sustain talk.	Clinician typically avoids an emphasis on client language favoring the status quo.	Clinician shows a marked and consistent effort to decrease the depth, strength, or momentum of the clients language in favor of the status quo.

Training concepts

The technical globals provide excellent content for training activities, even for beginning learners. They can help learners understand "cuddling the problem" and the importance of "growing change talk"

Relational Globals

- **Partnership**
- **Empathy**

Partnership				
1	2	3	4	5
Clinician actively assumes the expert role for the majority of the interaction with the client. Collaboration or partnership is absent.	Clinician superficially responds to opportunities to collaborate.	Clinician incorporates client's contributions but does so in a lukewarm or erratic fashion.	Clinician fosters collaboration and power sharing so that client's contributions impact the session in ways that they otherwise would not.	Clinician actively fosters and encourages power sharing in the interaction in such a way that client's contributions substantially influence the nature of the session.

Empathy				
1	2	3	4	5
Clinician gives little or no attention to the client's perspective.	Clinician makes sporadic efforts to explore the client's perspective. Clinician's understanding may be inaccurate or may detract from the client's true meaning.	Clinician is actively trying to understand the client's perspective, with modest success.	Clinician makes active and repeated efforts to understand the client's point of view. Shows evidence of accurate understanding of the client's worldview, although mostly limited to explicit content.	Clinician shows evidence of deep understanding of client's point of view, not just for what has been explicitly stated but what the client means but has not yet said.

Behavior Count Overview

Giving Information: Relatively Neutral

- The interviewer gives information, educates, provides feedback, or expresses a professional opinion without persuading, advising, or warning. Typically, the tone of the information is neutral, and the language used to convey general information does not imply that it is specifically relevant to the client or that the client must act on it

- "The NIAAA guidelines are…"

Persuasion: Relatively Biased (NEW)

- Clinician makes overt attempts to change the client's opinions, attitudes, or behavior using tools such as logic, compelling arguments, self-disclosure, or facts (and the explicit linking of these tools with an overt message to change).

- Persuasion is also coded if the clinician gives biased information, advice, suggestions, tips, opinions, or solutions to problems *without* an explicit statement or strong contextual cue emphasizing the client's autonomy in receiving the recommendation.

Persuade with Permission (NEW)

- The interviewer includes an emphasis on collaboration or autonomy support while persuading. The permission may be explicit (such as asking for permission prior to giving advice) or it may be implicit (such as inviting clients to disregard information they do not agree with, or stating that the point being made may not apply to the client). Permission may be obtained before, during or after persuasion is used, but must occur close to persuasion in time.

Training concepts

The new codes for information exchange can be used to help learners really understand the nuances of language. They can be used to train them to recognize their own style and modify their language.

Questions (Changed)

- All questions from clinicians (open, closed, evocative, fact-finding, etc.) receive the Question code but only one question per volley is coded.

Simple Reflections

- Typically convey understanding or facilitate client–clinician exchanges.
- Add little or no meaning (or emphasis) to what clients have said.
- May mark very important or intense client emotions, but do not go far beyond the client's original statement.
- Clinician summaries of several client statements may be coded as simple reflections *if* the clinician does not use the summary to add an additional point or direction.

Complex reflections

- Typically add <u>substantial meaning or emphasis</u> to what the client has said.
- Serve the purpose of conveying a deeper or more complex picture of what the client has said. Sometimes the clinician may choose to emphasize a particular part of what the client has said to make a point or take the conversation in a different direction. Clinicians may add subtle or very obvious content to the client's words, or they may combine statements from the client to form summaries that are directional in nature.

Affirmations (Changed)

- An affirmation (AF) is a clinician utterance that accentuates something positive about the client. To be considered an Affirm, the utterance <u>must be about client's strengths, efforts, intentions, or worth</u>. The utterance must be given in a <u>genuine manner</u> and reflect something genuine about the client.
- It does not have to be focused on the change goal and could reflect a "prizing" of the client for a specific trait, behavior, accomplishment, skill, or strength.
- Support is no longer considered and affirmation

Seeking Collaboration (NEW)

- This code is assigned when a clinician explicitly attempts to share power or acknowledge the expertise of the client. It can occur when the clinician genuinely seeks consensus with the client regarding tasks, goals or directions of the session.
- Seeking collaboration may be assigned when the clinician asks what the client thinks about information provided. When permission to give information or advice is sought, Seeking Collaboration is typically assigned.

Emphasize Autonomy (NEW)

- These are utterances that clearly focus the responsibility with the client for decisions about and actions pertaining to change.

- They highlight clients' sense of control, freedom of choice, personal autonomy, or ability or obligation to decide about their attitudes and actions. These are *not* statements that specifically emphasize the client's sense of self-efficacy, confidence, or ability to perform a specific action.
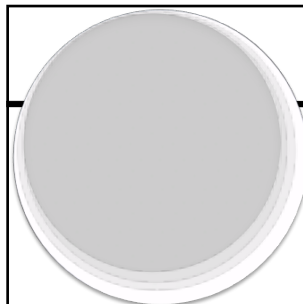
Training concepts

The new and revised codes for MI-adherent behaviors can be used to help learners strengthen their ability to deliver clear and explicit language to support clients

Confront

- This code is used when the clinician confronts the client by directly and unambiguously disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, warning, moralizing, ridiculing, or questioning the client's honesty. Such interactions will have the quality of uneven power sharing, accompanied by disapproval or negativity. Included here are instances where the interviewer uses a question or even a reflection, but the voice tone clearly indicates a confrontation.

- Restating negative information already known or disclosed by the client can be either a Confront or a Reflection. Most Confronts can be correctly categorized by careful attention to voice tone and context.

Let's practice!