Overview of the MITI for Advanced MI Clinicians

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Overview of Presentation

- Detail high profile changes in revision: Information, Persuasion and MI Adherent Behaviors

- Discuss how these changes relate to increased sophistication in MI theory and practice

- Coding exercise

Revision of the Motivational Interviewing Treatment Integrity (MITI) Code

Getting to 4.0:
Principles Followed in the Revision Process

Principle #1

- The instrument should be useful for both research and clinical applications

Principle #2

- The instrument should allow evaluation of MI across a variety of settings

Principle #3

- Data used to make decisions where available but consensus of expert coders allowed where data is lacking or inconsistent

Principle #4

- MITI 4.0 should be consistent with MI 3 *where possible*, but can diverge from MI 3 for good reasons
  - Affirmations
  - Compassion

Principle #5

- The instrument should be user-friendly and also reliable
  - Clinically useful
  - Undergraduate coders

Principle #6

- The MITI will be most useful when the evoking component of MI is apparent and a target behavior is clear.

Goals for Revision of the MITI

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2) Add codes indicating value of both technical and relational elements of MI

3) Increase ability to measure Autonomy Support in a manner that is compatible with Self Determination Theory

4) Add codes to capture the complexity of persuasion and information giving in MI sessions

MITI 4.0

- Revisions begin summer 2012
- Beta testing with expert Minties May 2013
- Further revisions
- Reliability study with 4 undergraduate students and 50 audiotapes of MI practice September – December 2013
- Further revisions
- Coding retreat

"Coding" Retreat

The Motivational Interviewing Treatment Integrity Code (MITI 4): rationale, preliminary reliability and validity

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ARTICLE INFO

ABSTRACT

The Motivational Interviewing Treatment Integrity code has been revised to address new evidence-based elements of motivational interviewing (MI). This new version (MITI 4) includes new global ratings to assess clinician's attention to client language, increased rigor in assessing autonomy support and client choice, and items to evaluate the use of persuasion when giving information and advice. *Method:* Four undergraduate, non-professional raters were trained in the MITI and used it to review 50 audiotapes of clinicians conducting MI in actual treatments sessions. Both kappa and intraclass correlation indices were calculated for all coders, for the best rater pair and for a 20% randomly selected sample from the best rater pair. *Results:* Reliability across raters, with the exception of Emphasize Autonomy and % Complex Reflections, were in the good to excellent range. Reliability estimates decrease when smaller samples are used and when fewer raters contribute. *Conclusion:* The advantages and drawbacks of this revision are discussed including implications for research and clinical applications. The MITI 4.0 represents a reliable method for assessing the integrity of MI including both the technical and relational components of the method.

Specific Changes

1) 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.

Technical Globals

- Research basis for both change and sustain
- Choosing change talk behavior count
  – Reliability not good
  – Couldn't control for frequency
  – Did not capture eliciting

Relational Globals

- Partnership
- Empathy

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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.

2) Elaborated relationship between Providing Information, Persuasion and Seeking Collaboration

When is it giving information and when does it become Persuasion?

What is the difference between persuasion and having a direction toward a target change?

Giving Information

Persuasion
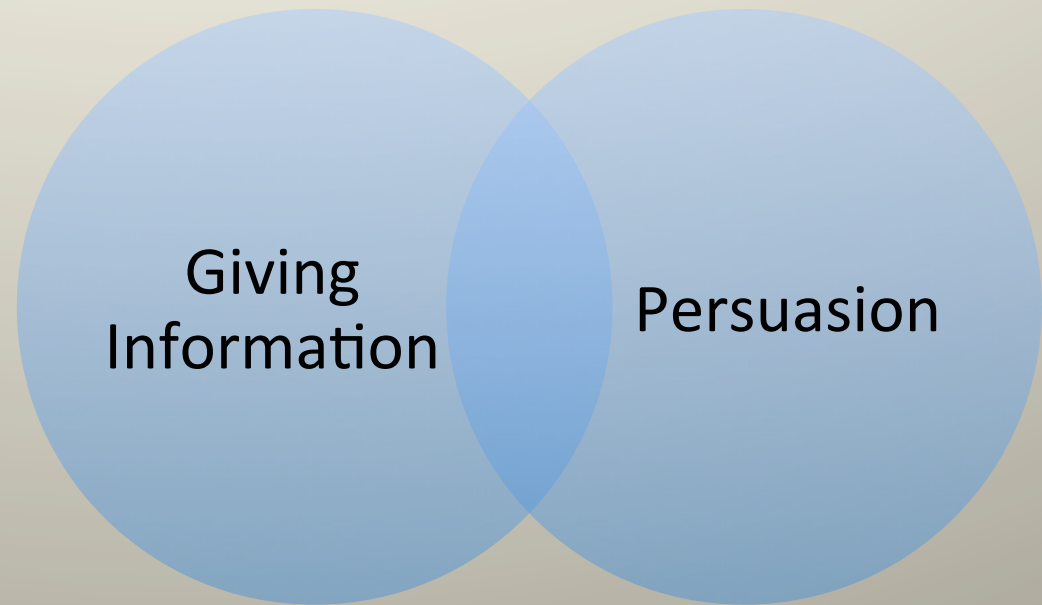
Giving Information: Relatively Neutral

- 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

Persuasion: Relatively Biased

- 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

- 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.

3) Raised the bar for MI Adherent behaviors

3(a) Increased precision in measuring autonomy support

- Began with revision of existing global scale of autonomy support to be consistent with self determination theory

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- Differentiated from self-efficacy – the two are often conflated
  - "You can do it!" is increasing confidence
  - "It's your choice to do or not" is autonomy support

Why not keep the old autonomy support global

- Autonomy support global was least reliable of all global ratings across 20 minute segments (but held up for specific bits of interactions)

New Behavior Count: Emphasize Autonomy

Emphasize Autonomy

- 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.

3(b) Decreased Affirmation Addiction

- Affirmations now must relate to specific behaviors or characteristics of the client

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- Decision Rules for coding MI Adherent behaviors (which set a high bar for Emphasize Autonomy)

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Hierarchy for MI Adherent Codes

A coding exercise

Launching the MITI 4.0

- With special thanks
to our MITI 4.0
workshop participants