



Motivational Interviewing Fidelity in a Community Corrections Setting: Treatment Initiation and Subsequent Drug Use



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ABSTRACT

Introduction: Although substance use is common among people in the U.S. criminal justice system, treatment initiation remains an ongoing problem. This study assessed the reliability and predictive validity of the Motivational Interviewing Treatment Integrity 3.1.1. (MITI) coding instrument in a community corrections sample.

Methods: We used data from 80 substance-using clients who were participating in a clinical trial of MI in a probation setting. We analyzed 124 MI counseling sessions using the MITI, a coding system for documenting MI fidelity. Bivariate associations and logistic regression modeling were used to determine if MI-consistent behaviors predicted substance use or treatment initiation at a 2-month follow-up.

Results: We found a high level of agreement between coders on behavioral utterance counts. Counselors met at least beginning proficiency on most MITI summary scores. Probationers who initiated treatment at 2-month follow-up had significantly higher ratings of clinician empathy and MI spirit than clients who did not initiate treatment. Other MITI summary scores were not significantly different between clients who had initiated treatment and those who did not. MI spirit and empathy ratings were entered into a forward logistic regression in which MI spirit significantly predicted 2-month treatment initiation ($\chi^2(1) = 4.10, p < .05, R^2 = .05$) but counselor empathy did not. MITI summary scores did not predict substance use at 2-month follow-up.

Conclusions: Counselor MI-consistent relational skills were an important predictor of client treatment initiation. Counselor behaviors such as empathy and MI spirit may be important for developing client rapport with people in a probation setting.

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1. Introduction

Among the nearly six million people under community supervision in the U.S. (i.e., probation and parole), two thirds are estimated to be drug involved (Taxman, Perdoni, & Caudy, 2013). However, despite the enormous leverage of the criminal justice system, less than half of drug-involved clients participate in substance abuse treatment (Karberg & James, 2005). The criminal justice system ranges from police interactions, to incarcerated settings, to community corrections. Although different in format, these formats also share a number of common challenges, including the need for strategies to motivate offenders to make changes that will reduce the likelihood of future criminal behavior. One way to improve substance use and treatment initiation rates may be to incorporate evidence-based counseling strategies such as motivational interviewing (MI) into criminal justice interactions (Walters, Clark, Gingerich, & Meltzer, 2007).

MI is a conversational style that originated from alcohol intervention studies in the early 1980's (Miller & Rollnick, 2012). MI has been widely validated as a stand-alone treatment, as a precursor to more extensive

treatment, or integrated with other components, such as tailored feedback (Hettema, Steele, & Miller, 2005). Both relational features (e.g., counselor empathy) as well as specific language utterances (e.g., counselor choice of questions and statements) are thought to account for this positive effect of MI. MI has a strong evidence base in areas such as substance use, diet and exercise, and HIV risk behaviors (Lundahl & Burke, 2009). The positive effects of MI are generally robust across gender, age, ethnicity, and problem severity (Hettema et al., 2005). Additionally, there is a growing body of evidence that MI can affect criminal justice outcomes. Although this is a fairly new area, a review by McMurrin (2009) found preliminary evidence that MI can increase motivation and treatment retention among criminal justice offenders, in both incarcerated and community corrections settings.

The link between counselor delivery of MI and outcome has been most strongly explored in the area of substance abuse (Apodaca & Longabaugh, 2009). However, studies have generally focused on treatment-seeking, rather than mandated populations. In fact, a comprehensive review of MI mechanisms of change did not identify any studies of clients that were mandated to attend treatment (Apodaca & Longabaugh, 2009). Mandated clients may be significantly different from voluntary populations both in terms of the client profile and in terms of system-level expectations. For instance, while legal penalties clearly provide incentives for action (or more accurately, punishments

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for inaction), they can also ignore many of the intrinsic reasons people would make changes (e.g., friends, family, personal responsibility), in a sense forcing people to act for external reasons (Fry, 2007). This may create a situation where provider interactions are focused more on short-term compliance tasks, or where clients adopt superficial language to avoid legal consequences.

Several measures have been developed to assess counselor fidelity to MI (Madson & Campbell, 2006). The most commonly used measure to document MI fidelity is the Motivational Interviewing Treatment Integrity coding system (MITI; Moyers, Martin, Manuel, Miller, & Ernst, 2010). The MITI is an in-progress (i.e., continual revisions) coding manual that measures how well a counselor adheres to MI principles. We used the most recent version available at the time of coding (3.1.1). The MITI measures five global scores of counselor behavior (i.e., evocation, collaboration, empathy, autonomy support, and direction) and five counselor behavior counts that consist of giving information, questions (open and closed), reflections (simple and complex), and other utterances that are thought to be consistent or inconsistent with MI (MI-adherent and MI-non-adherent behaviors).

Scores on key MITI indicators have been found to be associated with clinical outcome. For instance, in a study with marijuana users, McCambridge, Day, Thomas, and Strang (2011) found that MI spirit and percent of complex reflections were predictive of marijuana cessation at a 3-month follow-up. Other aspects of MI fidelity (i.e., counselor empathy, reflection to question ratio, percent open questions, and percent MI adherent) were not related to marijuana cessation. In a study with physically aggressive couples, Woodin, Sotskova, and O'Leary (2012) found that a greater reflection to question ratio and a greater percent open questions predicted reduced partner aggression at 9 months. Greater counselor empathy was a marginally significant predictor, and other behaviors such as empathy, MI spirit, percent complex reflections and percent MI-adherent utterances were not significantly associated with reduced partner aggression. Finally, in a study targeting people living with HIV, Seng and Lovejoy (2013) found that MI style and technique (determined via a principle component analysis of individual MITI indicators) was associated with fewer unprotected sex acts at 6 months. This overall pattern of findings suggests that some key MITI indicators can predict clinical outcome, however the indicators vary by study and the targeted behavior.

An important limitation of these studies is that they have drawn from community, rather than offender samples, specifically. In fact, a comprehensive review of MI mechanisms of change did not identify any studies that specifically focused on clients who were mandated to attend treatment (Apodaca & Longabaugh, 2009). One exception to this is work conducted in the Sweden prison system that found the MITI to be a reliable and valid measure of MI fidelity (Forsberg, Berman, Kallmen, Hermansson, & Helgason, 2008; Forsberg, Ernst, Sundqvist, & Farbring, 2011). Their research has indicated the MITI can reliably predict counselor training in MI (i.e., ongoing training with feedback versus service as usual). However, these studies also suggested that MI counselors had some difficulty meeting recommended MITI thresholds for beginning proficiency and competency with prisoners.

The current study examined the relationship between MI fidelity and clinical outcome in a group of probation clients. To our knowledge, this is the first study to explore the reliability and predictive validity of the MITI in a community corrections setting. The study had three aims: 1) determine whether coders could reliably code MI interactions in a community corrections setting using the MITI; 2) determine whether counselors could maintain fidelity to MI benchmarks in a community corrections setting, and 3) examine the impact of counselors' MI-consistent behaviors on subsequent substance abuse and treatment initiation rates. We hypothesized that, consistent with the literature in other substance abusing and criminal areas, counselor behaviors that were consistent with the tenets of motivational interviewing (i.e., greater empathy and MI spirit, more complex than simple reflections, and more MI-adherent behaviors) would predict reductions in substance use and increased treatment initiation.

2. Methods

Motivational Assessment Program to Initiate Treatment (MAPIT) was a multisite clinical trial comparing in person vs. computer approaches for increasing motivation to make changes in substance use, treatment initiation, and other behaviors related to probation success. The clinical trial is described more fully in Taxman, Walters, Sloas, Lerch, and Rodriguez (2015). Briefly, probation clients at two sites (Dallas, TX and Baltimore City, MD) were stratified by criminal justice risk (low/moderate versus high risk) and randomized to: 1) a 2-session MI intervention (described here); 2) a 2-session motivational computer program, or 3) supervision as usual. To be eligible, clients must have been at least 18 years old, within 30 days of their probation sentence date, and reported drug use or heavy alcohol use in the past 90 days. Participants were stratified at randomization by criminal justice involvement, a key predictor of criminal justice outcome (Monahan & Skeem, 2014). Clients completed a baseline interview (after which they received the first intervention visit), and follow-up visits at 2 and 6 months. This paper uses responses from the 2-month follow-up to measure the proximal impact of MI on substance use and treatment initiation.

Participants receiving MI ($N = 80$) were 60% Black/African American, 20% Caucasian, 2.5% Native American, and 17.5% other or multiracial. Participants were mostly male (65%). Ages ranged from 18 to 57 years old ($M = 34.9$, $SD = 12.0$). Thirty-five percent of probationers were considered to be low risk for having further arrests (recidivism), 30% were moderate risk, and 35% were high risk. Twelve participants only received one MI session, and six participants were lost to follow-up.

Briefly, the MI condition consisted of two, 45-minute sessions that incorporated a personalized feedback report (Walters, Ressler, Douglas, & Taxman, 2013). Session 1 (completed after the baseline interview) was intended to increase motivation to make changes in substance use, treatment initiation, and other early behaviors related to probation success. The session 1 feedback report summarized different factors related to probation outcome, substance use, and included a section suggesting specific goals for the next month. Session 2 (completed approximately 30 days later) reviewed motivation and early progress, and offered additional tools to identify positive social support and short- and long-term goals. The session 2 report was a worksheet (formatted similarly to session 1) designed to help identify goals for the next month and assess social supports. Both feedback reports were intended to be completed collaboratively by the counselor and client. The client received a copy of their feedback report. Approximately half of MI sessions were completed in a private space in the probation office; the other half was completed at libraries, community centers, or other locations at the clients' request.

We used MI training procedures that were similar to previous clinical trials such as Project MATCH (Project MATCH Research Group, 1993). Counselors were trained and supervised by an experienced MI trainer (SW). There was one counselor located at each study site. The two counselors had master's degrees in psychology and social work, but had not been previously trained in MI. The counselors completed approximately 40 hours of training, including didactic information about MI spirit and technique, supervised role plays, and four practice sessions, prior to seeing clients. During the first 3 months of the study, counselors received weekly supervision with SW; thereafter, counselors received twice-monthly supervision. Tapes were coded per the instructions below.

2.1. Measures

2.1.1. Motivational Interviewing Treatment Integrity Scale

The MITI was originally derived from a factor analysis of the more comprehensive Motivational Interviewing Skill Code 1.0 measuring both client and counselor behaviors (MISC; Miller, Moyers, Ernst, & Amrhein, 2008). An exploratory factor analysis of the MISC 1.0 resulted in two global ratings of counselor behavior and five behavior utterance counts. The MITI 3.1.1 consists of five global scores assessing MI-consistent behaviors

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