

Bridging the Gap

Between MI Practice, Evaluation and Research

4th International Conference on Motivational Interviewing

ICMI 2014 Amsterdam
June 16 - 18, 2014

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Bridging the Gap

Welcome to the International Conference on Motivational Interviewing (ICMI) 2014!

ICMI is the premier research conference focusing on Motivational Interviewing across health, mental health, addiction, and other focus areas. ICMI is truly an interdisciplinary event, including psychologists, social workers, physicians, nurses and nurse practitioners, counsellors and psychotherapists, public health specialists, dentists, audiologists, health and social science researchers, physical and occupational therapists, epidemiologists, linguists, health administrators, sociologists, health educators, and more. Participants come from Europe, North America, Africa, Asia, and Oceania.

This is the fourth ICMI event, held biennially, with the previous events in Interlaken, Switzerland (2008), Stockholm, Sweden (2010), and Venice, Italy (2012).

This year's conference focuses on bridging across the various perspectives on MI, across settings, professions, and cultures. MI may have started as an addiction-focused, American/European intervention, but it has expanded considerably over the years and is now among the leading approaches in behavioral health, while continuing to become utilized in mental health, corrections, and employment/career settings as well.

In addition to bridging across the perspectives of professionals from different fields, settings and cultures, this year's conference specifically focuses on examining MI from the various perspectives of researchers, practitioners and service users, and fostering dialogue between those representing these particular perspectives. The hope is to increase the degree of integration of all perspectives, and to increase the value provided by each perspective as it takes others into greater account.

This involves asking important questions, such as

- What are the practice implications of research studies? How can evidence guide practitioners?
- What do practitioners need researchers to study in order to guide practice?
- What elements of community-based practice are ahead of research? How can researchers catch up regarding creative and innovative approaches used by professionals providing MI services?
- What is happening outside the world of MI that might guide MI researchers and practitioners to new, expanded or more refined practices or a better defined model?
- How do service users perceive MI services? How could those services be improved to better support people in making positive changes in their lives?
- How do participants in research studies perceive those interventions? How could research studies be better designed and conducted to more reliably capture participant experiences?
- How can MI-based services be better implemented and integrated in services provided to the public?



We originally imagined having specific sessions focusing on various questions, but eventually came to believe that this may perpetuate the gap between perspectives instead of helping to close it, as researchers attend research-intense sessions and practitioners go to practice-based sessions, and so on. Ultimately, we decided to invite all presenters to integrate multiple perspectives into their presentations, sometimes balancing research, practice and participant perspectives within sessions. We hope that the conference will thus not only present new findings and concepts, but broaden perspectives regarding those findings and concepts, aiming toward more generalized knowledge, and increasing the value of the conference. Additionally, we hope that by intentionally bringing together people viewing MI through different perspectives, we will contribute to greater future integration not only the extent to which practitioners adopt evidence-based practices, but the extent to which researchers conduct research grounded in real-world practice and hopefully, more collaborations across perspectives.

We have organized the conference with this hope, but we cannot do this ourselves. Only you can. We hope that you will.

Christopher C. Wagner, Ph.D. ICMI 2014 Program Chair

On behalf of the Program Planning Committee



Monday 16th June	Session	Location
09:00 – 1045	<p>Plenary</p> <p>Welcome Committee – Welcome and orientation</p> <p>Magill – Testing MI theory to inform direct practice: Lessons from meta-analysis</p> <p>Apodaca – Clinician behaviors and client change talk</p> <p>Miller - Discussant</p>	St. Olofs Chapel
10:45 – 11:15	<p>Break</p>	
11:15 – 13:00	<p>Parallel Session 1A Primary Care</p> <p>Navarro - Effectiveness of motivational interviewing in patients with dyslipidemia treated in primary care consultations: randomized controlled trial by cluster (Dislip-EM study)</p> <p>Grueninger - The Swiss Health Coaching Program – Motivational Interviewing in health behavior counselling for primary care consultations</p> <p>Langlois - Clinicians’ and patients’ perceptions regarding the contribution of workplace learning in continuing interprofessional education for MI training and implementation in primary health care</p> <p>Bjornsson - The effect of work environment, self-efficacy, and goal setting on improving transfer of Motivational Interviewing training into primary care settings</p> <p>Bjerregaard - Project RELAY MODEL Relay model for recruiting alcohol dependent patients in general hospitals - A single-blind pragmatic randomised trial</p>	St. Olofs Chapel
	<p>Symposium 1A MI targeting treatment engagement and adherence: clinical and research perspectives</p> <p>Zuckoff - Overview</p> <p>Parsons - HIV Medication Adherence</p> <p>Hettema, Cockrell - Meta-analysis of MI interventions for engagement or adherence among patients in medical settings</p> <p>Ingersoll - Discussant</p>	Prins Hendrik 2/4



Monday 16th June	Session	Location
11:15 – 13:00	<p>Parallel Session 1B Weight</p> <p>Copeland - The MIMIC Study: Mechanisms of Motivational Interviewing in Weight Loss Maintenance Simpson - Weight Loss Maintenance in Adults: The WILMA trial. Ernst - MI for Weight Control in the SHIFT Study for Truck Driver Health Norman - Differences in counsellor MI performance in relation to intervention outcome in obesity prevention targeting children Jelsma - Fidelity of motivational interviewing in the DALI pilot lifestyle study among obese pregnant women</p>	Prins Hendrik 1
	<p>Parallel Session 1C Youth</p> <p>Gaume - Change talk during brief motivational intervention with young men with hazardous alcohol use: strength matters Walker - Preliminary Results from the Teen Marijuana Check-Up: Testing the Effects of Motivational Enhancement Check-Ins Stephens - Mechanisms of MET Effects in Marijuana Using Adolescents: Social Norms and Self-Efficacy de Gee - A Randomized Controlled Trial of the Weed-Check: A Brief Motivational Enhancement for Non-Treatment-Seeking Adolescent Cannabis Users Mander, Cross - Implementing Motivational Interviewing into secondary schools located in the most remote city in the world: The trials and tribulations of a few Sand-Groppers</p>	Prins Hendrik 3
13:00 – 14:15	Break for lunch	
14:15 – 15:45	<p>Parallel Session 1D Training Issues 1</p> <p>Beckman - Acquisition of MI competence through the training methods used in the Swedish county councils and municipalities: Design, methods and baseline characteristics of the randomized trial Øen - Discussion of the results from Motivational Interviewing training using the “Feedback Model” in the light of evidence for teaching and learning Langlois - Clinicians’ MI learning processes: A journey from a “terrifying challenge” to a “professional revelation” Tobutt - Competence frameworks for supervisors - Proficiency or Competence? Bjerregaard - Professional perspectives on an opportunistic Brief Motivational Alcohol Intervention</p>	St. Olofs Chapel



Monday 16th June	Session	Location
14:15 – 15:45	<p>Parallel Session 1E Instruments</p> <p>Britt - An evaluation of the psychometric properties of two pencil-paper tools for evaluating MI skillfulness Navarro - Validity and reliability of the EVEM scale in assessing the integrity of Motivational Interviewing delivered in Primary Health Care settings McMaster - Validation of the One Pass Measure for Motivational Interviewing Competence Gobat - Assessing medical student agenda mapping: preliminary validation of the Evaluation of AGenda mapping skill Instrument (EAGL-I)</p>	Prins Hendrik 2/4
	<p>Discussion/Experiential 1A Technologies for feedback in Motivational Interviewing training; Lessons and ideas from elite sport</p> <p>Facilitators: Undrill, Breckon, Toogood</p>	Prins Hendrik 1
	<p>Parallel Session 1F Tobacco</p> <p>Detkong - Effectiveness of Motivational interviewing for Tobacco cessation in Youth : Experience of Ratprachanukroa 46 Chainat School Hannover - Predicting Change-Talk and Sustain-Talk from Counselor Behaviour. Preliminary Results from Sequential Analyses of 160 MI-Sessions with Smoking Women Post Partum Catley - Motivational Interviewing is not more effective than equally intensive health education for changing smoking behavior, increasing motivation to quit and facilitating information processing</p>	Prins Hendrik 3
15:45 – 16:15	Break	



Monday 16th June	Session	Location
16:15 – 17:30	<p>Symposium 1B MI and neuroscience; How MI works in the Brain</p> <p>Feldstein - Brain-based evaluation of client and therapist language Houck - Integrating psychotherapy process and neuroimaging measures of motivation to change</p> <p>Resnicow - Discussant</p>	St. Olofs Chapel
	<p>Parallel Session 1G Relationships</p> <p>Horridge - Dialectical Behavioural Therapy Principles in Strengthening Therapist - Client Collaboration in Motivational Interviewing Harder - Back to basics: The adolescent-staff relationship and the achievement of success in secure residential youth care McMaster - Barriers to Compassion in the Helping Professions</p>	Prins Hendrik 2/4
	<p>Discussion/Experiential 1B MI Research wish list</p> <p>Facilitator: Mentha and panel</p>	Prins Hendrik 1
	<p>Parallel Session 1H Group Adaptations</p> <p>Simper - The Small Changes Scalgia - MI and environmental education Hojdahl - 'A bridge to change': Experiences of participation in a motivational program for women in the Criminal Justice System</p>	Prins Hendrik 3



Tuesday 17th June	Session	Location
09:00 – 1030	<p>Symposium 2A MI in medical education</p> <p>Brogan - Enhancing Behavior Change Communication in Pediatric Residents Kaplan - Incorporating MI into a medical school curriculum Engle - MI Curriculum in Medical School Mullin - Evaluation of MI Course for Healthcare Providers</p> <p>Daepfen – Discussant</p>	St. Olofs Chapel
	<p>Symposium 2B Robots and Motivational Interviewing; Advances in Integrating MI into Technology-Delivered Health Interventions</p> <p>Ingersoll – Semi-scripted telephone MI for diabetic drivers Parsons – Facebook intervention for risky sex and substance abuse Naar-King – Computer intervention Resnicow - eHealth interventions on dietary change, medical adherence and smoking cessation</p>	Prins Hendrik 2/4
	<p>Discussion/Experiential 2A MI: Core elements, emerging possibilities, misperceptions and heresies?</p> <p>Facilitators: Wagner and panel</p>	Prins Hendrik 1
	<p>Discussion/Experiential 2B MI and ageing</p> <p>Marshall- MI for End of Life Health Care: Equipoise and Direction Navarro, Novo - Issues in Practice and Training</p> <p>Ernst - Discussant</p>	Prins Hendrik 3
10:30 – 11:00	Break	



Tuesday 17th June	Session	Location
11:00 – 13:00	<p>Plenary 2 Participant Perspectives</p> <p>McCambridge - Advances in trial design and novel change interventions Earnshaw/Allott – Experts, Experience and Opportunities</p>	St. Olofs Chapel
13:00 – 14:15	<p>Break for lunch</p>	
14:15 – 15:45	<p>Symposium 2C Motivational Interviewing to Reduce Pediatric Obesity; Methods and Results of Two Recent Studies</p> <p>Resnicow, McMaster - BMI2 (Brief MI to reduce Body Mass Index) Naar-King/Brogan - (SMART) to develop an adaptive treatment for African American youth with obesity</p>	St. Olofs Chapel
	<p>Symposium 2D MI Groups; Practice and Research Perspectives</p> <p>Ingersoll - Rating the fidelity of MI Groups sessions: the AMIGOS coding system Downey - Self-rating and supervision of MI Groups skills Bravo - Developing a group motivational interviewing intervention to promote emotional and physical health in school pupils Wagner - How do MI groups differ from other group approaches? Barth - Commentary: What are MI groups and where are they headed?</p>	Prins Hendrik 2/4
	<p>Parallel Session 2A Training Issues 2</p> <p>Heinemans - The Swedish Alcohol Helpline – set-up, quality assurance and evaluation Fitzgerald - From the Outside: What are the Challenges for Widespread Integration of MI? Lindhardt – Healthcare professionals experience with motivational interviewing in their encounter with obese pregnant women after a three-day training course in MI Ernst - Description of the Role of Training Consultants in the VA MI and MET Training Programs</p>	Prins Hendrik 1



Tuesday 17th June	Session	Location
14:15 – 15:45	Discussion/Experiential 2C MI with multi-problem patients Facilitators: deJonge, Trentelman, Nieuwold	Prins Hendrik 3
15:45 – 16:15	Break	
16:15 – 17:30	Symposium 2E Motivational Interviewing and Self-management Support; Talking about Change in the Field of Chronic Disease Management Ernst - MI and self-management strategies Davis - Self-management Support Mullin – Primary care practices	St. Olofs Chapel
	Discussion/Experiential 2D Values Facilitators: Maio and panel	Prins Hendrik 2/4
	Symposium 2F Assessment and improvement of MI-practice in the Netherlands Schippers - Reception of MI in the Netherlands de Jonge - Dissemination of MI – how well does it succeed in practice? Merx - Training MI: eLearning module and MI assessment	Prins Hendrik 1
	Parallel Session 2B Peer Programs Wallace–Bell - Buddy-Motivational Interviewing (buddy-MI) to Increase Physical Activity in Community Settings A Pragmatic Randomised Controlled Trial Baatsen - MI for young males in Bangladesh and Kenya Allicock - Can a Motivational Interviewing-based safer sex program for people living with HIV be adapted for peer delivery? Results from a pilot training Allicock - Adapting Peer Connect for African American breast cancer survivors and caregivers: A train-the trainer model using motivational interviewing	Prins Hendrik 3
18:00	Social Event Amsterdam, the other side	



Wednesday 18th June	Session	Location
09:00 – 10:30	<p>Parallel Session 3A Treatment Integrity</p> <p>Lars Forsberg - Treatment integrity assessment of Motivational Interviewing practice van Keulen - Examining motivational interviewing fidelity in an RCT Britt - An evaluation of the Motivational Treatment Integrity Scale: Does MI skilfulness predict client change talk? Klonek - Assessing Motivational Interviewing 2.0: An illustration of software-supported coding schemes</p>	St. Olofs Chapel
	<p>Parallel Session 3B Health behaviours</p> <p>Aazh - Feasibility of Motivational Interviewing in Facilitating Hearing Aid Use: A Pilot Randomised Controlled Trial Keukenkamp - The efficacy of motivational interviewing to improve adherence to wearing prescribed footwear in diabetic foot patients: a pilot randomized controlled trial Copeland - Mechanisms of change within motivational interviewing in relation to health behaviors: A systematic review Arkkukangas - Fall prevention through exercise with or without the support of Motivational Interviewing in older community-living people – a feasibility study of a randomized controlled trial</p>	Prins Hendrik 2/4
	<p>Parallel Session 3C Language</p> <p>McMaster, Pickett - Bridging the Language Gap – how different languages can impact MI training and research across cultures Lane - Positions of agency and expertise within MET: Some findings from discourse analysis Carton - Bridging the Gap Motivational Interviewing and Sociology, a Foucaultian Analysis</p>	Prins Hendrik 1
	<p>Discussion/Experiential 3A Using Physical Exercises in MI Training, Activating more Pedagogical Senses</p> <p>Facilitator: Aberg</p>	Prins Hendrik 3
10:30 – 11:00	Break	



Wednesday 18th June	Session	Location
11:00 – 12:30	<p>Symposium 3A How can we distinguish between ethical and unethical applications of MI?</p> <p>Zuckoff – Ethical issues in organ donation Yahne – Ethical issues in international immigration Moyers – The ethics of diagnosis and societal prescriptions for change Black, Lisa Forsberg – Principles for ethics in MI practice and research</p>	St. Olofs Chapel
12:30 – 13:30	Break for lunch	
13:30 – 14:00	Poster Session Research Consultations	
14:00 – 15:15	<p>Discussion/Experiential 3B MI in Facilitating Personal Growth</p> <p>Facilitators: Bakker, Miller, Schippers</p>	St. Olofs Chapel
	<p>Parallel Session 3D Nursing</p> <p>Channon - Motivational interviewing competencies among UK Family Nurse Partnership practitioners: Process evaluation of the Building Blocks trial intervention Bonhôte - The efficacy of motivational interviewing as a nursing intervention on participating in cardiac rehabilitation and on influencing lifestyle risk factors in patients with stable coronary artery disease Mertens - MI-integrity of the Prepare (pre-pain rehabilitation) trial</p>	Prins Hendrik 2/4
	<p>Parallel Session 3E MI Combinations</p> <p>Labrecque - Assessing the Influence of Probation Officer Fidelity to Motivational Interviewing and Cognitive-Behavioral Therapy Intervention Skills on Offender Recidivism: A Quasi-Experimental Evaluation Scott - An Integrated Motivational-Interviewing and Cognitive-Behavioural Intervention for Physical Activity Maintenance: A Pilot Study Vansteenkiste - There is nothing more practical than a good theory: Towards systematic integration between Motivational Interviewing and Self-Determination Theory</p>	Prins Hendrik 1/3
15:20 – 16:00	<p>Plenary 3B Take home messages</p> <p>Panel and participants</p>	



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Posters



**Bridging the Gap I: From Research to Practice:
Integrating a motivational interviewing approach in the delivery of life-style
counseling in a community pharmacy in Bronx, New York: A pilot study**

Poster Presenter: Yasmin Mossavar-Rahmani
Email: yasmin.mossavar-rahmani@einstein.yu.edu

Wellness education is in the scope of practice of pharmacists; however, pharmacists have little training in both knowledge and delivery of nutrition and physical activity education. This pilot study describes the adaptation of motivational interviewing to the pharmacy context for provision of lifestyle counseling. Three pharmacists at a community pharmacy in Bronx, NY were trained in brief motivational interviewing using the four process model. A student approached pharmacy clients and invited them to self-assess their lifestyle habits using a brief questionnaire on weight, activity, variety and excess (WAVE questionnaire). Clients were then given the option of speaking to the pharmacist about their lifestyle challenges. This pilot study indicated strong need for lifestyle counseling. The close and trusting relationship between the clients and pharmacy staff enhanced the engagement of the patient-client interactions. Many of the clients knew the pharmacists on a first name basis and felt at home in the pharmacy. Constraints included limited time availability and multiple demands on pharmacy staff. Factors that could likely increase pharmacists' successful delivery of lifestyle counseling include additional training in motivational interviewing especially with respect to focusing and evoking and allowance for dedicated and compensated time for patient counseling so that it is not delivered in a hurried manner. Pharmacists could also benefit from more content-based education on nutrition & physical activity. Overall pharmacists can play a role in promoting behavior change. At a minimum they can serve as a referral base for health services such as sleep hygiene, nutrition and physical activity. Limitations of this study include the special context of a community pharmacy that may differ from that of a larger chain pharmacy where clients may be less connected to their pharmacists and perhaps less willing to engage in discussions relating to behavior change.



Motivational Interviewing (MI) in Landstinget i Uppsala län (Uppsala County Council) - how often is MI used by healthcare practitioners after MI training?

Poster Presenter: Sofia Lavén
Email: sofia.laven@lul.se

Motivational Interviewing (MI) in Landstinget i Uppsala län (Uppsala County Council) - how often is MI used by Healthcare practitioners after MI training?

Landstinget i Uppsala län (Uppsala County Council) organizes health care and dental care for all inhabitants in the county.

During the period 2004-2010 about 550 employees participated in Motivational Interviewing (MI) training. The employees were all healthcare practitioners.

In 2011 a web questionnaire was distributed to these healthcare practitioners in order to find out how many used Motivational Interviewing. The questionnaire was designed to investigate the employees' own perceptions about his or her own use of the method.

In 2014 a new questionnaire will be sent to employees participating in training during 2011-2013.

Our poster will present the results from these surveys.



**Challenges of learning and conducting motivational interviewing in psychiatric settings:
Can a self-learning tool provide help?**

Poster Presenter: Karine Gaudreault
Email: Karine.Gaudreault@USherbrooke.ca

Many clinicians and mental health organizations face significant challenges when they implement motivational interviewing. For them can be difficult to apply the optimal learning process to stabilize a psychiatric crisis in a medico-legal unit. The objectives of this project are to describe and compare the relevance of 3 modalities on how to learn MI: 1) ITEM (Identification des techniques d'entrevue motivationnelle), a report questionnaire (Tremblay and Bergeon, 2003) completed by clinicians after an MI; 2) Codification of audio-taped interviews by the clinician using the "Motivational Interviewing Treatment Integrity (MITI) Scale" (Moyers et al., 2010) ; 3) Codification of audio-taped interview and supervision by a MINT trainer using MITI. I am going to present a case report of the learning process in which a clinician describes and compares these 3 learning methods. The clinician conducted 5 interviews with clients with problems of drug or alcohol misuse, in a psychiatric hospital in Québec City (Canada).

Findings: The self-learning tools, ITEM questionnaire, and self-codification using MITI may facilitate the development of MI skills in various psychiatric settings. However, these tools may be more useful for clinicians who begin learning MI or to maintain skills use. Moreover, comparative analysis of these three learning methods still shows that the feedback they provide about strengths and weakness for the clinician are similar.

Applications: The results will contribute to the implementation of more tools adapted to psychiatric settings in the MI learning process; these tools can contribute to intensify the learning process if they are used in combination with other methods. The self-supervision can help some clinicians, organizations or future research to develop MI and to overcome the gap between theory and practice.



Influence of people with disabilities behavior during motivational interviewing sessions in groups on increasing the output frequency.

Poster Presenter: Lydia Peter, Ph.D
Email: lydia.peter@wanadoo.fr

BACKGROUND: The objective of this study is to observe how the motivational interviewing in groups can influence the quality of life and psychological health of people with disabilities. In this study we wanted to know if motivational interviewing helps people to change their thinking. Our sample has initially responded to the pre-questionnaire before the motivational interviews and have responded at the same questionnaire after the procedure of motivational interviews

METHOD: 59 people with motor disability and sensory were selected. We undertook an interview with each of them in order to collect sociodemographic informations. All the subjects were asked to complete questionnaires of accessibility, mobility, satisfaction urban development, depression and anxiety (HAD), motivation to engage in a process of behavior change (Prochaska & DiClemente).

FINDINGS AND DISCUSSION: Results show greater trust in the fact of increasing the output frequency. We note an evolution in the stages of behavior change between T1 and T2. Subjects show a positive and significant increase in their desire to increase their output.

Subjects have a higher score in T2 in the scale of motivation on their mobility. The importance to increase mobility and self-confidence to want to get out more and the feeling of being willing to invest more public places have increased considerably. The frequency output increased equally and the frequency scale of outputs also increased, which means that people have better self confidence and feel more ready to go outside. Level of self-regulation are more people in internal control which can increase self-guilt about their disability. In T2 we observe that subjects use external control, which can be explained by the influence of the social environment. MI has strengthened their confidence in change and has allowed them to move more into public places.



Internet-based Motivational Enhancement for Problem Gamblers

Poster Presenter: Jennifer L. Swan

Email: jswan@ucalgary.ca

Very few problem gamblers ever seek formal treatment for their gambling, highlighting the need for brief, effective interventions. The Internet offers a viable platform for these interventions, providing increased privacy, accessibility, and convenience for gamblers. Brief interventions involving motivational interviewing (MI) have shown success in reducing gambling involvement among problem and pathological gamblers. The current study is examining an Internet-based motivational enhancement intervention for problem and pathological gamblers. The program was developed using transcribed motivational interviews from previous research, where therapists employed a manualized intervention based on the MI approach. The text-based, interactive program utilizes a combination of pre-programmed and open-ended responses. Currently, moderate risk and problem gamblers are being recruited across Canada and randomly assigned to complete either the motivational intervention or the control intervention, consisting of assessment and feedback only.

Participants are being followed over a 12-month period to assess their gambling involvement (days and dollars spent gambling), problem gambling severity, and psychological distress. Consistent with findings of brief motivational interventions, it is hypothesized that participants completing the motivational intervention will report greater reductions in gambling involvement and lower levels of psychological distress and gambling severity compared to participants completing the control intervention. Data collection for this study is currently ongoing.

This presentation is most appropriate for Bridging the Gap I: From Research to Practice, as it examines a specific adaptation of the MI approach in an Internet-based format. As such, this presentation will focus on aspects of the motivational program and present short-term follow-up data for participants' gambling involvement, problem gambling severity, and psychological distress.



Integrating Motivational Techniques in Gamification systems for behavior change: the PRECIOUS Project

Poster Presenter: Pilar Lusilla
Email: plusilla@vhebron.net

it should be fun and rewarding. Nowadays, there is an increasing interest whether game could be of benefit in certain scientific fields like education and health. Moreover, there is very recent evidence that gamification that is, the use of game principles in a non-game environment, may be used to enhance healthy lifestyles among people. Games for health purposes are in their early youth. To date, it seems quite easy to engage people to play games; however, it is more difficult to achieve persistence. Additionally, there are still no evidences that games can maintain behavior change once the game ends. Motivational Interviewing (MI) is a promising 30-year-old therapeutic approach that integrates person-centered therapy principles and more directive strategies to move clients toward behavior change. A large and expanding number of randomized control trials of MI have demonstrated its efficacy in different health settings and cultures, as well as its adaptability to other psychological techniques.

Overall Description

In the PRECIOUS project a preventive healthcare system will be developed.
The system will be comprised of three components:

- 1) transparent sensors to monitor health indicators, especially food intake, physical activity, sleep and stress;
- 2) representation of the user by virtual individual models, which infer health risks and suggest behavioral changes;
- 3) use of gamification and MI principles to change user habits towards more healthy behaviors.

To reach these goals, the PRECIOUS consortium gathers partners with comprehensive expertise in networking, pervasive sensing, cognitive analysis, nutrition research, semantic technologies, psychological theory and motivational techniques. We have chosen to focus on Type II Diabetes prevention as a central use case.



Motivational Interviewing principles adapted to a gamification system:

Computer games and MI share the ability to place the individual in the center of the action. MI principles of personalized guiding are based on the four processes:

- 1) engaging
- 2) establishing goal settings (focusing)
- 3) evoking the own user resources (self-control)
- 4) planning; match with personalized health delivered through new technologies.

A number of mobile and internet applications can provide instant feedback about lifestyles. Rewarding and praise (a positive evaluation of performance) of these tools are linked with MI principles.

Conclusion:

The contribution of MI experience to PRECIOUS will be to foster engagement and contribute to behavior change in a user-friendly system. This will be developed in two stages:

- 1) To describe the state-of-the-art of MI delivered through new technologies and
- 2) To offer an integrative approach of a motivational framework for PRECIOUS System designing tailored motivational feedback.



The Suitability of the MITS (Motivational Interviewing Target Scheme) for assessing Motivational Interviewing in Primary Care

Poster Presenter: Riëtta Oberink
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Objective

Since the role of Dutch GPs is increasingly focused on prevention, interventions that promote health behavior change are incorporated into the curriculum of GP trainees. In 2012 Motivational Interviewing (MI) became a standard component of the Dutch curriculum of GP trainees. However, a validated instrument for measuring the quality of MI in short consultations does not exist. In this mainly qualitative study we investigated a newly developed instrument, the Motivational Interviewing Target Scheme (MITS), which uses ten targets for scoring MI. Our aim was to determine whether the instrument is suitable for assessing short consultations concerning behavior change in General Practice.

Method

Nine selected consultations (maximal variation sampling) of GPs and GP-trainees were rated with the MITS by three coders. During the scoring they wrote down their findings regarding the scoring in a semi-structured questionnaire. After every two or three consultations the assessment was evaluated. During evaluation meetings, recommendations to clarify the targets of the MITS and the scoring were noted. After the evaluation of the first three consultations it emerged that it was sometimes difficult to score the extent to which MI was used in the right way. For this reason, the scoring system was adjusted and all consultations were assessed using both the original and the adjusted scoring system. The responses to the semi-structured questionnaire were categorized.

Results

In the adjusted scoring system, but not in the original system, it was possible to rate failure to exhibit desired target behavior or MI-inconsistency on the part of the GP. The responses to the semi-structured questionnaire were divided into four categories: comments on the scoring systems, the targets, the assessment in general and technical problems. The coders preferred the adjusted scoring system because it simplified the assessment and the scores were more in agreement with the perceived quality of MI. The coders were satisfied about most of the target descriptions but some aspects of the target descriptions were unclear. Assessing proved more difficult when different behaviors in the target were described and when the same behavior could be scored at multiple targets. Two of the three coders found it difficult to score some targets when the MI-part was too short (< 4 minutes). For experienced assessors (> 10 assessments) it took about 45 minutes to assess and comment on 10 minutes of MI.

Discussion

The MITS turned out to be useful to assess short consultations on behavior change by GPs. The adjusted scoring system proved more useful than the original system. Some target descriptions of the MITS could be clarified. These adjustments might result in increased validity and inter-rater reliability and will make the MITS more user-friendly.



The Strengths and Risks of Using Diagrams to Conceptualise and Describe Brief Motivational Interventions and MI

Poster Presenter: Dr. Niamh Fitzgerald
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Purpose

There is good evidence for the effectiveness of brief interventions (BIs), for example, in reducing alcohol consumption in primary care however BIs are heterogeneous and vary widely including in the extent to which they are grounded in motivational interviewing (MI). The duration of training provided to practitioners for BI delivery is also very variable and there is a need for further study of optimal training approaches. This poster will present and discuss the use of diagrams for visually representing the core concepts and processes in various brief motivational interventions and critically analyse the strengths and limitations of such diagrams.

Plan

6 diagrams of models of brief intervention developed by the author from 2008 to 2013 will be presented and analysed at face value for consistency with MI spirit, core skills, processes and flexibility. The models vary in terms of behaviours (alcohol, alcohol/drugs, multiple lifestyle); practitioners; and client groups targeted. A diagram modelling the new simpler iteration of motivational interviewing will also be presented. The advantages and risks of using such models in training and learning will be considered.

Key Findings and Conclusions

Diagrammatic representations of BI and MI provide a means of quickly describing key concepts and processes and as such may be helpful teaching/learning aids. The models of BI analysed varied in their consistency with MI concepts and literature but included many elements considered central to MI. Such diagrams risk oversimplification, misrepresentation, and/or the suggestion of an inappropriately restrictive structure or formula for conversations about behaviour change. On the other hand, they offer an alternate teaching tool that will be helpful for individuals who learn better with such visual aids. If using such diagrams, the risks ought to be explicitly considered, acknowledged and explored with learners in order to mitigate them.



Symposia



Symposium 1A | Monday June 16th | 11:15 – 13:00 | St. Olofs Chapel

MI targeting treatment engagement and adherence: clinical and research perspectives

Presenters: Allan Zuckoff, Jeffrey Parsons, Jenny Hettema, and Stephanie Cockrell

Discussant: Karen Ingersoll

MI is increasingly used as a clinical technique to promote and maintain adherence to various treatment regimens. In this symposium, we propose to highlight developments in using MI to target treatment engagement and/or adherence in a variety of settings, focusing on the practice implications of research.

In the first talk, Allan Zuckoff will present a brief overview of the clinical relevance of engaging patients in treatment, and maintaining adherence to care. In the second talk, Jeff Parsons will present selected data from a clinical trial targeting medication adherence among patients living with HIV, focusing on the content and process of the clinical intervention and lessons learned for clinicians. In the third talk, Jenny Hettema and Stephanie Cockrell will summarize results from a new meta-analysis of 28 studies of MI interventions for engagement or adherence among patients in medical settings, highlighting lessons learned for clinicians and trainers.

Karen Ingersoll will discuss key messages from both the clinical and research perspectives that can be used to improve MI as an intervention for engagement and adherence.



Symposium 1B | Monday June 16th | 16:15 – 17:30 | St. Olofs Chapel

MI and neuroscience | How MI works in the Brain

While motivational interviewing (MI) shows great promise in reducing many risk behaviors, the range of observed effect sizes across problem behaviors (alcohol, cannabis, tobacco) and age groups (adolescents, emerging adults, adults) indicates that there is still quite a bit room for improvement. Evaluating MI treatment mechanisms offers one way to examine, and ultimately target and strengthen, treatment active ingredients. While evaluations of psychosocial treatment mechanisms continue to make notable strides, investigations of basic biological factors (such as brain response) offer an innovative way to catalyze advances in this field. Specifically, examining how the brain responds (and how it does not) to proposed MI active ingredients can help determine which ingredients are salient to treatment response, and which may not be as important. Understanding these relationships within the context of MI is critical to strengthening behavior change.

Presenters and themes:

Sarah W. Feldstein Ewing: Things we know, and things we don't: A synthesis of brain-based approaches evaluating client and therapist language throughout the lifespan.

Jon M. Houck: Integrating psychotherapy process and neuroimaging measures of motivation to change: How these reciprocal relationships look in time.

Ken Resnicow: Discussant.



Symposium 2A | Tuesday June 17th | 09:00 – 10:30 | St. Olofs Chapel

MI in medical education

Presenters: Katie Brogan, Sebastian Kaplan, Brett Engle, Daniel Mullin
Discussant: Jean-Bernard Daeppen

Despite the growing evidence that MI can be an effective component of health behavior change programs, few models of MI training in medical education exist. Our symposium will describe three projects designed to incorporate MI training into pre- and post-graduate medical education in the U.S.A. We will detail experiences of the trainers, learners, and clinical faculty, and present training evaluation results. We plan to generate discussion about the current state of MI training in medical education and how to further the development of effective training programs.

Evaluation of a Motivational Interviewing Course for Healthcare Providers
Daniel Mullin

This presentation will report the results of an evaluation of a course in Motivational Interviewing for 40 healthcare providers. The evaluated program, the Certificate of Intensive Training in Motivational Interviewing (CITMI), is a 22 hour training for healthcare professionals. This training is offered by the University of Massachusetts Medical School's Center for Integrated Primary Care (USA). The course has two sections. One section allows a group of students to complete the workshops in person; the other may be completed through synchronous internet-based workshops. The course consists of five workshops, each four hours in duration, and two hours of individual practice and coaching. The primary measure of student competency to be reported will be objective ratings using the Motivational Interviewing Treatment Integrity (MITI) scale. Each student provided a pre and post work sample of their use of MI consisting of a simulated patient encounter with an Acting Patient. These work samples were coded with the MITI. Students also completed a self-evaluation of their use of MI in their work sample using the Clinical Experience Questionnaire (CEQ). Finally, students provided detailed feedback on their experiences of the CITMI course.

Feedback included self-reported progress towards the course learning objectives and use of MI in practice. Findings to be reported include the differences MI competency between students completing the course online and those completing the course in-person. In addition, the relationship between student's self-reported MI competency and objective measurement of MI competency using the MITI will be reported.

Enhancing Behavior Change Communication in Medicine Pediatric Residents: A Pilot Project
Katie Brogan



Given the empirical support for the use of Motivational Interviewing (MI) in medical care settings, medical residency programs are beginning to incorporate MI to meet the United State's ACGME core communication competency. This study measured changes in proficiency, confidence, and importance in behavior change counseling of Medicine Pediatric residents participating in MI workshops at an urban medical center in the Midwestern United States. Monthly workshops took place over 6 months during existing residency education noon conferences and were lead by a faculty MINT member. At baseline, 24 residents completed the Computer-Adapted Standardized Patients Instrument (CASPI; Talaria Inc.) to assess proficiency in MI and completed an investigator-developed questionnaire assessing importance, confidence, and prior MI experience. Project completers ($n = 8, 33\%$) were defined as residents who attended 3 or more workshops and submitted post-measures. Key Findings: At study entry, all participants ($N=24$) demonstrated low levels of MI proficiency ($M=7.87, SD=3.52$) compared to community counselors ($M=15.8, SD=7.5$), but moderate to high levels of confidence ($M=7.38, SD=1.85$) and importance ($M=8.63, SD=1.51$). At the workshops' end, completers demonstrated increased proficiency in change talk orientation ($Mpre=5.00, SD=1.41$ versus $Mpost=5.43, SD=0.98$; $d=-.30$), increased confidence ($M=8.00, SD=1.19$; $d=.33$) and importance ($M=9.13, SD=1.06$; $d=.34$), increased use of MI ($Mpre=7.00, SD=1.31$ versus $Mpost=8.63, SD=.98$; $d=1.24$) and increased perception of MI as a valuable clinical tool for their current ($Mpre=7.88, SD=1.46$ versus $Mpost=9.00, SD=1.07$; $d=.77$) and future practice ($Mpre=8.88, SD=1.13$ versus $Mpost=9.25, SD=1.03$; $d=.33$). Qualitative results as captured from residents in written and video format will be discussed by residency program director (Roxas). Major Conclusions: While the demands of clinical responsibilities in a residency program seemed to overshadowed educational components, participants responded favorably to MI workshops when attending. Adjustments to the format of MI training may better meet the needs of medicine pediatric resident learners pursuing core communication competencies.

Getting a foot in the door: Incorporating MI into a medical school curriculum
Sebastian Kaplan

To describe our experience and present feedback from students and standardized patients about a new formal MI training experience for 120 second year medical students (MSY2) at a medical school in the southern U.S.A. Theoretical Plan: In keeping with the current literature on best practices in MI training, we implemented a combination of workshop style didactics, involving regular opportunities for practice exercises, as well as video and live demonstration, with a small group practice session utilizing individualized feedback. All 120 students attended the four-hour workshop, with half the group participating in either a role play or standardized patient small group. We administered a feedback survey to the students shortly after the training and sought informal feedback from the standardized patients. Key Findings: Students had mixed reactions to the training. Students routinely raised a concern that the four-hour workshop was too long. Seventy-six percent of students found the small group practice exercises helpful and 84% anticipated MI to be useful in their future careers. The standardized patients found the experience to be quite rewarding and routinely commented on the appreciable difference between the MI encounter and the other medical student training experiences they participate in. We will also discuss our own reflections as faculty about the challenges and successes in piloting this novel curriculum. Major Conclusions: Our plan is to restructure the format of the workshop to provide more pre-learning opportunities, separate the workshop into two shorter seminars, and provide students with feedback on video recorded sessions using the Motivational Interviewing Treatment Integrity (MITI) code.

*An MI Curriculum Study in a Medical School: Five Years of Challenges,
Strategies and Questioning Competencies*
Brett Engle

Florida International University's College of Medicine includes an MI training module in its clinical skills course curriculum for its now 120 Year 1 (Y1) students. The module consists of three, on average three-hour, sessions delivered over one month and another three-hour booster session in Y2. Students video-record a pre (training) test role-play interview with a classmate encouraging the interviewee to make a health behavior change. Students then record a post (training) test interview as well as a one-year follow up interview. Coding of the pre, post, and follow up interviews using the Motivational Interviewing Treatment Integrity (MITI) instrument begins in March, 2014. Drawing upon a preliminary subset of these data, we will describe whether and how the students' MI skills changed following the Y1 MI module and the Y2 booster. In this symposium, we will also present student video clips and student evaluation scores of the module, which improved over time.

Challenges of this MI training program included 1) Student, faculty, and administrative buy in to MI and MI training practices; 2) Training students and faculty simultaneously; 3) The MI trainer not being an MD or regular faculty; 4) Empathetically demanding more work, including practicing empathy, from already overtaxed students; and 5) selling reflections. "Yes, it matters."

Respective strategies included 1) showcasing the evidence-base, and linking MI to the Medical Licensing Exam as well as to the larger paradigm shift in medicine toward patient-centered care; 2) utilizing outside MI trainers to assist faculty and co-facilitate small group practice; 3) Faculty endorsement of the MI trainer(s) and trainer tailoring of content to MDs [e.g., emphasize five minute patient encounters]; 4) Simplifying and synthesizing MI content with previous course work, attending to and recognizing student learning challenges and discord [i.e., MI parallel process], making training interactive, fun, and even funny; and 5) show, show, show it.

This on-going study will contribute to the emerging MI training research literature, particularly in health care. It stands to inform what the intensity, duration, content, and processes for training medical students to the MITI competency are, and may revive discussion about the competency standard for healthcare professionals. In this symposium we will describe the MI module and the preliminary data but will emphasize their implications for future MI training research and curricula in health care.



Symposium 2B | Tuesday June 17th | 09:00 – 10:30 | Prins Hendrik 2/4

Robots and Motivational Interviewing | Advances in Integrating MI into Technology-Delivered Health Interventions

Presenters: Karen Ingersoll, Jeffrey Parsons, Sylvie Naar-King, and Ken Resnicow

Discussant: unconfirmed

Innovative behavioral health fields using technology have arisen in the past decade: mHealth (interventions delivered via mobile phones) and eHealth (interventions delivered over the Internet). These interventions can potentially reach a great number of people who may not be able to access traditional health care or counseling services otherwise. While mHealth and eHealth are appealing to expand the continuum of care given their reach and scalability, can these interventions be delivered with the MI spirit? In this symposium, we will demonstrate how MI can be integrated into technology-delivered interventions, and discuss the challenges to capturing the MI spirit in automated and remote interventions. Our examples range from more clinician involvement through no clinician involvement in the intervention.

In the first talk, Karen Ingersoll will describe a semi-scripted telephone MI intervention delivered by counselors as a prelude to an Internet intervention that targets blood glucose management for diabetic drivers, and show data on the fidelity and impact of the prelude telephone intervention on Internet intervention adherence and outcomes. In the second talk, Jeff Parsons will describe the adaptation and pilot-testing of an MI-based intervention for young gay and bisexual men, focused on reducing risky sex and substance use, delivered by therapists remotely via Facebook. In the third talk, Sylvie Naar-King will show how MI concepts and “interpersonal style” can be captured in a computer-delivered intervention with no clinician involvement, MESA, to facilitate medication adherence among youth initiating antiretroviral therapy. In the last talk, Ken Resnicow will describe eHealth interventions on dietary change, medical adherence and smoking cessation and discuss how they integrate MI spirit.



Symposium 2C | Tuesday June 17th | 14:15 – 15:45 | St. Olofs Chapel

Motivational Interviewing to Reduce Pediatric Obesity | Methods and Results of Two Recent Studies

Presenters: Ken Resnicow, Fiona McMaster, Sylvie Naar-King, Kathryn Brogan

This symposium will present two studies that both used MI to impact pediatric obesity. The first study, BMI2 (Brief Motivational Interviewing to reduce Body Mass Index) was a three-group intervention trial that tested the efficacy of two doses of MI delivered by primary care primary care providers (PCPs) and dietitians (RDs) to parents of overweight children. 42 practices from the American Academy of Pediatrics, Pediatric Research in Office Settings Network were randomly assigned to one of three groups. Group 1 (Usual Care) measured BMI percentile at baseline, 1-year, and 2-year follow-up. Group 2 PCPs delivered four MI counseling sessions to parents of the index child over 2 years. Group 3 (PCP + RD) delivered four PCP MI sessions plus six MI sessions from an RD. At two-year follow-up, the adjusted BMI percentile was 90.3, 88.1, and 87.1 for Usual Care (UC), PCP, and PCP + RD groups, respectively. The PCP + RD mean was significantly ($p = .02$) lower than UC.

Fiona McMaster will present the methods used, including MI training and quality control procedures and Ken Resnicow will present final outcomes.

The second study is a sequential multiple assignment randomized trial (SMART) to develop an adaptive treatment for African American youth with obesity that includes MI, Cognitive-behavioral Treatment, and contingency management. Sylvie Naar-King will present study design and initial outcomes. Kathryn Brogan will present the perspectives of youth, parents and interventionists from qualitative interviews.



Symposium 2D | Tuesday June 17th | 14:15 – 15:45 | Prins Hendrik 2/4

MI Groups | Practice and Research Perspectives

Presenters: Karen Ingersoll, Sandy Downey, Paulina Bravo, and Chris Wagner
Discussant: Tom Barth

Summary: This symposium will update ICMI participants on recent developments in MI Groups from the practice and research perspectives. We propose 4 presentations plus a discussion. Karen Ingersoll will present an overview of a new fidelity rating system, the AMIGOS, that assesses MI and group process domains consistent with the model of MI Groups. The overview will provide a snapshot of the content, procedures, and inter-rater agreement of the AMIGOS and how it can be used by practitioners and researchers. Sandy Downey will present an example of MI groups in practice, and discuss how she has used the AMIGOS in self-rating and supervision to monitor MI Groups practice. Paulina Bravo will receive the development, implementation and evaluation of a health promotion MI group in secondary schools. Chris Wagner will present the results of a study comparing 5 types of groups: MI-process, MI-Stages of Change psychoeducational, Yalom process, Reality therapy, and Substance Abuse Education, on MI and Group Process variables captured by the AMIGOS, MITI and other instruments. Tom Barth will sum up new developments in practice and research in MI Groups internationally and point towards future directions.

Rating the fidelity of MI Groups sessions: the AMIGOS coding system
Karen Ingersoll

MI practice and research has benefited from coding systems, including the MISC and MITI, that enabled clinicians to get feedback on global quality and specific skills, and researchers to capture evidence of MI fidelity in clinical trials. MI Groups is a newer practice, and its practice, training, and research will require coding systems to promote excellence. We developed a new coding system, the Assessment of Motivational Interviewing Groups Observer Scale (AMIGOS) to assess MI practices and group processes that are consistent with the Wagner/Ingersoll (2013) model of MI Groups practice. We will discuss the theoretical background of MI groups and necessary constructs to be coded. We will present the constructs assessed by the first version of the AMIGOS, including global MI and group processes, and specific group leader behaviors. We will show data from a pilot test of the AMIGOS with experienced MITI coders serving as the rating team, and describe the procedures for using the AMIGOS to rate group audiotapes and videotapes. Study data show the AMIGOS to be feasible to use, to have high internal consistency of scales and inter-rater agreement, and good evidence of convergent validity with the MITI, MISP, and Group Climate Questionnaire.



Self-rating and supervision of MI Groups skills
Sandy Downey

Group therapy is a primary mode of public substance abuse treatment. MI Groups help those with substance use disorders, including those referred for involuntary treatment, to address the issues they are personally interested in as well as to achieve compliance with the requirements of the court. In this presentation, an experienced clinician who provides treatment for this challenging population by facilitating MI Groups will highlight clinical vignettes from a group session that demonstrate key leader MI tasks and strategies, as well as group process components and facilitation skills, and show how these segments are coded with the AMIGOS. She will share her experience using the AMIGOS system to rate her own practice, and share her perspectives on the clinical utility of MI Group self-assessment. Additionally, she will discuss how she has used the AMIGOS in evaluating group sessions of supervisees and trainees, and what components learners find most helpful as they make their groups consistent with the MI Group approach.

Developing a group motivational interviewing intervention to promote emotional and physical health in school pupils.
Paulina Bravo

Current curriculum approaches in secondary schools have led to changes in health-related knowledge; however, there is limited evidence for an impact on behaviours and low levels of pupil acceptability for dominant didactic approaches.

Group Motivational Interviewing (GMI) provides an alternative to health promotion in schools. Group interventions will have more impact if members are verbally active, take personal responsibility for decisions, express emotions, form a cohesive group and address real-life problems. We developed a one-hour structured GMI to provide a safe forum to learn and make informed choices about alcohol consumption. We offered the session to two classes of pupils aged 13-15 years. Two experienced MI practitioners facilitated the session. A third facilitator observed and took notes. Sessions were audio-recorded and later coded independently by two researchers using the AMIGOS. The analysis showed that the sessions were MI consistent. We captured pupils' satisfaction and found that the majority of them felt listened during the session, considered the session was helpful and they could learn more than from the conventional health promotion session. During this presentation we will discuss the main issues of a GMI approach, including managing large groups, analysing different forms of data (including audio and written 'change talk'), and implications of the findings.



How do MI Groups differ from other group approaches?

Chris Wagner

This study presents a snapshot of how groups of various types may differ on the AMIGOS, MITI and select other group process measures. Using publicly available demonstration videos, as well as recorded sessions from group intervention studies, MI groups met MITI criteria for competent MI practice, and the AMIGOS offered additional confirmation that the MI group approach meets criteria set out in the recent MI groups book regarding leader behaviors, including MI-3 processes along with other key group MI leader behaviors and corollary group processes. In comparison to other approaches, MI-process and MI-informed Stages of Change (SOC) psychoeducational groups were highly similar, differing primarily in greater SOC leader floor time and professional framing of issues, reduced SOC use of evoking strategies and less focus on future orientation, progress and momentum. The Yalom process group leadership is less empathic than MI, less focused on change and the positive attributes that can foster it (e.g., strengths), as well as less focused on using group dynamics to support and foster change (e.g., linking, building cohesion). Consistent with Yalom's theory, there is considerable depth and use of complex reflections, and considerable focus on past/present. The Reality Therapy and SA Education groups in this sample provide a stark contrast to MI groups, being leader-centric, highly directional, unempathic, prescriptive, and more focused on members' struggles and deficits than their abilities and strengths. Overall, the AMIGOS appears to differentiate groups in meaningful ways that are largely consistent with theoretical differences, and MI group practice appears to correspond to its conceptualization.

Commentary

What are MI groups and where are they headed?

Tom Barth



Symposium 2E | Tuesday June 17th | 16:15 – 17:30 | St. Olofs Chapel

Motivational Interviewing and Self-management Support | Talking about Change in the Field of Chronic Disease Management

Speakers and Themes:

Connie Davis: Overview of Self-management support (SMS), Stepped care diagram for SMS, how Motivational Interviewing and Action Planning fit.

Denise Ernst: Motivational Interviewing and Self-management Support evidence and practice

Daniel Mullin: Primary Care Behavioral Health, Self-Management Support, and Motivational Interviewing

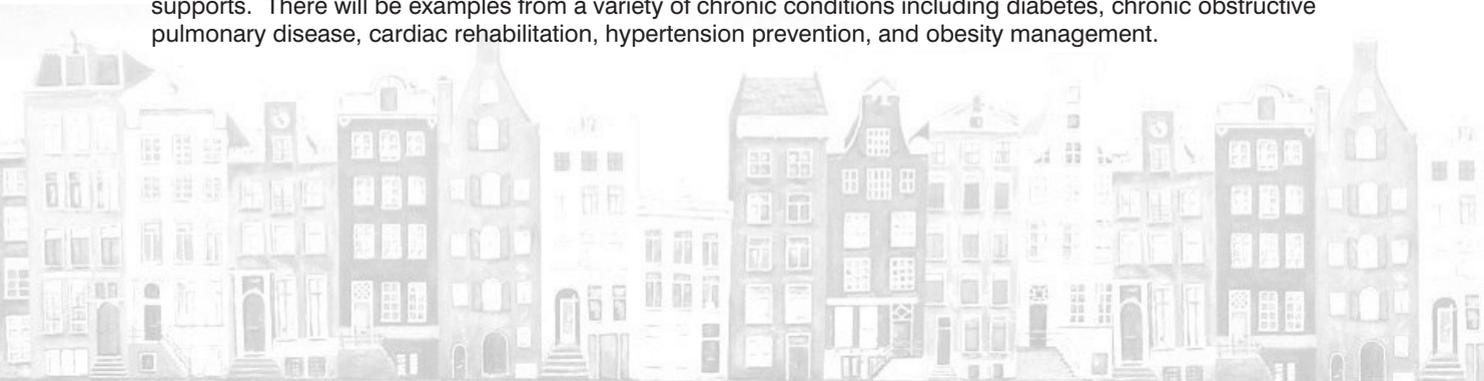
In the 1990's self-management support emerged as the term used by health care professionals to address the needs of patients living with chronic conditions. Self-management education began to replace patient education, and support for patients took many forms. A stepped-care framework for self-management support grew out of simultaneous efforts in the US and Canada and is currently being used to develop large system approaches to supporting healthy behaviors. This symposium explores the intersection of self-management support and motivational interviewing, drawing on the evidence base and practical experience.

Connie Davis

Self-management Support has been described as making and refining the health care system to facilitate an individual's ability to live with the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition. Recent efforts, such as the development of the Chronic Care Model, have focused attention on the needs of people living with chronic conditions. As peers, health care professionals, and health care systems reorganize care to meet these needs, they seek new ways to structure their efforts. Providing support for people with chronic conditions can be conceptualized as stepped-care, with additional supports provided as they are needed. The ability to work across cultures, provide understandable and welcomed information, assist with action planning, group interactions and motivational interviewing all have a place in the stepped care approach.

Denise Ernst

Motivational Interviewing (MI) is a method and style of communication that is effective at helping patients change difficult and entrenched behaviors. The self-management of chronic conditions often requires that patients take up new behaviors (i.e. self-monitoring), modify current behaviors (i.e. change dietary habits, increase physical activity, reduce alcohol use), eliminate behaviors (i.e. tobacco use), and adhere to treatment regimens (i.e. take medications, attend medical visits). This presentation will explore how MI has been used in conjunction with self-management strategies, the models of integration, and what the current evidence supports. There will be examples from a variety of chronic conditions including diabetes, chronic obstructive pulmonary disease, cardiac rehabilitation, hypertension prevention, and obesity management.



Daniel Mullin

Primary care practices are uniquely positioned to engage patients in self-management support. These practices are increasingly staffed by teams of providers, with different skills sets, working together to engage patients in the prevention of disease and management of chronic conditions. Teams, which include diverse members such as psychologists, clinical social workers, nutritionists, pharmacists, and health educators, can benefit from shared approaches to engaging patients in behavior change. MI has promise as an approach to facilitating behavior change that can be practiced by all members of the primary care team.



Symposium 2F | Tuesday June 17th | 16:15 – 17:30 | Prins Hendrik 1

Assessment and improvement of MI-practice in the Netherlands

1. Overview of the reception of MI in the Netherlands
Presenter: Gerard M Schippers
2. Dissemination of MI – how well does it succeed in practice?
Presenter: Jannet M de Jonge
3. Training MI: eLearning module and MI assessment
Presenters: Maarten M J Merx and Ellis Baron

This symposium will present the present state of the implementation of MI in different fields in the Netherlands, and lessons learned from improving the practice.

The Netherlands was one of the early adapters of MI as a new valuable treatment tool. Since its introduction in the second half of the eighties MI was trained, practiced and its treatment effect was studied. At first in the treatment of addictive behaviors, later on in the treatment of psychiatric problems, behaviors encountered by probation officers and health behaviors in general, both in youth and elderly. An overview of the dissemination of MI in the Netherlands and of past and current MI research projects will be given. Next, results of an interview study on the success of implementation in several fields will be presented. In 2014 MI can be part of the initial training of health care professionals at both bachelor and master degree. To what extent is MI part of the training for professionals working with psychiatric or somatic patients? At this moment, how much attention is paid to facilitate MI in large treatment centers? Do they organize basic MI training, extended MI training or supervision and what is their general impression of the level of MI practiced by their professionals? And finally, to facilitate MI training for professionals working with psychiatric and addictive patients, a MI e-learning module was developed by a group of mental health institutions. This module is matched by an online assessment service to measure MI competence. Both e-learning module and assessment service will be explicated.



Symposium 3A | Wednesday June 18th | 11:00 – 12:30 | St.Olofs Chapel

How can we distinguish between ethical and unethical applications of MI?

Themes: Ethics, MI, Organ Donation, Immigration, Mental Disorders

Speakers: Terri Moyers, Carolina Yahne, Allan Zuckoff, Lisa Forsberg, Isra Black

From its beginnings in alcohol use counselling, MI is now applied to a very wide range of settings. This expansion is difficult to constrain; new applications of MI come about not merely through formal routes, such as efficacy studies and public health interventions, but also through informal avenues, when individuals discover MI and decide that it might be a good way of achieving some outcome. Irrespective of how a particular use of MI comes about, its diverse applications inevitably raise questions of ethical permissibility. This symposium engages with two related questions:

- How do we know if it is ethical to employ MI in a given situation?
- How do we distinguish between ethical and unethical applications of MI?

We invite participants to consider what it is, or what the factors are, that makes it ethical to use MI. For example, it might be thought significant that the individual undergoing the MI intervention receives some benefit, perhaps with a special focus on health benefits. Alternatively, it might be advanced that some societal benefit, or even a benefit to private third parties, is sufficient to justify using MI (or at least these factors, in conjunction with some benefit to the individual undergoing the intervention, do not count against MI use).

Allan Zuckoff will give a talk that explores the challenges of maintaining neutrality when counseling ambivalent individuals in respect of living organ donation, and whether it is ever acceptable to shift from a stance of equipoise into helping to resolve ambivalence in one direction or the other.

Carolina Yahne will consider the challenges of using MI in the context of US immigration policy, a setting in which policy objectives are often unclear and possibly conflicting. The talk will consider the ethics of employing MI with immigrants, what kinds of target behaviours are acceptable, and whether there are circumstances in which Rogerian client-centered counselling should be used instead of MI. Carolina would in particular like to hear from audience members who have experience of the immigration system in other nations.

Terri Moyers will consider the risks allowing mental disorders to be defined by social (rather than scientific) criteria, and what happens when mental “wellness” is defined and funded by the larger social group, who might have very different goals than the explicit well-being of the client. Her talk will also explore concerns relating to the use of MI in non treatment settings, for example, if MI were to be used to influence reproductive choices either in favor of giving birth or against it, and whether, without strict boundaries, MI risks becoming a tool of social control.

Lisa Forsberg and Isra Black will draw on the themes that have emerged in the preceding papers and attempt to formulate principles that could be used to distinguish ethical applications of MI from those that are unethical. These principles will subsequently be tested against further examples to establish the viability of an ethical framework for MI applications.





Discussion / Experiential



Discussion/Experiential 1A | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 1

Technologies for feedback in Motivational Interviewing training | Lessons and ideas from elite sport

Facilitators:

Guy Undrill, Jeff Breckon, Hannah Toogood

There is an increasing awareness of the need to ensure treatment fidelity (and consistency) in high quality MI interventions. In training, feedback is an important component and the best feedback is both accurate and near time. Existing feedback technologies in psychotherapies tend to be both accurate and specific, but to take a while (e.g. Supervision based on a pen and paper MITI coded transcript, perhaps weeks after the event), or immediate and more impressionistic (e.g. Following a real play or in traditional supervision). Video feedback technologies developed for use in elite sport can be adapted for a variety of uses in psychotherapy and communication skills training, to give near time feedback on performance for both formative and summative feedback. This workshop will give a brief overview of contemporary educational theory around feedback before demonstrating a variety of technologies that can be used in MI training, from the quick and accessible to more sophisticated systems for well-equipped simulation labs. A range of didactic, demonstrational, discussion and experiential approaches will be used throughout the session.



Discussion/Experiential 1B | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 1

MI Research wish list

Facilitators: Helen Mentha and panel



Discussion/Experiential 2A | Tuesday June 17th | 09:00 – 10:30 | Prins Hendrik 1

MI | Core elements, emerging possibilities, misconceptions and heresies?

Facilitators: Chris Wagner and panel



Discussion/Experiential 2B | Tuesday June 17th | 09:00 – 10:30 | Prins Hendrik 3

MI and ageing

Facilitators: Jesús Manuel Novo, Manu Campiñez, Denise Ernst, Colleen Marshall

Jesús Manuel Novo and Manu Campiñez will present on 'MI in palliative care'.

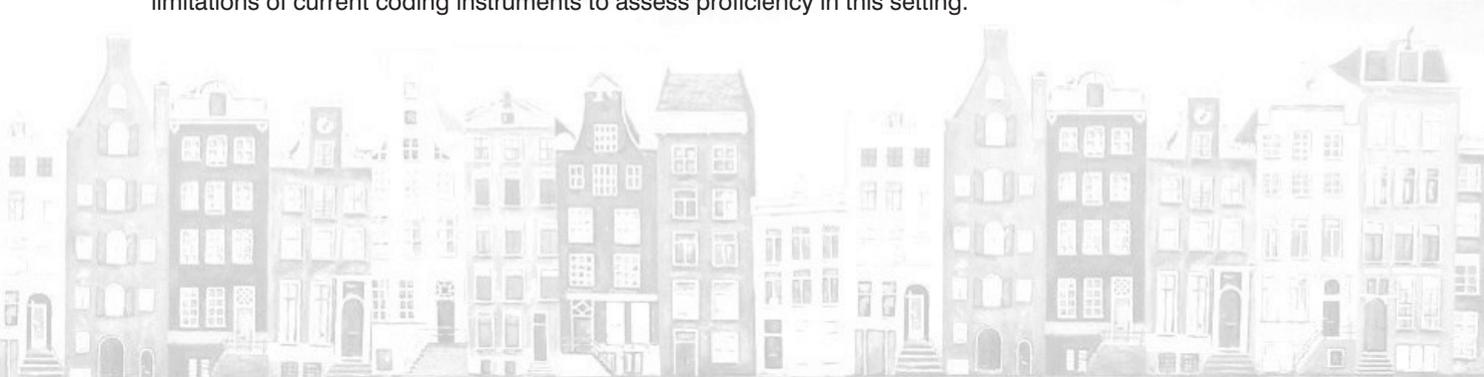
When a fatal disease is diagnosed to a patient, there are many decisions to be taken. These decisions may involve submitting oneself to aggressive medical and surgical treatments and end-of-life wishes and choices of the patient. In these situations ambivalence emerges. Although Motivational Interviewing (MI) is a directional method, we can use MI to help patients make decisions with no other intention than to help them exploring and solving their ambivalence towards decision-making. We have some experience in conducting workshops with family physicians and oncologists, where we have suggested how to use MI in palliative care in a non-directional style. In this presentation, the authors will invite the audience to experience how to work with ambivalence in a non-directional clinical relationship. Assistants will take part in some exercises by role-playing clinical scenarios and see a video example. Then discussion will be opened to everyone. Finally, some elements on how these encounters can be coded will be discussed, paying special attention to non-verbal behaviour.

Colleen Marshall and Denise Ernst will present on 'Implementing Motivational Interviewing for End of Life Health Care: Equipoise and Directional Implications for Implementation, Training and Coding'.

This presentation will focus on an organization wide effort to implement Motivational Interviewing (MI) in a unique clinical setting. The US based organization, Vital Decisions, provides counseling to individual and families who are living with a terminal illness and needing to make future medical decisions as their disease progresses. To ensure that MI was integrated in a systematic, high quality, and sustainable way, Vital Decisions developed an implementation plan that included utilizing internal leadership trained in MI, intensive MI skill coaching with external coaches, ongoing training and team learning opportunities, and Motivational Interviewing Treatment Integrity (MITI) coding to provide feedback and monitor progress.

Master Level counselors have been trained with a specific focus on using MI to facilitate patient activation regarding health care decisions and communication. The target change goal is for the patient to be in charge of their medical choices and to communicate those choices to others. This target allows for the counselor to utilize the directional component of MI. The counselor is also required to be intentionally neutral and in equipoise regarding specific care decisions. This requires a counselor to move between being directional and being in equipoise, often in the same conversation. Implementing MI in this setting, with this need to shift styles, has raised many issues that have implications for training, coaching, and the assessment of proficiency. This presentation will focus on those implications.

The Discussant, Denise Ernst, will highlight the ethical concerns raised by this implementation effort and the limitations of current coding instruments to assess proficiency in this setting.



Discussion/Experiential 2C | Tuesday June 17th | 14:15 – 15:45 | Prins Hendrik 3

MI with multi problem patients

Facilitators:

Jannet M de Jonge, Maria Trentelman, Morwenna Nieuwold

MI is studied and found effective in the treatment of addictive behaviors, psychiatric disorders and in dual diagnosis patients. Less is known about patients with intellectual problems: patients with an intellectual disability and cognitive problems. What if a patient has an alcohol disorder, delusions and cognitive problems? These patients can be found in a regular treatment group a mental institute, for example in an Assertive Community Treatment-team. They can also be treated in specialized treatment facilities, both on inpatient and outpatient basis.

Several questions can be asked:

- Is it possible to practice MI with these patients?
- What adaptations have to be made?
- How can you recognize change talk in patients that have difficulty to express themselves verbally?
- How do you recognize and handle resistance with these patients.
- Can MI be used as a program framework in treatment of the patient group?
- What are the experiences of other counsellors with these patients?

We like to discuss MI framework for treatment of these patients. An actual client of Trajectum (a specialized treatment facility) can tell about his experiences.



Discussion/Experiential 2D | Tuesday June 17th | 16:15 – 17:30 | Prins Hendrik 2/4

Values

Facilitators: Greg Maio and panel

This session explores the role of values in MI, attempting to broaden the scope of current understanding of a focus on values in MI practice and research. Invited psychologist Greg Maio will share some findings from social psychology research, and discussion participants will have the opportunity to consider such questions as:

- How does MI's engagement with values might alter people's attitudes and behaviour in their close and distant relationships with others, given the potential role of self-transcendent values?
- What are different ways in which values are engaged, and the potential for different effects?
- What does research tell us about the role of values in behavior?
- What have practitioners found about focusing on values in MI?



Discussion/Experiential 3A | Wednesday June 18th | 09:00 – 10:30 | Pr. Hendrik 3

Using Physical Exercises in MI Training, Activating more Pedagogical Senses

Facilitator: Lotta Åberg

How to teach MI in a way that makes the students use more senses and thereby learn / remember more. We learn in different ways and studies show that we learn better if we are allowed to use the ways that each individual prefers.

- Build an education around a picture
- Small exercises to explain and understand the spirit of MI
- evoking, engagement, collaboration, resistance.

The workshop consists of both practical exercises as well as presentation.



Discussion/Experiential 3B | Wed. June 18th | 14:00 – 15:15 | St. Olofs Chapel

MI in facilitating personal Growth

Facilitators: Bert Bakker, William R. Miller, Gerard M. Schippers

The roots of MI lie in the work of Carl Rogers and the human potential movement, and with the third edition of Motivational Interviewing Miller and Rollnick explicitly broadened the focus of MI beyond behavior change. How might the style and skills of MI be helpful to people in addressing broader questions of meaning, values, spirituality, growth, and one's journey toward a personal telos? This semi-structured discussion will include applications outside the context of professional helping relationships.





Parallel Presentations



Parallel Session 1A | Monday June 16th | 11:15 – 13:00 | St. Olofs Chapel

Effectiveness of motivational interviewing in patients with dyslipidemia treated in primary care consultations: randomized controlled trial by cluster (Dislip-EM study)

Presenter: Manuel Campiñez Navarro

Materials and methods

39 family physicians in 34 primary health care centers, recruited 227 patients with dyslipidemia. The professionals were randomized to the experimental group (EG) or control (CG) by simple randomization. Inclusion criteria: 40 to 75 years, untreated dyslipidemia. Exclusion: cardiovascular disease, severe illness, secondary dyslipidemia, risk drinking and other addictions, pregnancy, lactation, prolonged sick leave. Intervention: Motivational Interviewing (MI) was delivered in the EG, and usual intervention in the CG. A specific training plan was designed and implemented in the EG. The fidelity of the MI intervention was checked with video recordings of real consultations with a scale designed and validated in this study (EVEM). Follow-up: 1 year.

Variables: socio-demographic, lifestyle (physical activity, diet, smoking, alcohol consumption), clinical (hypertension, obesity), cardiovascular risk (SCORE, REGICOR, FRAMINGHAM) and biochemical parameters (total cholesterol, HDL, LDL, triglycerides).

Statistical analysis by intention to treat: Descriptive, univariate (chi-square, Student t test, ANOVA) and multivariate ($p < 0.05$). Test approved by an Ethics Committee and registered at clinicaltrials.gov.

Results

Of 227 patients enrolled, 196 completed the follow-up. The groups were balanced at the beginning with respect to the predictor variables. Changes between the initial and final visit on average (mg/dl) total cholesterol, LDLc and triglycerides were observed, both in the EG (263,43 vs. 243,12; 171,89 vs. 158,33; and 169,47 vs. 148,93; respectively) and in the CG (259,26 vs. 238,51; 170,00 vs. 154,72; and 165,71 vs. 151,20, respectively), without finding significant differences between the groups.

Conclusions

A MI approach, conducted by general practitioners, aimed to improve the lipid profile in patients with dyslipidemia, does not seem to be more effective than the usual approach. We will discuss the limitations of the study.



Parallel Session 1A | Monday June 16th | 11:15 – 13:00 | St. Olofs Chapel

The Swiss Health Coaching Program – Motivational Interviewing in health behavior counselling for primary care consultations

Presenter: Ulrich Grueninger

Health related behaviour has a high impact on public and individual health. Health behavior counselling is thus a major challenge for health professionals.

Among these, physicians in primary health care are in a privileged position: they see most members of the population within behaviorally relevant intervals, can use multiple windows of opportunity and enjoy high credibility and trusting patient-doctor relationships. Nevertheless, this potential is still vastly underutilized. The Health Coaching Program facilitates health behavior counselling in all areas of medical care: health promotion, prevention, therapy and rehabilitation, i.e. everywhere the patient is the decisive agent of change.

Health Coaching works in the spirit of Motivational Interviewing and with its tools in order to implement the Program's three principles of action:

- 1) role redistribution (patient active, physician as coach)
- 2) health orientation (strengthening patient's resources)
- 3) patient choice (what and how to tackle change)

Health Coaching thus operationalizes the concepts of empowerment, shared-decision-making and health-literacy for every-day consultations. Simple algorithms assist patient and physician through the 4 steps of developing awareness, building motivation for choosing a target behavior, preparing a personal health project and implementing it stepwise. A colour-coded visual communication tool supports this 4-step counselling process.

Our counselling training uses blended learning: self-assessment; web-based self-learning; skills training (MINT-trainers, standardized patients); self-awareness sessions; follow-up meetings.

We tested Health Coaching in a proof-of-concept study (20 primary care practitioners, 1045 patients during 12 months). 91% of 1045 invited patients enrolled; 37% of these completed all four steps (8–22 minutes per step). One out of six patients enrolled achieved a positive behavior change. Motivation, acceptance and feasibility ratings for Health Coaching were consistently high in patients and physicians.

This illustrates potential and attractiveness of MI-based counselling in every-day primary care. The presentation will discuss key factors for successful implementation of these concepts.



Parallel Session 1A | Monday June 16th | 11:15 – 13:00 | St. Olofs Chapel

Clinicians' and patients' perceptions regarding the contribution of workplace learning in continuing interprofessional education for MI training and implementation in primary health care

Presenter: Sophie Langlois

Problematic

Motivational interviewing (MI) is an evidence-based approach that enables practitioners to help people change through patient-centered care. Therefore, MI constitutes a great counseling style for primary health care (PHC) clinicians supporting self-management for people with chronic diseases. Regrettably, clinicians are struggling to learn MI and despite this, the lack of knowledge on efficient MI training still persists today¹. Workplace learning in continuing interprofessional education (WL in CIPE) is a promising approach that could contribute to finding effective MI learning strategies. WL in CIPE targets clinicians from two or more health and/or social care professions who consider they can improve their practice through a collaborative and reflective approach². These clinicians constitute a learning community as they analyze their day-to-day professional challenges in order to become better practitioners.

Research objectives

This project aims to explore the perceived contribution of WL in CIPE strategies for MI training. It focuses on the perceptions of four learning communities of four PHC clinicians including nurses, nutritionists, kinesiologists, physicians, and/or psychologists, and more specifically on the perceptions of the participating nurses and multimorbid patients.

Methods and analysis

This project is a participatory action research (PAR). PAR is characterized by a cyclical process involving phases of planning, action-and-observation, and reflection that allows the implementation and investigation of concrete changes in the practice of its non-academic co-participants working collaboratively with academics. During this project, data have been collected through professional co-development groups, individual semi-structured interviews and reflective journals. The data are analyzed using the within-case and cross-case analysis elaborated by Miles and Huberman⁴, and is partly guided by an adaptation of the Client Evaluation MI (CEMI) scale⁵.

Results

The data analysis is currently underway, but preliminary results on the perceived contribution of WL in CIPE strategies for MI training would be presented.



Parallel Session 1A | Monday June 16th | 11:15 – 13:00 | St. Olofs Chapel

The effect of work environment, self-efficacy, and goal setting on improving transfer of Motivational Interviewing training into primary care settings

Presenter: Héðinn Svarfdal Björnsson

The study in question examined the uptake and training transfer of Motivational Interviewing (MI) skills and knowledge amongst nurses and midwives practicing health promotion in primary care in Iceland. Specifically, the effectiveness of goal setting, as well as the importance of self-efficacy and a supportive work environment were examined. All participants (N=60), attended one of three 20 hour introductory training workshops in MI and submitted an interview for coding using the Icelandic version of the MITI 3.1. Both quantitative and qualitative methods were used in the study. In the quantitative part, the participants answered relevant questionnaires and their interviews were coded. Participants reported an improved MI-related knowledge base courtesy of the training process and having integrated the spirit and methods of MI into their professional approach. The findings also suggest that the work environment supported the implementation of MI methods, but there was less reported support for transfer of training. Reported levels of self-efficacy pertaining to training transfer affected the overall process, while goal setting, general self-efficacy, and work environment had no significant influence on the training or relevant transfer. The research findings will be applied in order to further improve the quality of MI-training in Iceland.



Parallel Session 1A | Monday June 16th | 11:15 – 13:00 | St. Olofs Chapel

Project RELAY MODEL Relay model for recruiting alcohol dependent patients in general hospitals - A single-blind pragmatic randomised trial

Presenter: Lene Bjerregaard

Background

The Danish population has a large intake of alcohol. Approximately 20% of the adult population are heavy drinkers (>14/21 drinks/ week (women/men)), 14% are harmful users, and 3% are dependent drinkers. Untreated alcohol use disorders lead to frequent contacts to the health care system associated with considerable human and societal costs. The proportion of inpatients with alcohol use disorders range between 16 % and 26%. A referral model to ensure treatment for alcohol dependent patients after discharge is needed.

Objective

To evaluate the Relay Model in order to assess i) efficacy, ii) cost-effectiveness and iii) overall societal cost impacts.

Methods

A single-blind pragmatic randomised controlled trial including patients admitted to Hospital. The study group (n=500) receives an Intervention and the control group(n=500) are referred to treatment by usual procedures. All patients complete a lifestyle questionnaire with the Danish self-report version of the Alcohol Use Disorders Identification Test (AUDIT) embedded as a case identification strategy. The patients are informed that the staff or a research assistant may contact them and give feedback on their responses. The completed forms are reviewed daily and an AUDIT score of 8+ prompts a call to the Alcohol specialist staff, who attends the departments on different days randomly drawn by a computer. The RELAY intervention include a Brief Motivational Intervention. Patients who score AUDIT 16+ are also offered an appointment at the alcohol treatment clinic.

Data analysis

Primary measure is Health care expenditures 12 months after discharge, according to the International Classification of Health Accounts, extracted from population registers. Secondary outcome: The percentage of the target group, who, 30 days after discharge, reports at the alcohol treatment clinics. A multiple regression model will be used.

Conclusion

We expect to establish evidence that the Relay Model is either cost-neutral or cost-effective, compared to referral by usual procedures.



Parallel Session 1B | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 1

The MIMIC Study: Mechanisms of Motivational Interviewing in Weight Loss Maintenance

Presenter's name: Lauren Copeland

Background

Nearly a quarter of UK adults are obese representing a significant public health problem. Much research to date has focussed on weight loss, with weight loss maintenance (WLM) being neglected. There is evidence to suggest MI may be effective in helping people to lose weight. There is also some evidence that planning as a mechanism of action in MI consultations may be related to outcome. By identifying mechanisms of action that are related to client outcomes (specifically planning) we can further the understanding of MI and impact practice.

Aims

To define the types of planning talk used by clients during an MI session and examine their relation to WLM outcomes.

Methods

To define planning talk a literature review was conducted, in tandem with this an expert group listened to recorded MI sessions to develop the definition of planning.

Thematic Content analysis was used to identify the different types of planning talk within 50 MI sessions. Associations between types of planning talk and WLM outcomes will be presented using logistic and linear regression.

Results

Results from the thematic analysis suggest there are several types of plans participants make during their MI sessions to achieve their goals: past, continuing, future and hypothetical plans. These plans vary on specificity and client level of commitment. These categories have been combined into a tested coding system which has been successfully applied to consultations and the association with outcome will be presented.

Discussion

Planning has emerged as a key theme within these MI sessions. Planning is important but its role in WLM is unclear. This presentation will explore the nature of the relationship between planning and WLM outcomes. This research may influence practice in that focusing on particular areas of planning during the MI process could positively influence outcome.



Parallel Session 1B | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 1

Weight Loss Maintenance in Adults: The WILMA trial.

Presenter: Sharon A Simpson

Weight loss maintenance interventions have had limited effectiveness with weight regain common. The purpose of this study was to assess a theory based 12-month individually tailored intervention based on Motivational Interviewing (MI) and self-monitoring. The study was a 3-arm randomized controlled trial comprising 2 intervention arms which differed in amount of MI only, and a control. The intensive arm had 6 face to face plus 9 telephone sessions and the less intensive arm had 2 face to face plus two telephone sessions. Individuals were followed up at 6 and 12 months. 170 obese adults aged 18-70 who had lost at least 5% body weight during the previous year were recruited. Since this is a pilot trial, the key outcomes assessed relate to recruitment, retention and adherence. The primary effectiveness outcome is BMI at 1 year. Secondary outcomes include waist circumference; waist to hip ratio; physical activity; proportion maintaining weight loss; diet; quality of life; health service resource usage; binge eating and wellbeing. Recruitment was challenging due to a number of factors including issues with weight data stored in primary care and the need to have evidenced 5% weight loss. Baseline characteristics were broadly similar between groups. Mean BMI was 34 in the control group and 35 in the intervention groups. Over 80% in all groups were weighing themselves at least once weekly. Participants indicated fairly high degrees of motivation and confidence regarding maintaining their weight. 82% in the intensive MI group attended all face to face sessions and 89% in the less intensive arm. Follow-up rates at 12 months were 90%. The study data are currently being analysed for report submission in February 2014 and will be available for the conference.

This is the first community based trial of MI as an intervention for weight loss maintenance. The presentation will explore the implications of the findings from this study for MI practice.



Parallel Session 1B | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 1

The Effects of Motivational Interviewing on Weight Loss and Dietary Behaviors in the SHIFT Study for Truck Driver Health

Presenter: Denise Ernst

The SHIFT (Safety and Health Involvement for Truckers; <http://www.ohsushift.com>) research program is based at Oregon Health & Science University (Ryan Olson, PI). SHIFT is a team-based weight loss and safety competition for truck drivers that includes four Motivational Interviewing (MI) phone calls, self-monitoring, and computer based training on health and safety. In the SHIFT pilot study ($n = 29$), one counselor, a member of the Motivational Interviewing Network of Trainers with over 100 hours of training and 8 years of experience, conducted all MI sessions. Additional trained MI counselors coded random sessions and provided feedback to ensure high fidelity. Sessions were spaced over the 6-month intervention at each participant's preferred schedule, and call duration ranged from approximately 15-40 minutes each. Participants completed health assessments and surveys at baseline and 6-months. Objectively measured body weight reduced by 7.8 lbs ($d = 0.68$, $p = 0.005$) and survey measures showed significant reductions in dietary fat and sugar consumption. The purpose of this study was to assess MI's role in eliciting behavior change in the SHIFT study. MI calls were recorded, and all available recordings ($n = 102$) were transcribed and coded. Counselor proficiency was established using the Motivational Interviewing Treatment Integrity instrument, while participant behaviors were coded with the Client Language Assessment in Motivational Interviewing. We will determine what aspects of MI counseling mediated program success in weight loss and changes in dietary fat and sugary food intake. Based on the results of Pirlott et al. (2012), we hypothesize that counselor MI-consistent behaviors, MI spirit, and overall client change talk will mediate client changes in dietary behaviors and weight loss. The unique nature of the dataset (average of 3.5 coded calls per participant) also allows us to examine the longitudinal effects of counselor and client language on participant success.



Parallel Session 1B | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 1

Differences in counsellor MI performance in relation to intervention outcome in obesity prevention targeting children.

Presenter: Åsa Norman

Background

Several studies have investigated the effects of Motivational Interviewing (MI) on behaviour outcomes. Less is known regarding the effective mechanism of MI. Previous data suggests that additional effects of MI compared with standard treatment is not explained by MI-spirit but may be related to absence of MI non-adherent statements. In this study we relate counsellor MITI 3.1- scores to intervention effects. The counsellors performed MI with parents during an overweight and obesity prevention study. Both counsellors had a MITI beginner's proficiency at the start of the intervention.

Aim

This study aims to investigate the relationship between counsellor MITI 3.1 scores and intervention outcome in an overweight and obesity prevention trial targeting diet- and physical activity habits in 6-year old children.

Method

Two counsellors provided MI-session with 146 parents (counsellor A= 76 parents and counsellor B= 70 parents). Eight sessions for each counsellor were coded according to MITI 3.1 by a university based reliability and validity tested MIC-Lab. Mean differences in scores on the MITI variables between the counsellors were calculated and compared to thresholds for beginner's proficiency and competency. Percent was calculated for MI-adherent statements.

Results

Mean differences were found between the counsellors regarding all behaviour count variables. Counsellor A reached beginners' proficiency on all variables and reached competency regarding Reflection to Question Ratio (2,96) and Percent MI-adherent statements (100%). Counsellor B did not reach beginner's proficiency regarding Percent MI-adherent statements (83%) and Percent Open Questions (0,19), but scored on a competency level regarding Percent Complex Reflections (0,58) .

Conclusion

There were clear differences between the counsellors on several of the MITI variables. The intervention is currently being analysed concerning effectiveness on behavioural and obesity outcomes. Differences in counsellors MITI scores will be compared to the intervention outcomes.



Parallel Session 1B | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 1

Fidelity of motivational interviewing in the DALI pilot lifestyle study among obese pregnant women

Presenter: Judith Jelsma

The purpose was to evaluate the fidelity of the DALI pilot lifestyle study, which was developed to prevent gestational diabetes mellitus (GDM) in pregnant women with a body mass index of ≥ 29 kg/m². The study was conducted from February 2012 until August 2013. During this period 143 pregnant women were included in the project. Different lifestyle counsellors across Europe provided physical activity and/or nutritional behaviour counselling sessions based on motivational interviewing (MI). The intervention was simple and tailored to the individual woman. Prior to the start of the intervention all counsellors had a 2,5-day central training in the English language, followed by a 1 day central training a couple of months later. In this training specific MI techniques in overcoming barriers and ambivalence were combined with information on specific intervention targets. Local MI trainers assisted in providing feedback on the MI performance of the counsellors, in order to improve skills and minimize drift during the study. The quality of motivational interviewing of each lifestyle counsellor was assessed at the end of the pilot with the motivational interviewing treatment integrity (MITI) 3.1.1. A random sample of 10% of all conversations, delivered between 12 to 28 weeks of gestation, were analysed. Most counsellors showed beginning proficiency skills on the global ratings, although sufficient use of complex reflections and the percentage of asking open-ended questions compared to closed-ended questions still require attention. Differences in counselling competency between counsellors were present, which in the future need to be taken into account while explaining the effects of this pilot study. If this study proves to be effective it can assist people working with obese pregnant women, for instance midwives and obstetricians, to prevent the development of GDM in this population at risk.



Parallel Session 1C | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 3

Change talk during brief motivational intervention with young men with hazardous alcohol use: strength matters

Presenter: Jacques Gaume

Client change talk (CT) during MI and brief MI (BMI) has been described as a predictor of change in alcohol use. In this presentation, we examine the sensitivity and relative predictive validity of CT measured at three levels of positive (strongly toward change in alcohol use) and negative (strongly against change) strength within a sample of young males screened as hazardous drinkers.

We computed the frequency of overall positive CT (CT+, i.e. +1 to +3) and negative CT (CT-, i.e., -1 to -3). Next, we computed the frequency of positive and negative utterances at each given strength. Overall CT+ and CT- were entered in separate linear regression models predicting drinking at 3-month follow-up, while controlling for the baseline drinking. Then, the 6 individual strength codes (i.e. frequency of utterances coded -3, -2, -1, +1, +2, and +3) were entered in a multivariate regression model.

Overall, CT- strongly predicted poorer outcomes. Further, in our multivariate models, negative strength ratings were consistently in the direction of poor outcomes, but only CT-2 was statistically significant. Surprisingly, overall CT+ was not a significant predictor of decreased drinking, and multivariate models showed this was due to inconsistent directionality among the 3 positive strength ratings. Specifically, the presence of CT+3 significantly predicted decreased drinking at 3-month follow-up; CT+1 was non-significant; and CT+2 was a trend-level predictor of increased follow-up drinking ($p=0.06$).

Client language against change was a consistent predictor of poorer drinking outcomes in our sample. This is consistent with previous research, particularly with non-treatment seeking young adults. Therefore, these utterances, regardless of strength, call for clinical attention when verbalized during BMI sessions. Inconsistencies among positive strength ratings might explain previous findings as to the varying predictive value of positive client language in MI/BMI. Only change language verbalized with high intensity (+3) predicted actual behavior change and would thus be of interest for BMI clinicians.



Parallel Session 1C | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 3

Preliminary Results from the Teen Marijuana Check-Up: Testing the Effects of Motivational Enhancement Check-Ins

Presenter: Denise Walker

The Teen Marijuana Check-Up (TMCU) is a brief motivational enhancement therapy (MET) intervention designed to elicit voluntary participation from adolescents who use cannabis frequently. Typical participants meet diagnostic criteria for cannabis use disorders. The TMCU avoids many of the obstacles to engaging adolescents in treatment because it is offered in high schools during the school day without parental involvement. Previous studies demonstrated that adolescents could be attracted to voluntarily participate in the TMCU and significant reductions in cannabis use were found. However, the extent of change has been modest and ways of intervening with those adolescents who continue problematic use following the initial intervention are needed. This presentation is consistent with the conference theme of Bridging the Gap I: From Research to Practice and will focus on the preliminary results of a new ongoing randomized controlled trial of the TMCU. All participants (n=252) received two sessions of MET and then were randomly assigned to one of two conditions. Participants in the MET Check-In condition (MCI) received three additional MET sessions over the next nine months (3, 6, and 9 months after the initial MET sessions), whereas participants in the Comparison condition received only brief assessments at comparable points in time. All participants were eligible to participate in additional CBT sessions as needed. Independent follow-up assessments were conducted at 6, 9, 12, and 15 months. Complete data has been collected on the full sample through the 6 months and follow-up. MITI coding of therapist behavior during the MCI sessions demonstrated that MI was delivered competently and differed significantly from therapist interactions in the Comparison condition. Participants in the MCI condition showed a greater reduction in frequency of marijuana use and abuse symptoms at the 6 month follow-up, supporting the efficacy of the first check-in in enhancing the brief treatment effects.



Parallel Session 1C | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 3

Mechanisms of MET Effects in Marijuana Using Adolescents: Social Norms and Self-Efficacy

Presenter: Robert S. Stephens

Previous research has demonstrated that perceptions of others' marijuana use are associated with more frequent use and drug-related consequences. Injunctive norms (i.e., perceived approval of marijuana use by one's peers) and descriptive norms (i.e., perceived prevalence of marijuana use by one's peers) have been found to uniquely predict marijuana use. Consequently, most MET interventions provide normative feedback to users in an effort to change normative misperceptions and foster self-evaluation. One mechanism through which social norms may influence marijuana use is by decreasing self-efficacy for avoiding use. The perception that marijuana use is normative is likely to undermine refusal self-efficacy. Results from a previous study of adolescent marijuana users partially supported these predictions but was limited by the cross-sectional nature of the data. The present paper extends this research by examining change in social norms and self-efficacy following a MET intervention for high-risk adolescent marijuana users. All participants (n=252) received two sessions of MET which included normative feedback on the prevalence of marijuana use among similarly aged peers. Descriptive and injunctive norms and self-efficacy for avoiding marijuana use were assessed for three referent groups (i.e., teens your age, your friends, your parents) before the intervention and 6 months later. Significant reductions in the perceptions of prevalence and approval of marijuana use by adolescent peers were found. Changes in perceptions of teens and friends use of marijuana predicted reduced marijuana use as did increases in refusal self-efficacy. Multiple regression analyses indicated that changes in perceived norms and self-efficacy contributed independently to the prediction of reduced marijuana use and did not support the hypothesis that norms influence use by affecting self-efficacy.

The presentation will discuss implications for use of normative information in MET.



Parallel Session 1C | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 3

A Randomized Controlled Trial of the Weed-Check: A Brief Motivational Enhancement for Non-Treatment-Seeking Adolescent Cannabis Users

Presenter: Elisabeth Anouk de Gee

Evidence for negative effects of early-onset cannabis use has led to a need for effective interventions targeting adolescent cannabis users. A randomized controlled trial of an Australian two-session intervention based on motivational interviewing (the ACCU, or Weed-Check in Dutch) was replicated in a larger Dutch sample of 119 non-treatment-seeking adolescent cannabis users. Outcome measures at the 3-month follow-up were quantity and frequency of cannabis use, symptoms of dependence, stage of change, and psychosocial functioning. Changes in all measures were in the expected direction, yet not significant. In moderation analyses, heavier cannabis users at baseline receiving the Weed-Check had greater reductions in cannabis use than those in the control condition. These results suggest that the Weed-Check is beneficial for heavier cannabis-using adolescents.

Further research is needed to confirm these results in a sample of adolescent heavy cannabis users and to examine the relationship between MI skills of prevention workers and outcome.



Parallel Session 1C | Monday June 16th | 11:15 – 13:00 | Prins Hendrik 3

Implementing Motivational Interviewing into secondary schools located in the most remote city in the world: The trials and tribulations of a few Sand-Groppers*.

**Sand-Groper: Australian colloquialism for an inhabitant of Western Australia.*

Presenters: Dr David Mander and Winthrop Professor Donna Cross

The aim of this paper is to present some of the preliminary steps undertaken to design and conduct a three year age-cohort and efficacy study into the targeted use of Motivational Interviewing (MI) to reduce mental health problems from bullying among students in Grades 7, 8 and 9 at 25 secondary schools in Western Australia. It seeks to outline and focus attention on the critical role that consultation with key community stakeholders and national and international Motivational Interviewing Network of Trainers (MINT) played in shaping the development of this research project. Findings from focus groups using a Nominal Group Technique and an Delphi survey process are presented in relation to how best to meet the needs of the 25 participating schools while also ensuring the delivery of high quality training in MI, and further discussed in relation to specifically addressing the targeted behaviour of bullying and the mental health outcomes for students that frequently bully other students. Steps taken to overcome the dual challenges of geographical isolation and a lack of MINT's in Western Australia are also shared, as are steps taken to ensure fidelity to MI and the provision of post-training support and ongoing coaching to staff at the 25 schools participating in this research project. Lastly, although seminars on MI have taken place in Western Australia, the need to facilitate the long-term sustainability of MI in Western Australia post this research project are also discussed.



Parallel Session 1D | Monday June 16th | 14:15 – 15:45 | St. Olofs Chapel

Acquisition of MI competence through the training methods used in the Swedish county councils and municipalities: Design, methods and baseline characteristics of the randomized trial

Presenters: Maria Beckman and Helena Lindqvist

The aim of the presentation is to describe the design and methodology of the randomized trial "Acquisition of MI competence through the training methods used in the Swedish county councils and municipalities".

Background

The basis for a successful implementation of an evidence-based treatment in routine clinical care is quality assessment of all stages of delivery, implementation and evaluation. In the Swedish county councils and municipalities, MI training with different forms and content is taking place as part of the implementation of the method.

Aims

To evaluate to what extent the practitioners acquire and retain MI skills through the different training methods used in the Swedish counties by comparing them with a format that in previous studies has shown to be required for the long-term acquisition of proficiency in MI; training including supervision consisting of feedback based on monitoring of practice.

Method

In 2013-2014, 200 practitioners that attend MI training in six different counties in Sweden will be randomized to one of the study's three groups: (a) "Regular training" (n= 66), b) "Regular training" followed by six individual supervision sessions at monthly intervals based on only the behavior counts component of the MITI (n= 67), and (c) "Regular training" followed by supervision based on both the behavior counts and the five global dimensions of the MITI (n= 67). All practitioners will record three sessions: one before "regular training", one after "regular training" and one six month after training. The practitioners in group b and c will record five additional sessions in conjunction with the supervision. All supervision and recording sessions will be made over the phone with actors role-playing clients. The sessions will be assessed for proficiency in MI by MIC Lab at the Karolinska Institute according to the Swedish translation of MITI 3.1.

Results

Analysis is currently in progress and preliminary findings will be described during the presentation



Parallel Session 1D | Monday June 16th | 14:15 – 15:45 | St. Olofs Chapel

Discussion of the results from Motivational Interviewing training using the “Feedback Model” in the light of evidence for teaching and learning.

Presenter: Gudbjørg Øen

Hypothesis

What is the relation between the training program The “Feedback Model” and the students’ learning of start skills in Motivational Interviewing (MI)? The presentation will give a brief overview of the “Feedback Model” and the students’ self-reported outcome compared to MITI scores, and discuss the training program according to evidence of what works in teaching and learning in order to understand the interventions that influence the students’ learning of MI. The “Feedback Model” is a pilot class run at a University College in Norway. It is a combination of a workshop model, counseling, and written feedback on students’ transcripts from their conversation with clients, and includes a great effort in the students’ homework. The students (N 33) have answered a questionnaire about their skills in motivational interviewing pre- and post of the training program, and their competence are assessed by professional MITI coders. The students evaluated the feasibility and the value of the different interventions in the training program.

Results

The students evaluated the training program as feasible and all of them would recommend the training program to others who want to learn MI. Most research of Motivational Interviewing discusses theory that can explore how MI works and why clients change behavior. This presentation will focus on how MI training is related to the theory of visible teaching and visible learning that might explain success factors relevant to guide trainers teaching methods for the best results of their students’ learning.

Conclusions

This presentation might add insight to the factors that increase the students’ realistic self- evaluation of their MI-competence, their wishes to practice MI and to improve upon their client conversations. Furthermore it will explore the success factors in the “Feedback Model” that can be implemented in training programs to promote reaching the level of start skills in Motivational Interviewing.



Parallel Session 1D | Monday June 16th | 14:15 – 15:45 | St. Olofs Chapel

Clinicians' MI learning processes: A journey from a “terrifying challenge” to a “professional revelation”.

Presenter: Sophie Langlois

Problematic

Motivational interviewing (MI) is an evidence-based approach that enables practitioners to help people change through patient-centered care. Therefore, MI constitutes a great counseling style for primary health care (PHC) clinicians supporting self-management for people with chronic diseases. Regrettably,

clinicians are struggling to learn MI and despite this, the lack of knowledge on MI learning processes still persists today¹. Workplace learning in continuing interprofessional education (WL in CIPE) is a promising approach that could help us better understand MI learning processes. WL in CIPE targets clinicians from two or more health and/or social care professions who consider they can improve their practice through a collaborative and reflective approach². These clinicians constitute a learning community as they analyze their day-to-day professional challenges in order to become better practitioners.

Research objectives

This project aims to better understand the MI learning processes of four different learning communities of four PHC clinicians including nurses, nutritionists, kinesiologists, physicians, and/or psychologists who intend to learn MI through WL in CIPE. Specifically, it investigates the steps of their MI learning processes and the factors that influence these processes.

Methods and analysis

This project is a participatory action research (PAR). PAR is characterized by a cyclical process involving phases of planning, action-and-observation, and reflection that allows the implementation and investigation of concrete changes in the practice of its non-academic co-participants working collaboratively with academics. During this project, data have been collected through professional co-development groups and reflective journals. The data are analyzed using the within-case and cross-case analysis elaborated by Miles and Huberman⁴, and is partly guided by the framework of the eight stages in learning MI⁵.

Results

The data analysis is currently underway, but preliminary results on clinicians' MI learning processes would be presented.



Parallel Session 1D | Monday June 16th | 14:15 – 15:45 | St. Olofs Chapel

Competence frameworks for supervisors - Proficiency or Competence?

Presenter: Clive Tobutt

Nine short training programmes on performance management and practice supervision (including motivational interviewing) were delivered in four regional areas of England for supervisors from health and social care services whose work included drug users from the 'Troubled Families' strategy. Supervisors from the training programme self-assessed their competence for their management and supervision skills and their confidence of their skills on a scale (0-10) at four time points over a sixth month period. These time points were pre and post training, 4 weeks and 6 months post-training.

The overall results show that in the short term there has been training transfer of knowledge and understanding as well as the supervisors feeling more knowledgeable and competent directly after their training. However, in the longer term e.g., four weeks and sixth months post-training the knowledge and information gained overall has been forgotten and the supervisors feel less confident in their skills. There were also variations to how the supervisors scored in the different delivery locations over time.

The theme for this paper fits the conference theme of 'From practice to research'. A motivational Interviewing practice supervision competence rather than just proficiency needs to be developed. There is also a real difference between North America with professional certification and in Europe with National Occupational Standards. In addition, from an organizational point of view a competence framework is used by Human Resource Departments to develop employees and monitor learning and development.



Parallel Session 1D | Monday June 16th | 14:15 – 15:45 | St. Olofs Chapel

Professional perspectives on an opportunistic Brief Motivational Alcohol Intervention

Presenter: Lene Bjerregaard

Background

Paediatric hospital staff lacks knowledge and training in communicating with parents about alcohol issues. Personal and professional barriers were identified. The staff's personal and professional competencies were focuses through a course in Motivational Interviewing, MI and alcohol related subjects, and through implementation of a health promoting model for addressing sensitive issues in the clinical practice.

Aim

The purpose of this study was to gain knowledge on how motivational interviewing would help prepare staff to overcome personal and professional barriers when dealing with parents' alcohol consumption habits in a paediatric clinical setting.

Methods

The health promotive model included the staff inquiring about the parents alcohol consumption habits by means of MI, as an opportunistic brief alcohol intervention. They would address the topic to all parents admitted to the paediatric hospital as a part of the routine interview for the medical records. Through 12 interviews with the staff members, their understanding, experience of and attitudes to brief alcohol intervention was obtained, including a reflection of personal reservations or reluctance towards the intervention. The methodological approach was qualitative, using a phenomenologic and hermeneutic approach.

Results

Most staff members perceived and experienced performing the Brief Intervention very positively. They found the health promoting initiative regarding parents' life style habits focusing on alcohol consumption habits a relevant and important topic in a children's hospital setting. However, personal reservations and barriers were detected and did impact the relationship and quality of care. Application of MI to clinical practice must focus on training and skills practice and on evaluation of professional behaviour change processes including self-efficacy monitoring in the staff members.



Parallel Session 1E | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 2/4

An evaluation of the psychometric properties of two pencil-paper tools for evaluating MI skillfulness.

Presenter: Dr Eileen Britt

It is important that Motivational Interviewing (MI) trainers assess MI skillfulness attained by trainees. The Motivational Interviewing Treatment Integrity code – MITI (Moyers, Martin, Manual, Hendrickson & Miller, 2005) was developed to assess trainees MI skillfulness. It requires work samples of MI practice (which some trainees maybe reluctant to do, and may be difficult to arrange), and is relatively time consuming to score, requiring a high level of skill on behalf of the coder. Consequently, pencil-paper based tools assessing MI skillfulness may be a more practical option for some trainers. These include: the Helpful Responses Questionnaire – HRQ (Miller, Hendrick & Orlofsky, 1991), an assessment of the MI skill of accurate empathy; the Motivational Interviewing Knowledge and Attitudes Test - MIKAT (Leffingwell, 2006), a test of knowledge and attitudes consistent with MI; and the Video Assessment of Simulated Encounters Revised - VASE-R (Rosengren, Hartzler, Baer, Wells & Dunn, 2008), a video-based assessment of a variety of MI skills (reflective listening, responding to resistance, summarising, eliciting change talk, and developing discrepancy). The current study is an investigation of the reliability and validity of the MIKAT and VASE-R as both of these tools have been subject to limited psychometric evaluation beyond that performed by their developers. The MIKAT was administered to 85 Child and Family Service workers pre- and post a 2-day MI workshop. A New Zealand version of the VASE-R (VASE-R-NZ) was administered pre- and post- and follow-up 1-day workshop to 46 case workers who attended this second workshop subsequent to the 2-day workshop. The results suggest that the MIKAT and VASE-R are sensitive to the effects of training, however, both may benefit from refinement and further psychometric evaluation to improve their validity, and to make them more consistent with recent developments in MI.



Parallel Session 1E | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 2/4

Validity and reliability of the EVEM scale in assessing the integrity of Motivational Interviewing delivered in Primary Health Care settings

Presenter: Manuel Campiñez Navarro

Background

Primary Health Care (PHC) meetings happen mostly in a brief period of time. When assessing the quality of Motivational Interviewing (MI) delivered in PHC, the analysis of nonverbal behaviour was considered a very important issue by the experts in clinical relationship consulted. Also, there are often several targets to address in these meetings. The EVEM scale (“Escala de Valoracion de Entrevista Motivacional”) was designed to assess these meetings taking these facts in consideration.

Objective

To study the validity and reliability of the EVEM scale when delivered in PHC.

Methods:

The EVEM scale was developed in 2008. Construct and content validity of the EVEM scale were assessed by analyzing 336 meetings coming from the Dislip-EM study, which evaluated the impact of a MI intervention in the reduction of cardiovascular risk in PHC settings in Spain. It is a multidimensional 15 items (Likert 0-4) scale. A group of 4 family physicians with expertise in MI training analysed the meetings. Reliability was measured by Kappa index, coefficient of intraclass correlation (ICC), and by Cronbach’s Alpha. The validity was measured by principal component analysis.

Results

Kappa indexes were 0.4 to 0.6 in 2 items, 0.61 to 0.8 in 7 items and over 0.8 in 6 items. Intraclass correlation coefficient was 0.960 (95%CI:0.823-0.991). Cronbach’s Alpha was 0.967. The factor analysis showed two dimensions that explained 75.8% of the variance.

Conclusions

The EVEM scale is a valid and reliable tool to assess the integrity of Motivational Interviewing delivered in Primary Health Care meetings.



Parallel Session 1E | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 2/4

Validation of the One Pass Measure for Motivational Interviewing Competence

Presenter: Dr Fiona McMaster

Objective

This paper examines the psychometric properties of the OnePass coding system, which is used to evaluate practitioner competence in motivational interviewing (MI). We provide data on reliability and concurrent validity with the Motivational Interviewing Treatment Integrity tool (MITI).

Methods

We compared scores from 27 videotaped MI sessions performed by graduate student counselors trained in MI and simulated patients using the OnePass tool and the MITI, with three different raters for each tool. Reliability was estimated using Intra-class coefficients (ICCs), and concurrent validity was assessed using Pearson's r .

Results

OnePass had high levels of inter-rater reliability with 19 out of 23 items found to be in the range of substantial to almost perfect agreement. Taking the pair of scores with the highest inter-rater reliability on the MITI, the concurrent validity between the two measures ranged from moderate to high. Validity was highest for the four MITI 'globals' (evocation, autonomy, direction and empathy) showing strong correlations.

Conclusion

OnePass appears to have adequate inter-rater reliability and captures many of the same dimensions of MI as the MITI. However, given the OnePass conceptualizes some elements of MI practices differently than the MITI, the moderate degree of validity is not surprising.



Parallel Session 1E | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 2/4

Assessing medical student agenda mapping: preliminary validation of the Evaluation of AGenda mapping skill Instrument (EAGL-I)

Presenter: Dr Nina Gobat

Background

Focusing is one of four processes in Motivational Interviewing, and agenda mapping is a strategy for establishing shared focus. No existing measure includes all agenda mapping domains. Following a literature review, expert consensus and piloting, the Evaluation of AGenda mapping skill Instrument (EAGL-I) was developed for use in educational settings.

Methods

To evaluate the reliability and validity EAGL-I scores, a three-hour agenda-mapping workshop was provided for third year medical students, with a focus on long-term condition management. Simulated consultations were recorded at three time points during the workshop: once pre-teaching, and twice post-teaching. Three raters then used EAGL-I to assess student agenda mapping. Data were analysed to examine reliability, ability to detect change and to predict whether the simulated patient would disclose their full agenda.

Results

In total 78 student observations were included in the analysis. EAGL-I scores represent reliable assessment of agenda mapping under study conditions ($E_p^2=0.832$; $\kappa=0.675$). Internal consistency analyses ($E_p^2=0.836$) and inter-rater reliability ($\kappa=0.663$, single rater; $\kappa=0.797$ two raters; $\kappa=0.855$, three raters) were above acceptable thresholds. A one-way repeated measures ANOVA with post hoc analysis suggests a statistically significant difference between the pre-teaching occasion of measurement and each post-teaching occasion ($p<0.001$). There was no significant difference between the two post-teaching occasions of measurement ($p=0.085$). Multilevel logistic regression analyses suggest that scores predict the expression of the patient's scripted hidden agenda irrespective of any effect of occasions, or of patient scenario ($n=60$, $\text{wald } \chi^2 = 8.019$, $p=0.005$).

Discussion

Initial evidence of measure validation is suggested here. Reliability is optimized when two or more raters use the full measure and agenda mapping has been taught. EAGL-I appears sensitive to change. Educators and researchers may now have a tool for assessing agenda mapping in educational settings.



Parallel Session 1F | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 3

**Effectiveness of Motivational interviewing for Tobacco cessation in Youth:
Experience of Ratprachanukroa 46 Chainat School**

Presenter's name: Terdsak Detkong, MD

This study has been designed as quasi-experiment .The objective of the study is to evaluate the effectiveness of Motivational Interview Program for Tobacco cessation in Youth. The volunteer were 39 students studying secondary school level who have smoked. The program was designed as a form of motivational brief advice [MBA] and composes of 6 sessions during 6 weeks, 3-5 minutes each. Since youth often uneasy to talk about tobacco cessation for longer time, so the timing 3-5 minutes is practicable. The teachers have been trained to talk with youth, using basic skills of MI. especially affirmation and open question to bring out the reasons for change. The results are improvement of smoking behavior. The immediate result was 12.8 percent of volunteer decrease the amount of smoking, and improve to 59 percent at 2 weeks after the program, and 66 percent at 4 weeks. It seem to be accumulative effect ,since smoking in youth often associate with social activity if some of smoking friends have quit or cut of their smoking this bring to decrease in smoking behavior for the remainders. This experience could be adapted to smoking cessation program in youth, using Motivational Brief Advice and the teachers would be effective counselors.



Parallel Session 1F | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 3

Predicting Change-Talk and Sustain-Talk from Counselor Behaviour. Preliminary Results from Sequential Analyses of 160 MI-Sessions with Smoking Women Post Partum

Presenter: Wolfgang Hannöver

Change talk (CT) and sustain talk (ST) within a session are predictive for behavior change. MI-consistent counselor's behaviour (MICO) has been shown to elicit change talk, and MI-inconsistent counselor's behavior (MIIN) is assumed to elicit sustain talk.

162 MI-sessions with women post partum who had smoked either prior to or during their pregnancy have been recorded, transcribed and coded using the German translation of the MI-SCOPE. 20% random samples each have been used to ascertain good to excellent interobserver agreement for parsing as well as coding. Ongoing agreement was ascertained using random 5-10 minute samples from randomly selected transcripts. Fleiss-kappa for four observers ranged between .62 and .79. At this time, we were able to apply sequential analyses using the GESQ 5.1 software package to 40 (25%) of the sessions.

Based on 1079 dyads, the conditional probabilities for CT and ST following MICO and MIIN confirmed earlier findings. The probability for CT following MICO was .81, for following MIIN it was .50. The probability for ST following MICO was .19, for following MIIN, it was .50. ($\chi^2 = 6.59$; $df = 3$; $p = .08$). Based on 1344 dyads, conditional probabilities for CT following positive reflections was .34, following neutral reflections was .07 and following negative reflection was .12. Probabilities for ST were .04, .05 and .29 respectively.

Preliminary results confirm the in-session pathway of MICO eliciting change talk. The in-session pathway for MIIN needs differentiation. Reflections also were found to be predictive for client language.

At the conference, results from analyses based on all transcripts will be presented. It is expected that sufficient observations will also be available to investigate other specific classes of behaviour e.g. affirmations. If time permits, the in-session behavior chain will be linked to smoking behavior at six months follow-up.



Parallel Session 1F | Monday June 16th | 14:15 – 15:45 | Prins Hendrik 3

Motivational Interviewing is not more effective than equally intensive health education for changing smoking behavior, increasing motivation to quit and facilitating information processing.

Presenter: Delwyn Catley

Although Motivational Interviewing (MI) has positive effects on smoking cessation relative to brief advice, less is known about how it compares to interventions of matched intensity. The purpose of this study was to compare the effectiveness of a single session of MI to a single session of health education (HE) matched in duration for motivating smoking behavior change among college students. A secondary purpose was to explore enhanced information processing as a potential mediator of the presumed effectiveness of MI. Students (N=80; mean age = 27, SD = 9.6; 53.8% female; mean cigarettes per day = 7.99, SD = 7.14) completed measures of motivation to quit (including the contemplation ladder, a 0-10 point motivation to quit ruler, and the decisional balance scale), information processing, and smoking behavior at baseline, end of MI/HE session, and 1 week and 1 month follow-up.

Analyses of treatment fidelity based on Motivational Interviewing Treatment Integrity coding scores revealed significant differences between MI and HE sessions in expected directions. However, chi-square analyses revealed no post-treatment differences between MI and HE groups on quit attempts (44% vs. 45% respectively) and cessation (11.8% vs. 12.9%). Analyses of covariance also revealed no significant difference between MI and HE on any measures of motivation to quit or information processing.

Process analyses revealed that across both arms greater information processing was weakly but positively correlated with measures of motivation and abstinence (r 's ranged from .07-.36). In addition, greater evocation, empathy and reflections were related to greater information processing, and greater giving of information was related to self-reported abstinence. Results suggest MI may be no more effective than matched intensity health education, although MI and HE may have somewhat different mechanisms of action. This work helps to inform the selection of treatments for patients and advance understanding of how MI works.



Parallel Session 1G | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 2/4

Dialectical Behavioural Therapy Principles in Strengthening Therapist - Client Collaboration in Motivational Interviewing

Presenter: Graeme Horridge

Specifically developed for working with borderline personality clients, several key components of Dialectical Behavioural Therapy (DBT) can be usefully integrated into a wider context of collaborative work aiming at increasing therapeutic alliance and the effectiveness of Motivational Interviewing.

Motivational Interviewing principles have evolved from “rolling with resistance” which can imply a “good therapist / bad client” mindset, to “resisting our righting reflex” which puts the responsibility on the therapist interactions. The DBT message helps us to go one step further towards: “The patient is never wrong... the therapist neither”. Conflicts arising during the session are seized as opportunities to work on the relationship in order to promote a variety of therapeutic benefits. The dialectical approach implies an “and... and...” rather than “either... or...” way of looking at potential conflict situations. Rather than seeking a compromise between the two poles of the dialectic, we seek their synthesis. The key word in the dialectical approach is “acceptance”. This word arises in many emotional and behaviour based approaches such as ACT, EFT, MBT and is, of course, a major component of the Spirit of MI. Rather than just “accepting” in a resigned way, can we as MI practitioners consider true acceptance as a vital paradoxical element of the change process and embrace it in such a way as to provide a validating environment in which the client is truly free to choose to change?

The purpose of this presentation is to explore the use in MI of DBT acceptance principles to reinforce therapist competency in accompanying clients in change.



Parallel Session 1G | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 2/4

Back to basics: The adolescent-staff relationship and the achievement of success in secure residential youth care

Presenter: Annemiek T. Harder

Research suggests that the problem behavior of young people in secure residential care, which often includes delinquency, is quite stable over time. Secure residential care refers to a type of service in which care and treatment are offered in a secured environment. Although research has shown that young people often improve in their functioning during secure residential care they still regularly show problem behavior after their departure. These findings indicate that secure residential care has the potential to achieve success, but that it is often difficult to achieve.

According to the common process factors model, an important factor contributing to successful outcomes of (youth) care is the client-therapist relationship. Particularly in secure residential youth care, in which adolescents with mainly externalizing behavior problems often stay coercively, the client-staff relationship seems to be important for achieving positive outcomes. In secure residential care, this client-staff relationship often consist of contacts between adolescents and group care workers and teachers, since group care workers and teachers have interactions with the young people on a daily basis.

The aim of the this paper presentation is to show research results about the quality of the adolescent-staff relationship, including the association with outcomes of secure residential youth care.

The results are based on an empirical study that was carried out in a secure residential care center in the Netherlands. There will be a specific focus at the factors that are associated with a positive relationship, such as the characteristics of the adolescents and the treatment skills of group care workers and teachers. Considering the findings, there will also be attention for future research projects on the implementation of Motivational Interviewing techniques by professionals in (secure) residential care facilities.



Parallel Session 1G | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 2/4

Barriers to Compassion in the Helping Professions

Presenter: Fiona McMaster

Objective

Compassion is a key part of any good clinical encounter, with overwhelming evidence to suggest that it affects patient outcomes positively. However, there have been many high-profile incidences of institutional failures in compassion in the UK that have resulted in poor treatment and death. Why do these failures in compassion seem to occur in the 'helping' professions, or are such incidences a natural consequence of the current economic austerity?

Methods

Interviews with managers of nurses, social workers and ground-level midwives were combined with existing literature and policy reviews of compassion in the National Health Service in the UK. Twenty interviews of nurses, midwives and social workers were completed using a semi-structured format. Thematic analysis was conducted using NVivo9.

Results

Several themes emerged from the interviews, with congruence in responses to poor staffing levels, job scope, training and pay and a difficulty to maintain patient-centeredness with frequent procedural dictates from service managers or governmental level.

Conclusion

Compassion remains the core of most health and social care professionals, yet policies often seem to erode this core while trying to protect and care for the most marginalized and vulnerable parts of the population. All too often, training is reactive rather than proactive, with opportunities for development and prioritization of compassion missed during the initial and post-registration training schemes. Motivational interviewing as an approach can make a real contribution to developing and reinforcing the compassion core for professionals and managers.



Parallel Session 1H | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 3

The Small Changes

Presenter: Trevor Simper

Using a quasi-experimental design the Small Changes programme treated (143 men and women) subjects for twelve months. Participants with BMI >30 were recruited via press advert or web-forum asking for people who were 'struggling to manage their weight' and wanted support. Motivational Interviewing was utilised throughout the 1-year programme in an effort to identify and strengthen subjects' motivation to change.

The MI group were compared to a (treatment as usual TAU) group (N 72) who were treated one year previously. Both groups were recruited via the same method and treated by the same facilitator and using the same BMI criterion of >30kgm² and also measured at the same time points, 0, 3, 6, 9 & 12 months. 'Treatment Fidelity' was independently assessed and verified (in the MI group) as 'proficient' via trained independent coders who used the Motivational Interviewing Treatment Integrity (MITI 3.0) 'coding' tool. Bodyfat percentage, bodyweight, and fruit and vegetable consumption were significantly positively different in the MI groups.

Subjects in both groups reported significantly higher physical activity levels via the Scottish Physical Activity questionnaire (SPAQ) and better generalised feelings of well-being via the Short Form 36 (SF36). Retention was much higher in the MI groups at 68.8% versus the TAU groups. Conclusions: The Small Changes MI programme results in important changes to clinical parameters and the programme was able to demonstrate a basic 'treatment fidelity' to motivational interviewing and 'good' retention compared to treatment as usual. Further considerations are made for extending the role of MI in working with obese clients in groups.



Parallel Session 1H | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 3

MI and environmental education

Presenters: Maurizio Scaglia, Bruna Valettini

Introduction

Environmental problems could be mitigated through a widespread individual commitment which, by putting together and widening the range of the individuals' actions, implements collective behaviours which are environmentally sustainable.

A change in the individual lifestyles is needed, therefore, it is important to raise awareness in the citizens, so that they can adopt environmental sustainable behaviours. Nevertheless, environmental education clashes with a strong resistance to changes, due to the impossibility to see an immediate return on one's actions, to the feeling of scarce self-efficacy and to the lack of involvement of individual values.

Objective

The objective is to experience the effectiveness of motivational interviewing applied to a group of people (experimental group) and aimed at triggering a specific environmentally sustainable behaviour (the use for human consumption of sustainable fish species) and to compare the effectiveness of this technique with that of traditional lectures which are applied to the control group.

Method

About 30 people - selected among the visitors and the recipients of the Acquario di Genova mailing list – are divided into groups of 10 and participate in a discussion group about half an hour long on overfishing problem and sustainable sea food consumption.

Each individual is required to answer the questions of a motivational ruler on a scale from 0 to 9, before and after the interview. Such answers allow the assessment of the motivational profile and the decision on the motivating strategy made by the interviewer on that specific person. The motivational ruler is administered also to the participants of the control groups (also in this case three groups of 10 people with similar socio-demographic characteristics). Moreover, each participant of the experimental and the control groups, is given a discount coupon which can be used to buy fish in some fishmongers adhering to the project. The choice of the type of fish bought allows performing a further check of the intervention efficacy.



Parallel Session 1H | Monday June 16th | 16:15 – 17:30 | Prins Hendrik 3

‘A bridge to change’: Experiences of participation in a motivational program for women in the Criminal Justice System

Presenter: Torunn Højdahl

Background

Neglect and abuse are prominent in the stories recounted by women sentenced to prison or probation. Comorbid psychiatric disorders are more prevalent than among women in the general population. There has been a call for gendered interventions to meet these women’s needs.

The objective of this paper is to present the fundamentals of ‘VINN’, a motivational program tailored to the needs of convicted women, and a qualitative study investigating the participants’ perceptions of the program and what was perceived as helpful.

‘VINN’ is accredited according to international standards for correctional programs, and contains 15 topics, relaxation exercises and homework exercises.

The aim is to increase the quality of life of the women, their sense of coherence and to encourage them to desist from crime and substance abuse. The women identify personal resources relevant for coping in demanding situations. Motivational Interviewing is used to engage the women in their change process, an approach underpinned by the theoretical framework of Antonovsky’s theory of Salutogenesis, Social Cognitive Theory and the Transtheoretical model of change.

Method

The qualitative data consisted of group interviews with 65 women who completed the program (median age 35), in Norway, Estonia, Denmark, Russia and Sweden, from March 2012 to May 2013, analysed according to Malterud’s Systematic Text Condensation.

Results

Confidence in the facilitators and the collaborative group atmosphere focusing on autonomy, strengths, quality of life and resources was expressed by the participants. They reported increased awareness of the significance of clear boundaries in relationships, and the importance of protecting themselves. Their responses are discussed in light of Salutogenesis and the processes of Motivational Interviewing.

Conclusions

The women experienced increased consciousness of resources and ways to cope in demanding situations. Their confidence in their ability to desist from crime and substance abuse in the future increased, regardless of country.



Parallel Session 2A | Tuesday June 17th | 14:15 – 15:45 | Prins Hendrik 1

The Swedish Alcohol Helpline – set-up, quality assurance and evaluation

Presenter: Nelleke Heinemans

The Swedish National Alcohol Helpline has been developed to provide an easily available and low threshold service to hazardous and harmful alcohol users. The counselling at the Alcohol Helpline is primarily based on Motivational Interviewing (MI), combined with elements of Cognitive Behavior Therapy. The spirit, aims and procedures of the service will be described.

The MI-training of counsellors will be presented. It has a total duration of six days over a time period of four months, including MI-workshops and 2.5 days of coaching based on five audio-taped interviews with simulated clients. Counsellors' MI-performance is assessed by the Motivational Interviewing Treatment Integrity (MITI) Code. Once employed, counsellors are continuously coached based on MITI-coded recorded authentic calls. The development of the counsellors' MI-skills will be presented as well as the counsellors' MI fidelity during the study period. Expert rating according to the MITI is performed at the MIC Lab at the Karolinska Institute. MITI coders were blind to all information about counsellors.

The alcohol use of a cohort of 190 clients accessing the service between April 2009 and January 2011 were assessed by telephone survey at the time of the first call and after six and twelve months. Change in AUDIT score between baseline and follow-up was used as the primary outcome. At twelve month follow-up, respondents had reduced their AUDIT score to half of the baseline values, a significantly decreased alcohol use and/or fewer alcohol-related problems.



Parallel Session 2A | Tuesday June 17th | 14:15 – 15:45 | Prins Hendrik 1

From the Outside: What are the Challenges for Widespread Integration of MI?

Presenter: Niamh Fitzgerald

Purpose

To consider learning from related fields about potential challenges of integrating MI on a widespread basis in healthcare.

Plan

Findings from three studies: (1) a qualitative interview study of the implementation of the Scottish national alcohol brief intervention (ABI) programme in A&E and antenatal settings (2) an earlier multi-method evaluation of the same programme in primary care and elsewhere and (3) a qualitative interview study of how health professionals learn their communication and relationship skills; will be analysed to focus on what facilitates widespread implementation and what challenges exist.

Key Findings

ABI implementation in Scotland was a high profile, national initiative supported by government targets, infrastructure and funding. ABI training was developed nationally, based on 2 days of face to face provision and/or online learning which defined and described ABIs using MI principles and processes. (1) and (2) above indicated that implementation of ABI proved challenging in all settings however five useful strategies were considered important in achieving integration into routine practice. One was adapting the intervention e.g. simplifying it and/or the training provided to a point where MI principles and processes were diluted or lost. Achieving a clear understanding and support of the aims of the programme at a senior level was considered crucial for implementation success. In the third study, health professionals reported learning their communication skills primarily from observing more senior staff rather than from training, and little emphasis on improving such skills in practice unless a specific incident or problem arose.

Conclusions

Top-down initiatives to change how health professionals communicate may have limited success due to dilution and lack of ownership. Culture within staff teams and among senior staff may be more important. Efforts to improve culture, skills and practice, may be limited by initiatives in related fields (including MI) operating in 'silos' rather than collaborating.



Parallel Session 2A | Tuesday June 17th | 14:15 – 15:45 | Prins Hendrik 1

Healthcare professionals experience with motivational interviewing in their encounter with obese pregnant women after a three-day training course in MI.

Presenter: Christina Louise Lindhardt

Aim

To explore obstetric healthcare professionals experience with motivational interviewing (MI) after a three-day training course in MI.

Design

A qualitative study based on face to face interviews with eleven obstetric healthcare professionals.

Method

A qualitative method was applied to semi-structured interviews. The healthcare professional's experiences were recorded during individual semi-structured qualitative interviews, transcribed verbatim and analysed using a descriptive analysis methodology.

Results

The addressed findings were, a) MI makes the healthcare professionals significantly more aware of their own communication style, b) time is essential and must be dedicated to the method from both the health professionals as well

as management, c) MI training requires follow up training, group sessions and supervision in order to maintain the ability to use the MI method, d) MI enables the healthcare professionals in becoming more professional and assists them in handling life-style related issues and sensitive subjects like obesity, e) the healthcare professionals felt motivated to increase their competences in the MI method.

Conclusion

The general outcome suggests that motivational interviewing can be used to improve communication with obese pregnant women in obstetrics although more research is needed to investigate best practice and implementation of MI in health care settings.



Parallel Session 2A | Tuesday June 17th | 14:15 – 15:45 | Prins Hendrik 1

Description of the Role of Training Consultants in the VA MI and MET Training Programs

Presenter: Denise Ernst

The Department of Veterans Affairs (VA) has developed two competency-based training programs related to Motivational Interviewing (MI): MI for mental health staff (MI-MH) and Motivational Enhancement Therapy for addictions treatment staff (MET). In VA's comprehensive mental health delivery system, MI-MH and MET seek to improve Veterans' mental health symptoms and treatment adherence, make transitions in care, and engage in a recommended course of therapy. Both MI-MH and MET have a strong evidence base for improving mental health symptoms and maximizing the benefits of other empirically based treatments. The MI-MH and MET Training Programs require participants to demonstrate minimum MI/MET skill levels to successfully complete the program. The training model consists of a 3-day in-person workshop and six months of consultation with an MI/MET expert. MI/MET Training Consultants (TCs) are VA staff that was initially recruited based upon their demonstration of MI/MET skills or their affiliation with the Motivational Interviewing Network of Trainers. Over time, additional TCs were recruited from the pool of participants who have successfully completed the training program. MI/MET TCs complete a rigorous process that includes Motivational Interviewing Treatment Integrity (MITI) coding of a practice sample that must meet/exceed the same competency benchmarks as the training participants. In addition to their demonstrated expertise in MI/MET, potential consultants attend a 3-day workshop where they are trained on the MITI, the VA MI-MH and MET training models, and in leading virtual consultation groups. This presentation will provide an overview of the MI-MH and MET Training Programs, the training for consultants and a description of the skills demonstrated by VA staff working in the consultant's role. We will examine the relationships between the TCs MI/MET skills, training experience, and the successful completion rates among their consultation group members. The results of this analysis will help inform future quality improvement efforts.



Parallel Session 2B | Tuesday June 17th | 16:15 – 17:30 | Prins Hendrik 3

Buddy-Motivational Interviewing (buddy-MI) to Increase Physical Activity in Community Settings A Pragmatic Randomised Controlled Trial

Presenter: Mark Wallace-Bell

This paper is under the theme Bridging the gap : from research to practice and describes the development and evaluation of a novel buddy-motivational interviewing intervention intended to help apparently healthy but relatively sedentary adults to adopt and maintain regular physical activity for health and fitness.

Many people experience great difficulty in initiating physical activity ('the getting going problem') and behavioural regression is common ('the keeping it going problem'). Typically there is a rather large gap between what people know to be healthy and what they actually do. This intervention is an adaptation of motivational interviewing in that it adds client-selected motivational-buddies who can provide in-session input as well as on-going out-of-session support focused on strengthening clients' motivation for and movement toward their physical activity goals. A pragmatic parallel group randomised controlled trial with 12-month follow-up was used to assess the effectiveness of the intervention in a format that could realistically be implemented within primary care, workplaces, schools or other similar setting.

The main findings were that MI had a statistically significant positive impact on physical activity and fitness that was sustained at 12 month follow-up. The experimental buddy-motivational group did show greater improvements in outcomes but these were not statistically different. The implications of these findings for MI practice as well as plans for future research using MI buddies will be discussed.



Parallel Session 2B | Tuesday June 17th | 16:15 – 17:30 | Prins Hendrik 3

Motivational interviewing for young males in Bangladesh and Kenya

Presenter: Pam Baatsen

Young men are absent in sexual health and reproductive services in Kenya and Bangladesh, this is often caused by perceived stigma by the young males themselves and the attitudes of health providers treating them in a moralizing and patronizing way. And if counselors and nurses are able to create a better relationship with their clients a top down risk approach is frequently used. From 2013-2015 a study is implemented studying the effects of an MI intervention.

In Bangladesh 640 young men having sex with men will participate in a mix methods “before study” after which an MI intervention with counselors, peer educators will be implemented in the intervention site. The “after study” will target the same respondents in intervention and control sites.

The intervention hopes to contribute to improved provider-client and peer educator-peer interaction, eliciting and strengthening clients’ motivation for change. This will be measured through a double difference comparison whereby changes achieved in the intervention side will be compared with changes that occurred in the control sites). In Kenya the 1,200 young men who were part of the “before study” will also be invited for the “after study” in 2014. Here nurses, counsellors and peer educators are trained in using MI at the individual level and in groups, hoping for improved communication and the creation of an enabling environment for the young males not only for accessing services but also to communicate with their peers in a better way. The paper will present the methodology of the intervention study, the need for mixed methods in intervention and control sites as well as the application of new trajectories and self-assessment approaches. Moreover the reasoning for a multi-country study and the application of findings and the feasibility of up scaling this approach will be presented.



Parallel Session 2B | Tuesday June 17th | 16:15 – 17:30 | Prins Hendrik 3

Can a Motivational Interviewing-based safer sex program for people living with HIV be adapted for peer delivery? Results from a pilot training

Presenter: Marlyn Allicock

Programs to help HIV+ individuals practice safer sex are critical to prevent HIV transmission. Motivational Interviewing (MI) is an effective approach to promote sexual risk behavior reduction. While professionals have been successfully trained to use MI for a variety of health-related issues, few studies have explored training peers. Peer-delivered programs have the capacity for broader reach rather than solely relying on health professionals. We investigated whether we could train HIV+ individuals as peer counselors to use SafeTalk, an evidence-based, multicomponent motivational interviewing-based safer sex program previously designed to be delivered by Master's level clinic staff.

Six African Americans HIV+ (2 men and 4 women; average age 50 years old; average years diagnosed 13 years) completed five days of training. Training skills included open questions, reflective listening, assessing importance and confidence, making a plan, and summarizing. Evaluation of MI skills included two practice conversations (completed day 4 and one month later) was assessed by two independent reviewers using the Motivational Interviewing Treatment Integrity Code (MITI) 3.1.1. Pre-and post-training assessments, training observations, and training debriefing sessions informed training implementation and identified potential program implementation issues.

Three trainees achieved MI treatment fidelity at first assessment and two at the second. Specific challenges included using reflective listening skills and assessing importance and confidence. Trainees also relied on advice giving. However, trainees did well at using open questions and understood the MI spirit.

Compared to the previous SafeTalk training, this pilot training was longer to accommodate different learning styles, lower literacy levels, and to account for the multi-component intervention. This training raised questions about MI complexity for peer delivery, challenges HIV-infected peers face, and how best to

identify appropriate peer counselors. It is likely that HIV+ individuals can be trained to use MI for peer support with additional training reinforcements and adequate supervision.



Parallel Session 2B | Tuesday June 17th | 16:15 – 17:30 | Prins Hendrik 3

Adapting Peer Connect for African American breast cancer survivors and caregivers: A train-the trainer model using motivational interviewing

Presenter: Marlyn Allicock

Despite advances in cancer treatment and survivorship, African American breast cancer survivors and caregivers in the United States have many unmet psychosocial needs. Those residing in rural areas have even greater difficulty accessing cancer care services. Peer Connect is a program that connects post-treatment volunteer cancer survivors and caregivers (Guides) with those currently experiencing cancer-related issues and needing support (Partners). We adapted Peer Connect in partnership with two community-based health groups serving 30 underserved counties in North Carolina.

Five African American women (4 breast cancer survivors and 1 caregiver) attended a 3-day workshop followed up with 6 supplemental sessions to learn motivational interviewing (MI) communication skills. These “trained counselors” educated 8 women (5 breast cancer survivors and 3 caregivers) to serve as Guides for Partners requesting services in their catchment area. Motivational interviewing skills were evaluated by two independent reviewers using the Motivational Interviewing Treatment Integrity Code (MITI) 3.1.1. Pre-and post-training assessments, training observations, and training debriefing sessions informed training implementation and potential program uptake.

Post-training, three “trained counselors” and four Guides demonstrated MI proficiency as assessed by the MITI code and other process evaluation assessments. Major challenges for all participants included remembering not to give advice and asking open questions. Both “trained counselors” and Guides continue to receive additional training support throughout program implementation and are highly motivated to give back to fellow cancer survivors and caregivers. Organizational challenges related to recruitment, training, and program implementation will also be discussed. While the use of peer-led MI programs is still in its infancy, the results suggest that a train-the-trainer model can be used to build a network of peer supporters to serve rural cancer survivors and caregivers. Additional research is needed to examine program uptake and successful maintenance.



Parallel Session 3A | Wednesday June 18th | 09:00 – 10:30 | St. Olofs Chapel

Treatment integrity assessment of Motivational Interviewing practice

Presenter: Lars Forsberg

A large majority of studies on Motivational Interviewing (MI) are carried out without treatment integrity assessment, that is, enquiry into whether the intervention delivered corresponds to MI. Although counsellors may receive MI training, there is seldom evidence of their proficiency in MI at baseline and during the study period. As a result, we do not know what level of MI proficiency produces the desired behaviour change, or which training measures achieve such proficiency. Moreover, failure to incorporate treatment integrity assessment as a matter of routine means that we cannot be confident that the interventions studied in efficacy and implementation research are in fact MI.

Even when fidelity to MI is assessed, different methods are used. This may result in different aspects of MI interactions being assessed. MI proficiency according to, for example, BECCI, may not be the same as proficiency on the MITI. Moreover, even when the treatment integrity instruments are used, and good inter-rater reliability among coders has been reported, we know nothing about inter-rater reliability between the various MI coding laboratories.

In fields other than psychotherapy, for example, engineering, agriculture etc, standard measures have been adopted, and the methods used to assess variables are continuously improved. Perhaps because MI is a brief and simple intervention, research into treatment fidelity is well-developed over other psychotherapies (only 3.5% of psychotherapy research studies assess treatment integrity). However, it is argued that the MI community should routinely use treatment integrity assessment tools in efficacy and implementation studies, in order to improve existing tests, and to agree upon standards for MI practice.

With reliable and valid MI treatment integrity assessment, we will improve our knowledge in respect of the effects of MI, and how to train and disseminate MI into practice. Efficacy research will be strengthened, process research will develop, and clients will be more accurately informed about the treatment they receive. And stakeholders and taxpayers can be confident what they are funding.



Parallel Session 3A | Wednesday June 18th | 09:00 – 10:30 | St. Olofs Chapel

Examining motivational interviewing fidelity in an RCT

Presenter: Hilde van Keulen

The purpose of the presentation is to inform about the process and outcomes of examining the quality of motivational interviewing (MI) delivery in the Vitalum study (RCT). The Vitalum study aimed to develop and evaluate the efficacy of tailored print communication and telephone motivational interviewing to improve lifestyle behaviors (i.e., physical activity behavior and consumption of fruit and vegetables) among older adults in the Netherlands. The quality of MI delivery in Vitalum was examined by coding MI sessions with the Motivational Interviewing Treatment Integrity Code (MITI) 3.0 by independent raters. The fidelity of MI delivery was examined by comparing the MI fidelity summary scores (i.e., direction, empathy, spirit, % open questions, % complex reflections, % MI-adherent responses, reflections-to-questions ratio) with the MITI threshold for these scores. Scores above the MITI threshold indicated adequate fidelity. A subsample of the sessions were double coded for assessing inter-rater reliability. Most MI fidelity summary scores exceeded the MITI threshold indicating adequate fidelity. The inter-rater reliabilities for most of the MI fidelity summary scores were poor or fair. To improve inter-rater reliability, future studies are recommended to train coders by using graded learning tasks and to provide them with ongoing feedback. The fidelity of MI delivery can be improved in future studies by providing counselors with ongoing coaching after initial training. This presentation fits best within the main conference theme "Bridging the gap I: from research to practice". We aim to contribute to the goal of this conference theme by sharing our research experiences and recommendations as regards fidelity issues in MI.



Parallel Session 3A | Wednesday June 18th | 09:00 – 10:30 | St. Olofs Chapel

An evaluation of the Motivational Treatment Integrity Scale: Does MI skilfulness predict client change talk?

Presenter: Eileen Britt

The Motivational Interviewing Treatment Integrity Scale – MITI (Moyers, Martin, Manuel, Miller & Ernst, 2010) has been developed as a measure of Motivational Interviewing (MI) skilfulness. It includes two components – MI spirit (global therapists rating – GTR i.e., evocation, autonomy, and collaboration) and MI skills (behaviour counts e.g., open questions, reflection to question ratio, complex reflections). Moyers et al. (2010) suggest criteria for beginning proficiency and competency based on expert opinion rather than being empirically derived (Moyers et al., 2010). Recently studies of MI training (Bohman, 2012; Britt & Neame 2012) have started to question the level at which these criteria are set. The current study is an evaluation of the MITI to assess what level of MI skilfulness predicts client change talk. Audio recordings of 150 MI sessions from 30 practitioners were coded using the MITI. Then transcripts of these sessions were coded using the change talk component of the Motivational Interviewing Skills Code (MISC 2.0). Initial analysis of 90 sessions (18 practitioners) found a statistically significant difference ($p < 0.05$) between the strength of change talk for practitioners who were at MITI competency for GTR compared with those who were at beginning proficiency. Moreover, competent practitioners elicited both stronger preparation and activation change talk ($p < 0.05$). There was no statistically significant difference between practitioners who were at competency compared to those who were at beginning proficiency for the frequency of change talk relative to sustain talk. Initial analysis also did not find any significant difference for the behaviour count thresholds and change talk, suggesting that MI spirit rated by the MITI maybe more important than the behavioural counts in eliciting strong client change talk, and therefore should be an important focus in MI training. The paper will present the complete analysis (GTR and the behaviour counts) for the full data set.



Parallel Session 3A | Wednesday June 18th | 09:00 – 10:30 | St. Olofs Chapel

Assessing Motivational Interviewing 2.0: An illustration of software-supported coding schemes

Presenter: Florian Klonek

Scholars in Motivational Interviewing (MI) have developed several coding schemes to assess treatment adherence, client language, and sequential dynamics. Traditionally, these coding schemes have been administered with paper and pencil. We introduce implementations of software-supported MI coding schemes and discuss how software-implementation facilitates coding work, while still capturing the sequential timed-event data of the dyadic interaction. Furthermore, we present how coding instruments can be economized by means of a thin behavior slicing procedure.

Data originated from a study with MI trained interviewers who discussed sustainable use of environmental resources as a target behavior with their respective clients.

First, we present how branched-chain coding can be used to familiarize inexperienced observers with the MI Skill Code.

Second, we calculated two observer agreement measures of fourteen double-coded sessions for the MI Treatment Integrity Code (MITI): Time-unit kappa and Intra-class correlation.

Third, we extracted thin behavior slices (ten minutes) and compared their MITI code statistics with the entire session.

Results show that Kappa indices are more conservative reliability estimates than Intra-class correlations. Furthermore, thin behavior slicing revealed that only 10-minutes can provide accurate estimates for MITI verbal behavior codes. We discuss costs and benefits of software-supported coding schemes.



Parallel Session 3B | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 2/4

Feasibility of Motivational Interviewing in Facilitating Hearing Aid Use: A Pilot Randomised Controlled Trial

Presenter: Hashir Aazh

Objectives

Studies suggest that approximately 30% of people who own hearing aids do not use them regularly. The aims of this study were to evaluate feasibility of conducting a randomised controlled trial (RCT) on motivational interviewing (MI) for facilitating hearing aid use, assess acceptability of the intervention and perform a preliminary exploration of its effect.

Design

This was a pilot single-blind, randomised parallel-group study conducted in UK. 37 patients who reported to use their hearing aid(s) less than 4 hours per day were randomised to MI combined with Standard Care (MISC) (n=20) and Standard Care only (SC) (n=17). The primary outcomes were feasibility of research procedures, acceptability of intervention, and feasibility of delivering MI in audiology context. Secondary outcomes were hearing aid use as measured via data logging as well as self-report hearing-related quality of life (QoL) at baseline and one month post intervention.

Results

Of 220 invited, 37 were enrolled giving the recruitment rate of 17%. One participant withdrew giving the retention rate of 97%. Combining MI with SC was feasible and acceptable to patients. All MISC sessions achieved adequate standard competency levels for delivering MI throughout the study. The mean improvement in hearing aid use as measured via data logging in patients who received MISC was 3 hours more than those who received SC ($p < 0.006$) giving a large between group effect size of Cohen's $d = 0.98$ (95% confidence interval (CI): 0.3-1.7). Scores on hearing-related QoL measures improved in both groups with no statistically significant between group differences.

Conclusions

This pilot study shows that conducting an RCT on MI for facilitating hearing aid use in people who don't use their hearing aids on regular basis is feasible. MI combined with SC seems to improve hearing aid use however larger trials are required to assess its effect on hearing related QoL measures.



Parallel Session 3B | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 2/4

The efficacy of motivational interviewing to improve adherence to wearing prescribed footwear in diabetic foot patients: a pilot randomized controlled trial

Presenter: Renske Keukenkamp

Objective

In diabetic patients who are at high risk of developing foot complications such as ulcers, adherence to wearing prescription footwear is low, in particular inside the house. To be effective in ulcer prevention, footwear adherence must be assured. In this pilot RCT we assessed the efficacy of motivational interviewing to improve footwear adherence in high-risk diabetic patients.

Methods

Based on the objective 7-day measurement of footwear adherence using ankle and shoe worn sensors, 13 diabetic patients with a history of foot ulceration and a low adherence (i.e. <80% of steps were taken in prescription footwear) were randomly assigned to standard education (i.e. verbal and written instructions) or to standard education added with two 45-minute sessions of motivational interviewing. Post intervention, short-term (1 week) and long-term (3 months) adherence were assessed.

Results

Four intervention and 3 control group patients were analyzed. In the intervention group, baseline adherence was $65 \pm 7\%$ (mean \pm sd), which improved to $80 \pm 30\%$

at short-term. In the control group, baseline adherence was $46 \pm 29\%$ and $43 \pm 28\%$ at short-term. Adherence at home went for the intervention group from $51 \pm 12\%$ to $76 \pm 34\%$, and for the control group from $35 \pm 27\%$ to $34 \pm 27\%$. Long-term adherence in this on-going study was only assessed in two subjects per group: for intervention mean adherence was 65% (baseline), 80% (short-term) and 82% (long-term), for control 46%, 43%, and 35%, respectively.

Conclusions

The results from this on-going pilot study show that motivational interviewing appears to be effective for improving footwear adherence in high-risk diabetic patients, at least on the short-term. More data is needed to draw definitive conclusions about the efficacy of motivational interviewing, in particular on the long-term.



Parallel Session 3B | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 2/4

**Mechanisms of change within motivational interviewing in relation to health behaviors:
A systematic review.**

Presenter: Lauren Copeland

Objective

Motivational interviewing (MI) has been found to be an effective treatment for health behaviours. However, the mechanisms by which MI works are relatively unexplored. Understanding how MI works is important as it could have practical implications for how MI is delivered. This review is the first to look at mechanisms within MI that affect health behaviour outcomes and aims to summarise and evaluate the evidence.

Methods

A systematic literature search was conducted in PSYCHINFO, MEDLINE and EMBASE to identify studies that delivered individual MI in the context of health behaviours. The studies must also have investigated a possible mechanism of MI.

Results

The search identified 266 studies for review and after applying the exclusion criteria a total of 34 studies were included. Therapist behaviours and client behaviours were evaluated as mechanisms of change within MI. The mechanisms included: Empathy, MI spirit, questions, reflections, MI consistent and inconsistent behaviours, change and sustain talk, self-efficacy, self-monitoring, stage of change, motivation and planning. MI spirit was found to be a promising mechanism of MI. However the most research mechanism, self-efficacy, was found not to be a mechanism of MI. The lack of studies conducting mediation analysis became apparent. The poor quality of the studies was also a notable finding.

Discussion

A causal chain has been postulated as a process by which MI works. This causal chain involves certain therapist's behaviours leading to more client change talk which is then linked to improvements in health outcomes. This review supports previous findings from the field of addictions and shows that eliciting change talk is important when practicing MI. However this review has highlighted that more high quality research is needed looking at all the possible mechanisms and to test this causal chain further within health behaviours.



Parallel Session 3B | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 2/4

Fall prevention through exercise with or without the support of Motivational Interviewing in older community-living people – a feasibility study of a randomized controlled trial

Presenter: Marina Arkkukangas

Hypothesis

A randomized controlled study (RCT) on falls prevention for older community living people including physiotherapy interventions with exercises alone, exercises in combination with MI or standard care is feasible.

Purpose

To study feasibility of a RCT based on a multicenter fall prevention intervention study including exercise (Otago Exercise Program, OEP) with or without Motivational Interviewing (MI) compared to standard care, for older community living people.

Experimental plan

Feasibility of the assessment and interventions from the participating physiotherapists' perspective was evaluated after inclusion of a pilot sample in the underlying RCT. The pilot sample comprised 45 community living people, over 75 years of age. Feasibility was measured by questionnaires addressed to the participating physiotherapists' regarding assessment and treatment. If the physiotherapists' rating attained a level which corresponded to 80 % approval or a median rate of approval of at least 8 (possible rate 0-10) the study was considered to be feasible. Fall rates were measured among the participants and differences in the number of falls was analyzed between the study groups. Baseline measurements for balance, physical performance, and falls self-efficacy were measured with the Mini-BESTest, Short Physical Performance Battery (SPPB) and Falls Efficacy Scale, Swedish version (FES-S). These measurements were repeated three months after inclusion and were analyzed within and between groups.

Key findings

The preliminary results imply feasibility and over time effects within groups of the RCT. Evaluation of the MI method did not quite reach the limit for stipulated feasibility.

Major conclusions

This study highlights the importance of support and regularly training regardless of prior education of the MI communication method for the physiotherapists'. The experiences and adjustments are taken in consideration to improve the ongoing RCT.



Parallel Session 3C | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 1

Bridging the Language Gap – how different languages can impact MI training and research across cultures

Presenters: Fiona McMaster and Tipene Pickett

Objective

With increased global movement, it is likely that many practitioners in all countries will encounter patients and clients whose native language is different to their own. This presentation aims to raise questions about the impact of language on the way we use and evaluate motivational interviewing across cultures.

Methods

With an international team of linguists, researchers and clinicians, we examine how different languages might commonly phrase the four processes of motivational interviewing. With English translations of example sentences from MI encounters in Arabic, Ga, Greek, Finnish, Hindi, Malay, Malayalam, Mandarin Chinese, Maori, Russian, Turkish, Uzbek, and Yoruba, we compare linguistic forms such as the concept of closed and open questions as well as use of metaphors and proverbs and look at how empathy and engagement might appear different in different linguistic contexts.

Results

Language and culture are intertwined, with some MI concepts very difficult to translate into other languages. In many areas, the core concepts of empathy and compassion are deeply rooted in word formation and linguistic structures. For other languages, there are strong arguments that no question is truly closed.

Conclusion

Language is the vehicle through which we may effect behaviour change. Understanding how different languages work is paramount when considering the treatment, evaluation and research into motivational interviewing, especially when evaluating practitioner competence. All trainers considering working across cultures should think about how the target language of practice may differ from the language of training.



Parallel Session 3C | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 1

Positions of agency and expertise within MET: Some findings from discourse analysis.

Presenter: Claire Lane

Discourse analysis is a qualitative research method which focuses upon how language is used to negotiate meaning, identity, reality and accountability within various social settings. One area of focus within discourse analysis is that of 'subject positions'. The term 'subject position' describes the roles and standpoints that individuals adopt, or are placed into, within a piece of dialogue. This involves detailed analysis of how individuals are addressed or are referred to within the interaction, who is doing the talking, and on whose behalf the person is speaking. The language individuals use to achieve this is heavily mediated by the social context within which the conversation is taking place.

The current study focused on how both clients and practitioners positioned their selves and each other within a sample of 10 MET sessions, drawn from a wider study of MET conducted in the UK.

Across the sample, two subject positions regularly appeared across practitioners and clients when talking about alcohol use. These were the positions of 'agency' and 'expertise'. Within the MET sessions, practitioners often spoke from the position of the client, and as such were able to reconstruct client experiences by using clients' accounts but creating a subtle difference in meaning. This in turn limited the degree of freedom clients had to resist the positions of agency opened for them. Clients also used linguistic constructions to challenge the positions of agency opened up for them. The wider power implications of the findings will be discussed in the presentation.



Parallel Session 3C | Wednesday June 18th | 09:00 – 10:30 | Prins Hendrik 1

Bridging the Gap Motivational Interviewing and Sociology, a Foucaultian Analysis.

Presenter: James Anthony Carton

For pragmatic and ideological reasons the disciplines of sociology and substance-abuse treatment rarely collaborate, certainly not at micro-level. This project inserts a sociological imagination into dominant narratives that assess the effectiveness of Motivational Interviewing and promotes interrogating the effects of Motivational Interviewing. It addresses a genealogy of the developing counsellor / client interaction, venturing that this is increasingly an artefact of macro-political configurations rather than therapeutic deliberation. This is common-sense to many clinicians yet there exists no accessible vocabularies of critique to address their misgivings. For the trainee addiction clinician wedged between mythical ideal-types, on one side the twelve-stepping zealot, on the other the self-actualised balanced hyper-professional, there is the tendency in sober reflective moments to fear that they have deserted their original purpose, referred to formerly as helping.

The author a long time substance-abuse clinician, now lecturer in the field presents findings of a textual analysis on training materials used to tutor Motivational Interviewing practitioners. He discovered that by recourse to socially available caricatures and archetypes that alternatively evoked disdain and veneration, clinicians were positioned professionally into fabricating neoliberal docile citizens. However the substance-abuse clinician unlike other professionals often has access to a persistent sizeable minority who find asylum in alternative peer epistemologies that provide a veracity of localised evidential truth. At times the training process is an arena of choreography between dichotomies around powerlessness versus empowerment, humility versus fixations with self-esteem, and submission versus individualist autonomy. This project apprehends the shifting texture of the clinician /client relationship to honour client experience as the ultimate truth and to ensure the discerning clinician is cognisant that future developments in MI may be predicated as much, or more on societal reconfigurations as client welfare. Motivational Interviewing should commit to Developing Discrepancy: outside the realm instilling a social conscience.



Parallel Session 3D | Wednesday June 18th | 14:00 – 15:15 | Prins Hendrik 2/4

Motivational interviewing competencies among UK Family Nurse Partnership practitioners: Process evaluation of the Building Blocks trial intervention.

Presenter: Sue Channon

The Family Nurse Partnership (FNP) is a licensed, preventative programme for first time mothers under the age of 20, delivered by specialist family nurses who are additionally trained in motivational interviewing (MI). Building Blocks is an individually randomised controlled trial comparing the effectiveness of FNP to locally available usual care within 18 sites in England. As part of the process evaluation, we assessed audio-recordings of nurse-client consultations to determine the level of competency in MI skills displayed. A total of 92 audio-recorded consultations from the 'pregnancy' and 'infancy' phases of the FNP program were analysed using the Motivational Interviewing Treatment Integrity (MITI) coding system for competency in and fidelity to MI. A competent level of overall MI adherent practice as defined by the MITI 'global clinician ratings' was apparent in over 70 percent of the consultations. However, in relation to specific behaviours as measured by the MITI derived variables, the percentage of recordings in which beginner proficiency levels in MI was achieved ranged from only 6.7% for 'percentage of questions coded as open' in the infancy phase recordings to 73.9% for the 'MI adherent behaviour' variable in the pregnancy phase recordings. In the broader context the results suggest that it is possible to integrate an MI-informed approach to communication into a structured program and achieve a high level of MI-adherent behaviour. However some of the behaviours regarded as key to MI practice e.g. the ratio of reflections to questions can be more difficult to achieve in such a context.



Parallel Session 3D | Wednesday June 18th | 14:00 – 15:15 | Prins Hendrik 2/4

The efficacy of motivational interviewing as a nursing intervention on participating in cardiac rehabilitation and on influencing lifestyle risk factors in patients with stable coronary artery disease.

Presenter: Martine Bonhôte

Aim

To determine the effect of motivational interviewing on cardiac rehabilitation program attendance, on cardiovascular risk factors and lifestyle changes in patients with stable coronary artery disease without acute events such as myocardial infarction (CAD).

Background

Patients with CAD are often unaware of their chronically progressive disease and only few join cardiac rehabilitation programs. Lifestyle modification and cardiac rehabilitation contribute to decreasing the prevalence of cardiovascular diseases; consequently leading to less frequent re-hospitalizations and lower mortality.

Methods

Patients with CAD hospitalized for an elective percutaneous coronary artery intervention (PCI) were weekly randomized an intervention group (n=150). These patients participated in one single session of motivational interviewing, which also included information on cardiac rehabilitation programs. The control group (n=150) received usual care. Measurements were taken at baseline and at 6-months follow-up. The data collection was between November 2011 and April 2014 in the context of a weekly randomised, prospective, controlled, uni-centre trial. Analysis will include descriptive and inferential statistics.

Results

The study will conclude at the end of April 2014 and first results will be presented.

Discussion

Long-term mortality in patients with CAD is similar to patients with acute myocardial infarction. It is therefore essential to introduce them to secondary prevention comprising the modification of behavioural risk factors and the participation in cardiac rehabilitation programs as part of the treatment plan. Conclusion: This study will describe the influence of motivational interviewing as a nursing intervention in patients with stable CAD concerning their decision for lifestyle changes and rehabilitation program attendance.



Parallel Session 3D | Wednesday June 18th | 14:00 – 15:15 | Prins Hendrik 2/4

MI-integrity of the Prepare (pre-pain rehabilitation) trial

Presenter: Vera-Christina Mertens

Background

The Prepare (pre-pain rehabilitation) trial is a nurse-led pre-treatment in rehabilitation. N=163 patients with non-specific chronic pain were randomly allocated in the two arms pain education or MI-based sessions. The MI-based session aimed to prepare and motivate patients for pain rehabilitation treatment; pain education consisted of information and education about the etiology and the general rehabilitation approach. Each arm was delivered by different nurses.

Hypothesis

It is hypothesized that the pre-treatment is delivered as intended, that both arms differ from each other, and that MI-proficiency is satisfactory in the MI-based sessions.

Method

The Motivational Interviewing Treatment Integrity (MITI version 3.1.1) Scale was used. All manualized pre-treatment sessions were audio taped, and a random sample of 20% of all Prepare sessions was scored (n=64). A random sample of 10% (n=32) was also blind coded by a second coder in order to calculate the inter-rater reliability.

Key findings

Preliminary results of the first rater showed that the education arm can be distinguished from the MI-based treatment arm in terms of MI-fidelity.

Preliminary results show that the two MI nurses were significantly more competent in the use of MI compared with the nurses of the education intervention.

The reference thresholds for beginning proficiency in the global variables have been set at 3.5 (out of 5) (Moyers et al., 2007). For the MI counselors the mean in Empathy indicates attainment of proficiency but MI-spirit was below the threshold. Reliability with the 2nd rater will be presented during the presentation.

Purpose presentation

Conference theme 1 seems appropriate. Within the presentation, practical experiences, pre-requirements and advices for the future regarding the twofold use of the MITI as feedback instrument and checking integrity will be given.



Parallel Session 3E | Wednesday June 18th | 14:00 – 15:15 | Prins Hendrik 1/3

Assessing the Influence of Probation Officer Fidelity to Motivational Interviewing and Cognitive-Behavioral Therapy Intervention Skills on Offender Recidivism: A Quasi-Experimental Evaluation

Presenter: Ryan M. Labrecque

During the last decade, several formalized approaches have been developed to improve the effectiveness of probation and parole by implementing evidence-based research into community supervision practices. The focus of these new models has primarily been on restructuring the content of the offender-officer interactions to include the use of cognitive-behavioral therapy (CBT) interventions. There are now a handful of studies indicating these strategies are capable of reducing offender recidivism (Trotter, 2013). Simultaneously, it has become increasingly more common for correctional agencies to train officers in Motivational Interviewing (MI) in order to improve the offender-officer relationship and motivate the offender to engage in the change process (Miller & Rollnick, 2012). Evaluations of MI indicate a wide range of benefits, including the reduction of recidivism (McMurran, 2009). Theoretically, CBT and MI are complimentary to one another (Tafrate & Luther, 2014), and there is anecdotal evidence to suggest that greater reductions in recidivism can be achieved when MI techniques are implemented in conjunction with CBT interventions (Lowenkamp et al., in press). However, the effectiveness of this combination of services has yet to be adequately empirically tested. This study provides the first attempt at quantifying officer fidelity in these two areas, in order to determine to what extent officer skill competency influences offender recidivism. Specifically, this study will examine if high-fidelity skill usage of MI and CBT leads to improved outcomes, beyond using either skill alone proficiently or using both with low-fidelity. The findings from this work will have both theoretical and practical value, and may lead to the reformation of these community supervision strategies to include MI.



Parallel Session 3E | Wednesday June 18th | 14:00 – 15:15 | Prins Hendrik 1/3

An Integrated Motivational-Interviewing and Cognitive-Behavioural Intervention for Physical Activity Maintenance: A Pilot Study

Presenter: Sarah Scott

Background

Physical activity (PA) is recommended for the prevention and management of health conditions (e.g., diabetes) but is rarely maintained after intervention delivery ceases. Integrated motivational interviewing (MI) and cognitive-behavioral (CB) techniques (MI-CB) is proposed to enhance PA maintenance. Nevertheless, this approach is yet to be tested in adults with chronic health conditions.

Aims

To evaluate the feasibility, preliminary effectiveness and treatment fidelity of an intervention employing MI-CB for PA maintenance in adults with chronic health conditions.

Methods

Thirty seven patients were randomized into a 12-week face-to-face and telephone delivered MI-CB intervention or usual care group (UC). Behavioral (e.g., PA), psychological (e.g., self-efficacy) and epidemiological (e.g., weight) outcomes were administered at 0, 3 and 6 months follow-up. Feasibility and treatment fidelity was measured using attendance figures, client evaluation of motivational interviewing (CEMI), and the motivational interviewing treatment integrity code (MITI) (adapted for CB techniques). Analyses included ANCOVA controlling for baseline differences.

Results

Thirty-five participants completed the trial (96% adherence). The MI-CB group maintained PA at 6 months ($p = 0.009$) but only increased barrier self-efficacy ($p = 0.03$), and positive outcome experiences ($p = 0.01$) at three months compared to the UC group. No differences were found for epidemiological factors. The MI-CB intervention was feasible. Patients were highly satisfied with intervention delivery. The practitioner achieved beginner proficiency for MI. The CB strategies frequently delivered included barrier identification, problem solving and action planning.

Discussion

MI-CB is effective for regulating determinants and maintaining PA in a clinical population, despite being delivered at a level of beginner competence. A large scale trial is needed with a longer follow-up to test the long-term efficacy of the intervention. Monitoring treatment fidelity helps identify the effective strategies for behavior change and will be discussed in adherence to the theme: bridging the gap between research and practice.



Parallel Session 3E | Wednesday June 18th | 14:00 – 15:15 | Prins Hendrik 1/3

There is nothing more practical than a good theory: Towards systematic integration between Motivational Interviewing and Self-Determination Theory

Presenter: Maarten Vansteenkiste

Clinical interventions can be developed through two distinct pathways. In the first, which we call top-down, a well articulated theory drives the development of the intervention, whereas in the case of a bottom-up approach, clinical experience, more so than a dedicated theoretical perspective, drives the intervention. Using this dialectic, this paper discusses Self-Determination Theory (SDT) [Ryan, Lynch, Vansteenkiste, & Deci, 2011] and Motivational Interviewing (MI) [Miller & Rollnick, 2012] as prototypical examples of a top-down and bottom-up approaches, respectively.

We sketch the different starting points, foci, and developmental processes of SDT and MI, but equally note the complementary character and the potential for systematic integration between both approaches (Markland, Ryan, Tobin, & Rollnick, 2005; Vansteenkiste & Sheldon, 2006; Vansteenkiste, Williams, & Resnicow, 2012). Specifically, we contend that SDT has developed a more refined vocabulary to denote motivational differences in clients, can shed light on the underlying mechanism of change (i.e., psychological need satisfaction) and can help to differentiate between qualitatively different forms of change talk (i.e., informational vs. controlling). Instead, MI has provided more fine-grained insight in effective motivational interviewing practices and has been received substantial confirmation in diverse life domains involving a multitude of populations. Overall, for a deeper integration to take place, we contend that MI and SDT researchers need to develop a more unified vocabulary to denote motivational processes and clinical interventions and that MI researchers might want to embrace autonomy as a fundamental basic process underlying therapeutic change.





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