ELSEVIER

Journal of Substance Abuse Treatment 42 (2012) 429–437

Journal of Substance Abuse Treatment

Brief article

Therapist competence and treatment adherence for a brief intervention addressing alcohol and violence among adolescents

Stella M. Resko, (M.S.W., Ph.D.)[a,*], Maureen A. Walton, (M.P.H., Ph.D.)[b], Stephen T. Chermack, (Ph.D.)[b,c], Frederic C. Blow, (Ph.D.)[b,c], Rebecca M. Cunningham, (M.D.)[d,e,f]

[a]*Wayne State University, Merrill Palmer Skillman Institute and School of Social Work, Detroit, MI*
[b]*University of Michigan Addiction Research Center, Department of Psychiatry, Ann Arbor, MI*
[c]*Serious Mental Illness Treatment Research Evaluation Center, VA Ann Arbor Healthcare System, Ann Arbor, MI*
[d]*University of Michigan, School of Public Health, Ann Arbor, MI*
[e]*University of Michigan, Injury Research Center, Department of Emergency Medicine, Ann Arbor, MI*
[f]*Department of Emergency Medicine, Hurley Medical Center, Flint MI*

Received 3 March 2011; received in revised form 24 August 2011; accepted 15 September 2011

Abstract

This study examines therapist competency and treatment adherence for a brief intervention addressing alcohol misuse and violent behaviors among adolescents aged 14–18 years. Three observational measures of fidelity were used by independent raters to evaluate 60 therapist-delivered sessions (M = 32.5 minutes). Individual items from the Content Adherence scale, the Global Rating of Competence (Global Rating of Motivational Interviewing Therapist [GROMIT]), and the Self Exploration and Change Talk (SECT) demonstrated fair to excellent interrater reliability (intraclass correlations ranged from .40 to 1.0). Principal components analysis was used to identify the underlying factor structure of the Content Adherence and the GROMIT. Parallel analysis suggested the extraction of three components for the Content Adherence reflecting the three distinct goals for each segment of the intervention. Two components were identified for the GROMIT representing the general spirit of motivational interviewing and empowerment. Findings provide support for the fidelity instruments adapted for this study and offer direction for future training and clinical supervision. © 2012 Elsevier Inc. All rights reserved.

Keywords: Treatment fidelity; Treatment integrity; Implementation fidelity; Therapist competence; Motivational interviewing

With the growing emphasis on disseminating evidence-based treatments in the substance abuse field, it is critical that clinicians and researchers assess the fidelity of behavioral interventions (Madson & Campbell, 2006; Mowbray, Holter, Teague, & Bybee, 2003). Treatment fidelity refers to the extent to which an intervention is implemented as intended and is critical for the successful translation of evidence-based treatments into practice (Baer et al., 2007; Breitenstein et al., 2010; Carroll et al., 2007; Mihalic, 2004; Mowbray et al., 2003; Perepletchikova, Treat, & Kazdin, 2007; Resnick et al., 2005; Santacroce, Maccarelli, & Grey, 2004). It is an essential, yet often overlooked, component of intervention research. Perepletchikova and Kazdin (2005), for example, reviewed psychiatry and clinical psychology journals that frequently publish treatment outcome research (i.e., ≥100 articles on treatment outcomes research from 2000 to 2004) and found that treatment fidelity was adequately addressed for only 3.5% of the evaluated psychosocial interventions.

Treatment adherence and therapist competence are two key components of treatment fidelity that are conceptually related (Perepletchikova, & Kazdin, 2005; Perepletchikova et al., 2007). Treatment adherence is the degree to which the therapist implements procedures prescribed by the intervention protocol and avoids those that are proscribed (Hogue

* Corresponding author.
E-mail address: stella@wayne.edu (S.M. Resko).

0740-5472/11/$ – see front matter © 2012 Elsevier Inc. All rights reserved.
doi:10.1016/j.jsat.2011.09.006

et al., 2008; Perepletchikova et al., 2007). Adherence measures focus on the presence or quantity of components that are specific and essential to the defined intervention (Breitenstein et al., 2010). In contrast, therapist competence addresses qualitative aspects of the therapists' skills and assesses how well prescribed procedures are implemented (Breitenstein et al., 2010; Forgatch, Patterson, & Degarmo, 2005; Perepletchikova & Kazdin, 2005; Perepletchikova et al., 2007; Stein, Sargent, & Raphaels, 2007). Competence in delivering an intervention includes qualities related to communication, technical abilities, and skills in responding to the participants receiving the intervention (Breitenstein et al., 2010).

Monitoring treatment fidelity is important for implementing interventions consistently and at a high level of quality throughout the course of a study, particularly when different therapists with different levels of expertise are implementing the intervention in multiple settings (Breitenstein et al., 2010; Carroll et al., 2000; Glasgow, Lichtenstein, & Marcus, 2003). In cases of negative or ambiguous findings, fidelity data can provide insight that helps researchers determine whether the outcomes reflect a failure of the therapeutic model or a failure to implement the model (Chen, 1990). Fidelity monitoring can provide additional support for the validity of results in a study and inform the wider dissemination of empirically based treatments by providing guidelines for larger scale dissemination of interventions (Breitenstein et al., 2010; Baer et al., 2007; Mowbray et al., 2003).

Research on treatment fidelity can also contribute to our understanding of the mechanisms of behavior change, ways interventions can be improved, and strategies to overcome barriers to implementation (Madson & Campbell, 2006; Moyers, Martin, Manuel, Hendrickson, & Miller, 2005; Orwin, 2000; Perepletchikova & Kazdin, 2005). Fidelity assessments provide a method for determining critical ingredients in treatment models that are most strongly associated with client outcomes. To this end, it is critical that researchers develop rigorous tools that will yield reliable and valid data on treatment fidelity and can also assist in clinical supervision (Carroll et al., 2000; Garland, Hurlburt, & Hawley, 2006; Hogue et al., 2008; Madson & Campbell, 2006; Moyers et al., 2005). Reliable and valid rating scales become essential when attempting to standardize treatments across multiple treatment sites. Carefully developed measures of fidelity may help researchers to determine whether particular components are more strongly associated with a desired outcome and can help to identify promising leads for research on mechanisms of behavior change (Perepletchikova & Kazdin, 2005).

The purpose of this study is to examine the treatment fidelity for a brief intervention (BI) addressing alcohol use and violent behaviors among adolescents. The combined adapted motivational interviewing (MI) and skills training intervention was recently tested in a larger randomized controlled trial (see Cunningham et al., 2010; Walton et al., 2010). Using a subset of data drawn from this larger study, the therapists' implementation of the intervention was evaluated for two aspects of treatment fidelity. These are the degree to which an intervention is conducted competently (competence) and according to protocol (adherence; Breitenstein et al., 2010; Carroll et al., 2007; Dusenbury, Brannigan, Hansen, Walsh, & Falco, 2005; Perepletchikova & Kazdin, 2005; Perepletchikova et al., 2007).

Treatment fidelity and the quality with which an intervention is implemented have been a particular concern for MI interventions (Madson, Campbell, Barrett, Brondino, & Melchert, 2005; Madson & Campbell, 2006; Martino, Ball, Nich, Frankforter, & Carroll, 2008; Miller, Moyers, Ernst, & Amrhein, 2008; Moyers et al., 2005). Several researchers have cautioned that MI is sometimes implemented in a manner that is inconsistent with the intended spirit of the approach (e.g., Madson et al., 2005; Miller & Rollnick, 2002; Moyers, Martin, Catley, Harris, & Ahluwalia, 2003). Although there has been a growing number of studies that have empirically examined the treatment fidelity of MI interventions (Madson & Campbell, 2006; Moyers et al., 2005), there has been less attention to MI-based interventions with adolescents. Those studies that have examined treatment fidelity of MI interventions with adolescents have focused primarily on treatment adherence (e.g., Dennis et al., 2002; Dennis et al., 2004; Smith, Hall, Jang, & Arndt, 2009) or client language within MI sessions (Baer et al., 2008). This study contributes to the small but growing body of research assessing treatment fidelity in evidence-based treatments for adolescent substance misuse. In addition, this article presents novel data, as it is the first published data reporting on psychometric properties of the two instruments: the Global Rating of Motivational Interviewing Therapist (GROMIT; Moyers, 2004) and the Self Exploration and Change Talk (SECT).

1. Methods

1.1. Participants

Data for this study were drawn from a larger and ongoing randomized controlled trial designed to compare the effectiveness of different delivery mechanisms for a tailored BI addressing alcohol use and violence among adolescents (see Cunningham et al., 2010; Walton et al., 2010). Participants were recruited during the afternoon and evening shifts (12:00–11:00 p.m.) from a Level 1 trauma center located in Flint, MI. Patients who endorsed past-year alcohol use (e.g., drinking beer, wine, or liquor more than two times in the past year) and engaging in one or more violent behavior (e.g., pushed/shoved, hit/punched, serious physical fight, group fighting, using a knife or gun) in the past year were eligible for the study. Patients were excluded if they had unstable vital signs, were actively suicidal, being treated for a sexual assault, in police custody, or unable to provide consent because of impaired cognitive function. All eligible

Download English Version:

https://daneshyari.com/en/article/328500

Download Persian Version:

https://daneshyari.com/article/328500

Daneshyari.com