





What is an MI Assessment?

- Use of client-centered MI style
- MI strategies that can be integrated into the agency's existing intake assessment process
- Methods that can be used with diverse substance use problems
- Skills for assisting clients in assessing their own substance use
- Understanding the client's perception and willingness to enter into a treatment process

MI Assessment "Sandwich"

MI strategies during 1st 20 min

Agency Intake or Assessment

MI strategies during last 20 min

Implementing MI may require:

- Focused clinical supervision
- Audio taped MI Assessment sessions
- Tape coding
- Feedback, coaching and instruction for improving skills

Benefits of MI Assessment

- It has a solid evidence-base
- MI improves client engagement and retention
- Using MIA:STEP:
 - Enhances clinical supervision
 - Builds counselor knowledge and proficiency in MI

Why another application of MI?

- Positive outcomes depend on clients staying in treatment for adequate length of time
- Adding MI at beginning of treatment increases client retention
- The type of clinical supervision needed to maintain and improve MI skills is generally lacking

MIA:STEP Toolkit includes everything you need to:

- Introduce the idea of doing an MI assessment
- Train counselors and supervisors
- Provide ongoing supervision of MI
- Train supervisors to use a simple rating system
- Use an MI style of supervision

The costs of implementing MI Assessment

- Time to learn and implement the protocol
- Regular review and feedback on MI skills
- Ongoing clinical supervision, including:
 - Training Mentoring
 - Practice Review of recorded interviews
 - Feedback Development of learning plans
- The cost of recorders and supplies

Why consider this approach when staff are already trained in MI?

- Most trained clinicians do not use MI appropriately, effectively or consistently
- MI is more difficult than clinicians expect
- The key to successful implementation of MI is supervisory feedback and coaching

Development of the protocol

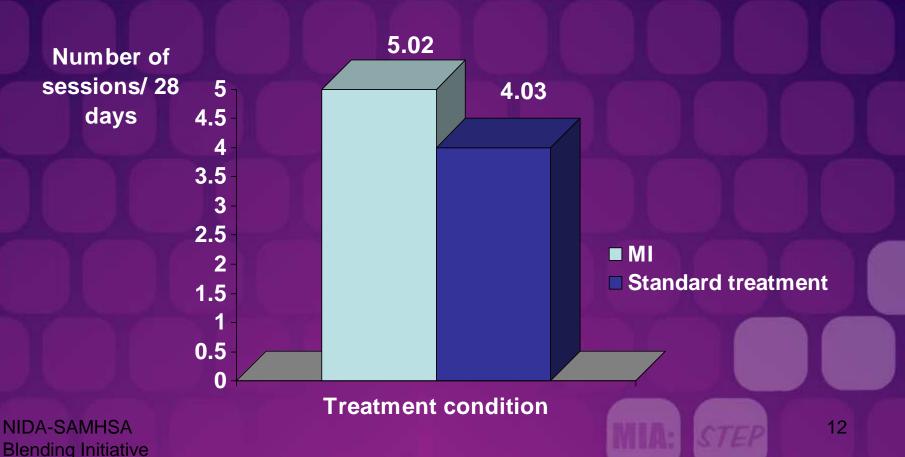
- The NIDA Drug Abuse Treatment Clinical Trials Network designed the protocol
- Designed as something that all outpatient community treatment providers could use
- Researchers worked directly with MI experts and treatment providers on both development and implementation.

Profile of CTN study participants

- Average age: 32
- Gender: 40% female
- Race: 76% White
- Marital Status: 21% married
- Referral source: 32% referred by criminal justice system
- Average years of education: 12
- Primary drug problem: alcohol (48%)
 followed by marijuana, cocaine, stimulants

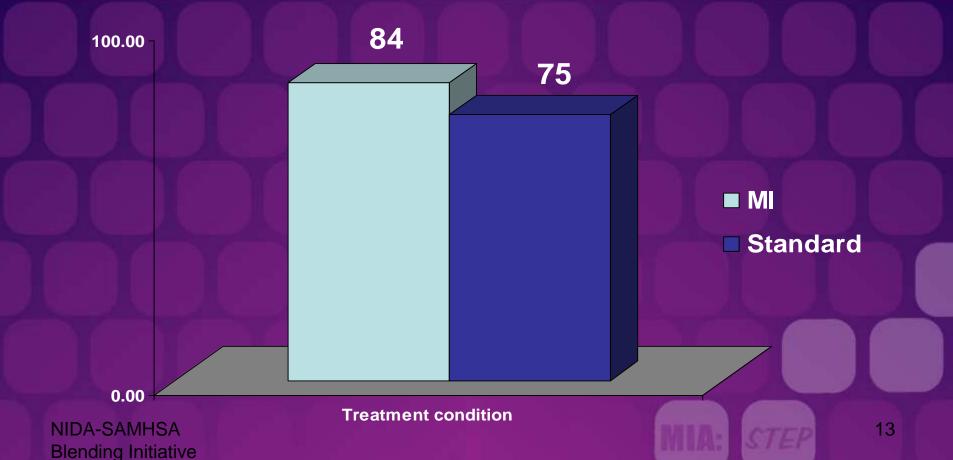
Research findings

1. People receiving MI assessment completed more sessions in 4 weeks than those receiving standard intake.



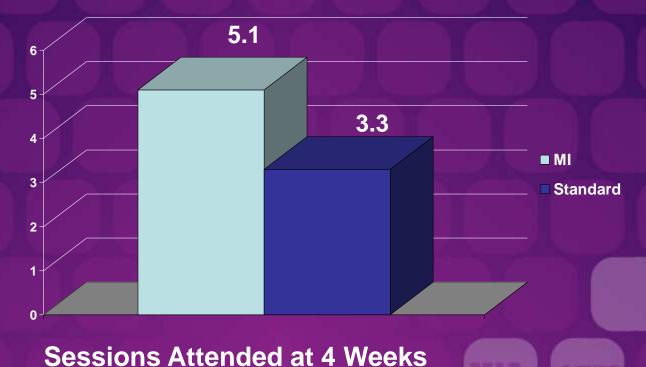
Research findings

2. MI retained more people in treatment at the 4 week point than standard assessment.



Research findings

3. For alcohol users only, there was a more pronounced difference in treatment sessions attended at 4 weeks that was maintained at the 84 day follow-up.



MIA:STEP Toolkit Overview

- 1. Briefing materials
- 2. Summary of the MI Assessment intervention
- 3. Results of the NIDA CTN Research
- 4. Teaching tools for enhancing and assessing MI skills
- 5. Interview rating guide and demonstration materials
- 6. Supervisor training curriculum