

What to expect from clinicians when training and using MI: Research Findings

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How do clinicians learn MI?

- Can be explored with training research
- Randomized, controlled trials comparing different approaches or different strategies for teaching
- Three published studies with pre and post data for clinicians: Baer, et al., 2004, Miller, et. al, 2004, Moyers, et al., (submitted)

Clinician Demographics

	AFTER	Baer et al.	EMMEE
N (% female)	136 (51.3%)	22 (55%)	140 (50%)
Avg. Age	36.3	41	47.6
Type of Clinician	Behavioral health providers	Addictions & mental health clinicians	Behavioral health providers
Avg. Years Treatment Experience	5.9	10.2	10.6

Type of MI Training

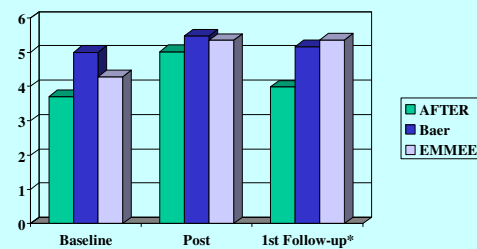
- AFTER
 - 2 day training workshop
 - Up to 6 consult calls with feedback
- Baer et al.
 - 2 day training workshop
- EMMEE
 - 2 day training workshop
 - Feedback
 - Up to 6 consult calls

Baseline MISC Values

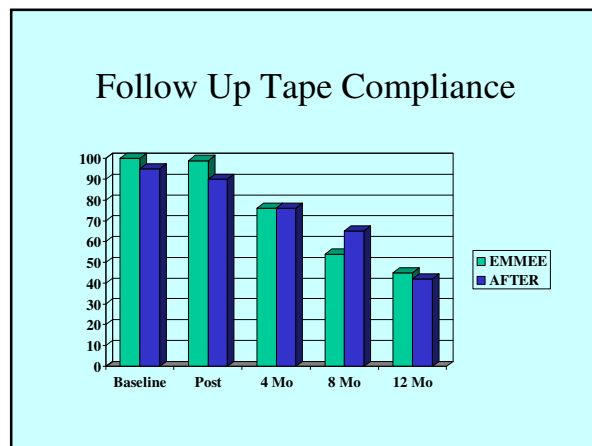
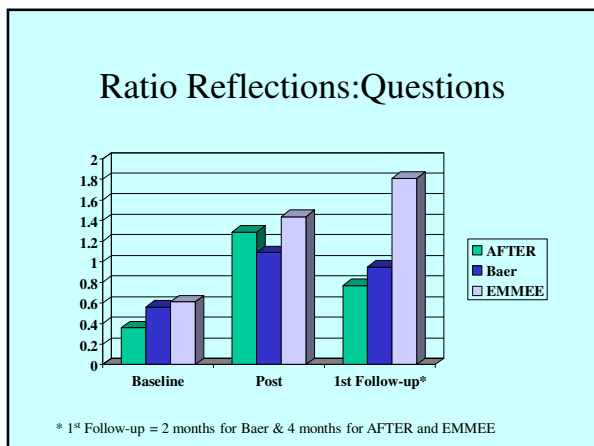
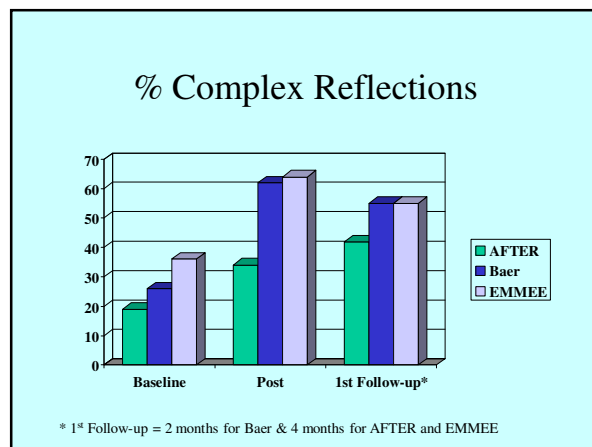
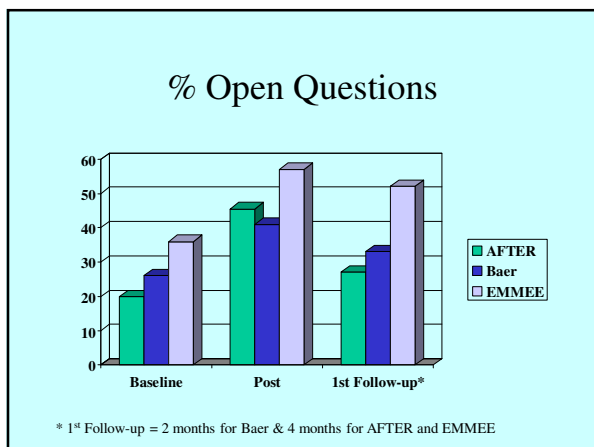
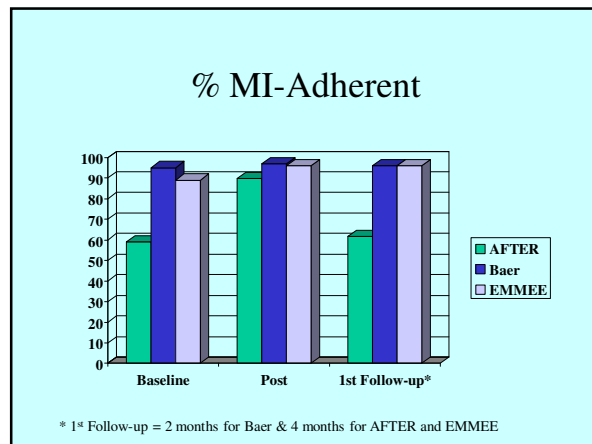
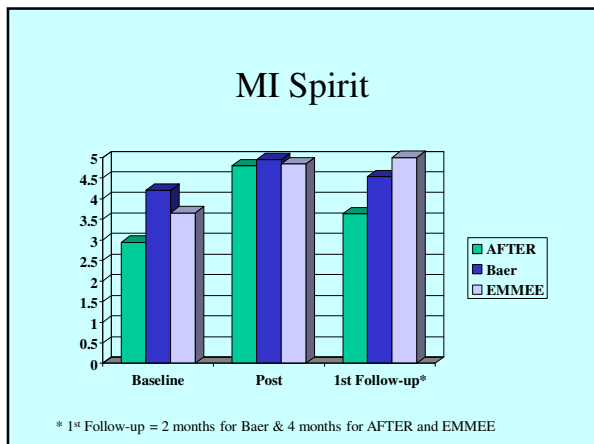
	AFTER	Baer et al.*	EMMEE
Empathy	3.71	5.00	4.28
MI Spirit	2.94	4.20	3.66
% MI-Adherent	59%	95%	89%
Ratio Reflections: Questions	0.36	0.56	0.61
% Open Questions	20%	26%	36%
% Complex Reflections	19%	59%	45%

* Means for Baer et al. are for sessions with simulated clients only

Empathy



* 1st Follow-up = 2 months for Baer & 4 months for AFTER and EMMEE



Normative Values and Effect Sizes for MISC

When we are not measuring training effects (before and after) what does practice look like?

9 Included Studies

- AFTER*
- EMMEE
- Miller & Mount (2001)
- Baer, Rosengren, Dunn, Wells, Ogle, & Hartzler (2004)
- Catley, Harris, Mayo, Hall, Okuyemi, Boardman (2006)
- Schoener, Madeja, Henderson, Ondersma, & Janisse (2006)
- Shafer, Rhode, & Chong (2004)
- Tappin, Lumsden, Gilmour, Crawford, McIntyre, Stone (2005)
- Thrasher, Golin, Earp, Tien, Porter, & Howie (2006)

* Coded with the MITI

Design Characteristics of Studies

	Number of clinicians	Clinician training	Avg. Clinician Experience
AFTER	9	Behavioral health providers	9.7
Baer	22	Mental health clinicians	10.2
Catley	4	Masters degree counselors	1.8
Miller & Mount	20	Probation officers	10.8
EMMEE	117	Licensed providers	14.4
Schoener	10	Mental health clinicians	15.4
Shafer	9	Substance abuse counselors	10-15
Tappin	4	Midwives	None
Thrasher	3	Health educators	unknown

Design Characteristics of Studies

	MI Training Format	Target Behavior
AFTER	2-day workshop + feedback and consult calls	Substance abuse
Baer	2-day workshop	Substance abuse
Catley	Workshop + training sessions	Smoking
Miller & Mount	2-day workshop	Health and social problems
EMMEE	2-day workshop + feedback and/or consult calls	Substance abuse
Schoener	2-day workshop + 8biweekly sessions	Co-occurring disorders
Shafer	5 3-hour video workshops	Substance abuse
Tappin	5 days training + 1 day/month during study	Smoking by pregnant women
Thrasher	24 hours of training over 2 months + biweekly feedback	Adherence to antiretroviral therapy

Training Styles of Studies

- 5 studies used 2-day workshop format
 - AFTER
 - EMMEE
 - Miller & Mount (2001)
 - Baer, Rosengren, Dunn, Wells, Ogle, & Hartzler (2004)
 - Schoener, Madeja, Henderson, Ondersma, & Janisse (2006)

Norms for Summary Measures

- Ratio Reflections:Questions
- % Open Questions
- % Complex Reflections

**Norms of Summary Measures:
Percentage of studies where the
therapist MEAN value reached...**

	Reach threshold?	Reach expert?
R:Q	56%	0%
% OQ	22%	0%
% CR	88%	63%
% MICO	75%	50%
% TTT	100%	60%

**Percent of studies where therapists mean value for
globals reached.....**

	Threshold (6)	Expert (7)
Acceptance	57%	0%
Empathy	67%	0%
Egalitarianism	43%	0%
Genuineness	57%	0%
Warmth	43%	0%
MI Spirit	22%	0%

**Effect Sizes of Summary
Measures**

	AFTER	Baer	Miller & Mount	EMMEE
R:Q	1.48	1.26	1.66	1.34
% OQ	1.43	0.93	1.41	1.08
% CR	0.52	0.10	-	0.94
% MICO	1.38	1.03	1.27	0.75

Effect Sizes of Global Measures

	AFTER	Baer	Miller & Mount	EMMEE
Acceptance	-	0.26	0.29	0.61
Empathy	1.38	0.43	0.29	0.73
Egalitarianism	-	0.77	0.48	0.86
Genuineness	-	0.00	-0.29	0.32
Warmth	-	0.00	0.28	0.35
MI Spirit	1.98	0.65	0.27	0.89

What to make of these findings?

- It is harder to get therapists to turn in follow up work sample tapes than it is to get clients to come to follow up assessments. Perhaps incentives are warranted in trainees who have competing demands when learning new skills.



Baseline skills will predict, not post training, but follow up skills. Lower initial skills predict greater decay. Perhaps greater training enrichments are needed to sustain skills in providers with limited repertoire at start of training.



Using Global
Ratings as outcome measures for training effectiveness will lead to depressing results

Behavior counts probably better because they are psychometrically stable, (not to mention more satisfying for the trainer)

What to make of these findings?

- Expert level criteria never reached by trainees. Is this:
 - a) logical and expected, because they are just trainees?
 - b) an indication that the threshold levels are too high for experts?
 - c) evidence that the coding system is not sensitive enough to pick out the really good ones?

Training in MI

- Is usually unsuccessful in a one shot presentation
- Should be expanded or contracted depending on the baseline skills of the learners
- Should be followed by feedback
- Objective feedback is ideal