



# Review of the integrity of a Self Administered Motivational Instrument



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## SUMMARY

**Background:** Motivational interviewing (MI) was developed by Miller and Rollnick as an evidence-based counselling approach for use in supporting people with alcohol problems. Over the years the principles and spirit of MI have been reviewed and fine-tuned and the approach has been embraced by practitioners worldwide and across fields.

Since 2001 a number of instruments have been designed to evaluate the fidelity of MI practice. For the purposes of this study, one such instrument is used to assess a self-administered motivational instrument, known as the SAMI, which takes the interviewer role.

**Objectives:** The SAMI is evaluated against the MITI 3.1.1, which is designed to assess the extent to which MI interventions perform on five global dimensions. These are evocation, collaboration, autonomy/support, direction and empathy.

**Design:** The SAMI was assembled based on the principles and spirit of MI, problem solving and goal-setting. The targeted behaviour changes were student learning styles and approaches to study.

**Setting:** The SAMI was distributed, completed and submitted electronically via the university virtual learning environment.

**Participants:** Thirty three mature students of a university which delivered online nursing programme were invited to complete the SAMI. Of these, 25 submitted completed transcripts.

**Methods:** Transcripts of a sample of six completed SAMIs were assessed by a group of teachers and researchers with experience in the use and evaluation of MI, using five-point Likert scales to assess the SAMI on the five dimensions.

**Results:** Overall, an average score exceeding 4.5 was attained across the five dimensions. Conventionally, such a score is recognised as competency in MI. However, on one dimension (empathy), the rating was three.

**Conclusions:** This current research confirms that global principles have been observed in the online delivery of MI using the SAMI to probe approaches to study.

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## Introduction

The purpose of this paper is the evaluation of an instrument devised in the tradition of motivational interviewing (MI), which was originally developed as a means of working with clients involved in alcohol and drug use (Miller and Rollnick, 2002). It has also been used in addressing a range of other behaviour changes such as smoking cessation (Emmons and Rollnick, 2001), diabetes (Treasure, 2004) and eating disorders (Treasure and Schmidt, 2004). More recently MI has been implemented by healthcare nurses primarily as a method for health promotion practice (Brobeck et al., 2011), with Thompson et al. (2011) concluding that MI is effective in changing behaviour in cardiovascular health. Also, in the education of healthcare professionals, MI has been applied to devise a self-administered instrument, called the SAMI (Self-Administered

Motivational Instrument) that students can use to review and, where necessary or possible, make amendments to their approaches to higher education (HE) study (Duffy and Rimmer, 2008). The SAMI is considered to be cost effective and time-efficient in assisting students to study effectively, while maintaining a balance with other aspects of their lives.

The SAMI is the instrument evaluated in the research reported in this current paper. It is evaluated using MITI 3.1.1 – Motivational Interviewing Treatment Integrity – devised by, among others Miller, one of the founders of the MI approach (Moyers et al., 2010). The MITI is also intended to be cost effective and further ‘a focussed tool for evaluating MI competence’ (Wallace and Turner, 2009). That is, the MITI is designed to assess the extent to which an intervention or treatment matches the requirements of MI. The method of evaluation in the current paper draws on the individual ratings of three university teachers, two of whom are experienced in applying MITI 3.1.1. Once ratings were gathered, concern turned to ensuring that this ‘multiple coding’ process was consistently applied (Golafshani, 2003).

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Consequently, the three raters were brought together as a focus group to debate, test and negotiate final ratings. This approach is seen as one form of multiple checking available to a team to ensure overall trustworthiness (Vandall-Walker and Clark, 2011; Golafshani, 2003; Morse et al., 2002; Ratcliff, 1995).

The theoretical basis of MI, the SAMI and MITI 3.1.1 are discussed in the next three sections of the paper where relevant literature is reviewed. The approach to assessment, that is the research method for the evaluation of the SAMI using MITI 3.1.1, is set out in the fourth section on *Methods*. In sections following this, evaluation results are presented and discussed, limitations of the research are noted and conclusions are drawn.

### Motivational Interviewing

MI is considered to be a behaviour-change strategy. Miller and Rollnick (2002, p. 25) define MI as 'a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence'. Ambivalence, sometimes referred to as dissonance, is viewed as: 'A discrepancy between the present state of affairs and how one wants it to be' (Miller and Rollnick, 2002, p. 38). This discrepancy may occur when there is an awareness of, and dissatisfaction with, current behaviour, alongside the recognition of perceived advantages of behaviour change.

MI is more focussed and goal directed than non-directive counselling (White and Miller, 2007). In order to guide the client towards change, guiding principles and specific strategies are used. These *guiding principles* contribute to the 'spirit' of motivational interviewing which includes, developing discrepancy, rolling with the client's resistance and supporting client's self-efficacy (Miller and Rollnick, 2002, pp. 65–76).

The guiding principles provide the foundation or framework for the delivery of MI. *Evocation* refers to exploration of the client's ideas and values (Miller and Rollnick, 2009). *Collaboration* incorporates issues relating to client choice and control and shared agenda setting. Client's strengths are utilised through *autonomy* and the focus on the target behaviour is maintained through *direction* (Huxley and Copello, 2007; Miller and Rollnick, 2002). These are discussed below in more detail.

Open-ended questions, affirmations, the use of summaries and reflective listening are used with the aim of building client efficacy; developing discrepancy between current behaviour and values; recognising readiness to change; and rolling with, rather than arguing against, resistance (Miller and Rollnick, 2002; Rollnick et al., 2008).

Typically the process of MI begins with exploration of the client's current situation. Bundy (2004) shares Miller and Rollnick's (2002) view that in addition to motivation a number of other factors influence behaviour change. These include personal beliefs about the behaviour, the value of the behaviour, the advantages and disadvantages of changing and perceived support from others. Throughout the process the aim of the practitioner is to resolve ambivalence, reflect change talk and support the client to formulate a change plan which reproduces the client's values and desired outcomes (Miller and Rollnick, 2002).

### Design of the SAMI (Self-Administered Motivational Instrument)

The SAMI was designed to support students to improve both their approaches to study and their attainment as measured by academic grade (Duffy and Rimmer, 2009). It was designed as a low cost brief self-help intervention to encourage students to review their current behaviours, consider options and formulate change plans in relation to study approaches (Duffy and Rimmer, 2008).

The self-review element of the SAMI draws on students' analytical skills and encourages reflection on previous experiences. Links to values are also supported through the use of person centred questions such as 'What concerns you about your current approach to study?', and collation

of personally relevant information including "What do you think are the obstacles to these plans working out for you?"

Use of 'how' statements within the SAMI aid in defining issues (Chang and Kelly, 1993); these statements also support students' autonomy, choice and control ('How can you put this solution into action?'). Student responses may also highlight differences in relation to the student's stage of change (Prochaska and Di Clemente, 1982).

When formulating change plans, individuals are encouraged to identify personally meaningful activities and engage in goal-directed behaviours (Oettingen and Gollwitzer, 2004; Poulin et al., 2005).

Individual judgements of ability to achieve goals are elicited as the SAMI encourages students to consider behaviour in relation to study and asks them to think about how they would like to change (McGonagle et al., 2008). It further draws on the decisional balance approach of McGowan (1992), as students are invited to consider some positive and negative aspects of their current approach to study.

### MITI Overview and Summary of Other Measures

A number of measures have been developed to assess the integrity of motivational interviewing. Madson and Campbell (2006) and Wallace and Turner (2009) evaluated a range of MI integrity measures. The latter identified that 'The degree and quality of psychometric testing performed on them is variable' (Wallace and Turner, 2009, p. 113). While one measure, MISC (Motivational Interviewing Skills Code), performed better in this respect, it has not yet been shown to measure fidelity in the use of MI (Turner and Wallace, 2009).

While not assessing all of the components within the MISC, the MITI can be completed more quickly than the MISC and so provide structured feedback speedily and at lower cost with a view to improving clinical practice.

The MISC is designed to conduct 'detailed process research, investigating the critical elements and causal mechanisms within motivational interviewing' (Moyers et al., 2010, p. 2). In their view, the MITI aims to suggest ways in which practitioners can improve their MI skills. The MITI presents a reliable assessment of MI treatment integrity (Moyers et al., 2005; Pierson et al., 2007). The MITI focuses only on the behaviour of the person conducting the interview whereas the MISC assesses both interviewer and interviewee behaviours. For the purposes of this current study it is the interviewer's behaviour that is being assessed. Within the structure of self-administered instruments, this means examining the integrity of the SAMI. To do this, the MITI was selected.

Moyers et al. acknowledge that the MITI Code is an 'instrument-in-development'. It is designed to assess global scores and behaviour counts. The first component (global scores) 'are intended to capture an overall impression of how well the interviewer meets the intent of the scale' (Moyers et al., 2010, p. 3). On the five scales of evocation, collaboration, autonomy/support, direction and empathy, assessors rate interviewer behaviour using five-point Likert scales, where 1 is low and 5 is high. From these ratings, a total Global Clinician Rating is calculated as the average score. An average of 3.5 over the five scales is recognised as 'beginning proficiency' in MI and an average score of 4 or higher is recognised as 'competency' in MI (Moyers et al., 2010, p. 27).

Assessment of behaviour counts may take place as a second stage assessment following review of the global scores. To do this, coders count instances of interviewer behaviour such as open questions or reflections, but are not expected to make any judgement about the quality of the interventions. As this study focuses only on identifying the extent to which the SAMI meets the Global Clinician Rating, behaviour counts were not collected.

### Methods

Thirty three students engaged in an online nursing programme in a university in the West of Scotland were invited to complete the SAMI.

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