

Questions Asked During Live Webinar Broadcast on May 23, 2018



Ensuring Fidelity to Motivational Interviewing among Frontline Service Providers

Presenter: Nicole Chisolm and Ben Callaway

How do the MI tools differ specifically on the widely utilized Motivational Interviewing Treatment Integrity (MITI) tool? Please explain

A: The tools presented for during this webinar are a combination of fidelity tools provided by the developers of Motivational Interviewing and agency-specific tools that have been tailored specific to the needs of our agency. What has been presented (specifically the peer review tools) is intended to be integrated with other program strategies. The peer review tool is a qualitative evaluation intended to facilitate a knowledge exchange among service providers.

Can the link to the manual shared in today's presentation be copied for all of us to read and use?

A: The manual reference during this webinar may be accessed online at http://attcnetwork.org/projects/documents/miastep/550111_Section%20G.pdf

You mentioned "low to no cost" issue. For contract therapists that work for a not-for-profit, cash-starved, behavioral health outpatient treatment facility, a subsidiary of a large healthcare system ... How can you motivate participation (without paid compensation)?

A: A key characteristic of our MI process evaluation was the peer review process. Our service providers were able to give feedback to and learn from their peers during the peer review process. This design was supported by supervisors in that it allowed for a non-supervisory education that complemented supervisor messaging. The design was also supported by direct service staff in that it was a non-punitive process (and the non-punitive nature is an important element to enforce and promote) largely facilitated by direct service providers, much like a case review process.

The staff members that were evaluated as part of this project were full time employees for a community based HIV/AIDS Organization. The non-punitive nature of the process promoted participation.

I'm curious to hear more about what type and how much training clinicians and staff received. Was it internal or did they go to an official MITI training? (MI Training Institute)

A: Our staff completed multiple forms of MI education. Extensive training was conducted internally. Outside trainers, specializing in MI, conducted workshops that lasted multiple days. Workshops focused on motivational interviewing & strengths-based strategies for HIV retention in care and medication adherence. Topics included:

- Principles of Strengths-based Work
- Enhancing the Clinic/Agency Experience
- Dealing with "Difficult" Clients
- Motivational Interviewing: Philosophy/ Spirit, Principles, and Techniques
- Motivational Interviewing: Skills Practice

In addition to structured staff education, supervisors coached staff one-on-one throughout the duration of the program. Peer-to-peer learning was facilitated through the peer review process and peer review team debriefing.

Do you see a difference of MI in different environments? Such as in an office compared to an outside open

A: Meeting with a client in any space that they are more comfortable in, such as their home, could lead the client to be more open to change process. If there is some aspect of the office that leads a client to feeling uncomfortable, this could hinder the change process. However it is also important to note that MI should be replicated across all meeting locations, and maintaining fidelity to the model should ameliorate effects from most environments.

Do you have an example of the peer review checklist?

A: For a sample peer review checklist, please email of your webinar presenters. (Nicole Chisolm: Nicole.Chisolm@prismntx.org or Ben Callaway Benjamin.Callaway@prismntx.org)