SECTION B: *Briefing Materials*

blending initiative
NIDA • SAMHSA

Announcing

MOTIVATIONAL INTERVIEWING ASSESSMENT:
Supervisory Tools for Enhancing Performance

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are pleased to announce the availability of a new evidence-based treatment protocol that has emerged from the work of the NIDA National Drug Abuse Treatment Clinical Trials Network (CTN). A Motivational Interviewing Assessment protocol has produced improvements in client engagement and retention during the first four weeks of treatment. Both engagement and retention have been shown to be important contributors to positive treatment outcome.

To support the adoption of the protocol NIDA and SAMHSA, via their Blending Initiative, have developed a package of materials titled, Motivational Interviewing Assessment: *Supervisory Tools for Enhancing Proficiency* (MIA: STEP). Please review the enclosed materials and consider the benefits of using this protocol as an enhancement to existing treatment practices. Your local contact for more information is: *insert ATTC name and contact information here.*

The MI Assessment protocol was developed and tested with outpatients in community treatment agencies. Its use has been shown to increase:

- Client treatment attendance, and

- Retention of clients during the first month of treatment.

The MI Assessment intervention consists of adding a 20-minute MI enhancement to the beginning and end of an agency's usual assessment interview. Because MI includes a complex assortment of skills, the MIA: STEP toolkit was developed for supervisors to use in mentoring and facilitating the development and maintenance of counselor MI skills. The package includes a review of the clinical trials research, guidelines for conducting the MI Assessment, tools to enhance counselor skills, and instructions for assessing and rating counselor proficiency in MI.

Optional: *The (insert your organization name here) invites you to (insert info on whatever method will be used to further introduce this product i.e. come to a meeting, join a conference call, expect a personal call, attend an upcoming presentation, go to a website, etc.)*

Executive Summary:
THE MOTIVATIONAL INTERVIEWING ASSESSMENT

WHAT IS THE MI ASSESSMENT INTERVENTION?

Motivational Interviewing (MI) is integrated into the clinical assessment interview for treatment seeking clients. The goal is to understand the motives clients have for addressing their substance use problems, gather the clinical and administrative information needed to plan their care, and build and strengthen their readiness for change. This intervention targets two important aspects of the clinical assessment:

1. Obtaining needed administrative and clinical information from the client, and
2. Conducting the interview in a way that will result in the client returning for the next appointment.

Given the variability in program expectations of what needs to be accomplished during the assessment session, it is expected that the MI enhanced assessment will last somewhere between a minimum of 90 minutes and a maximum of 150 minutes.

LOGISTICS

The MI assessment is integrated into the normal admission and clinical evaluation process of an outpatient treatment program. Given that programs use a variety of assessment tools, this protocol does not require the agency to alter how it gathers clinical information. The MI portions of the interview will occur at the beginning and near the end of the interview.

Step 1 - Building a bond with the client

During the initial minutes of the interview the clinician uses MI skills to build rapport and elicit a discussion of the client's perception of his /her problems. During this initial segment of the interview the counselor gets an idea of where the client is on the stages of change continuum, what kinds of resistance may emerge, and the client's readiness for change.

Step 2 - Gathering essential information and/or providing feedback

Step 2 involves either conducting the agency's standard psychosocial assessment or reviewing existing assessment data. It is recommended that the assessment be conducted in the usual manner rather than trying to artificially integrate an MI style into what typically is a semi-structured method of data collection. When finished, the counselor can summarize the information obtained or go back to specific items to elicit further discussion, using an MI style before proceeding to Step 3.

Step 3- Summarizing and reconnecting with the client

At this point the interview shifts back to a more open-ended format to better understand what the client wants to achieve during treatment. The counselor utilizes strategies for eliciting change or dealing with resistance in this phase. The material obtained during the standard assessment provides the counselor with ideas about questions that might be asked to establish discrepancies and enhance motivation for change.

In summary, each of the 3 Steps above can be conceptualized as an MI sandwich in which a more structured standard assessment is sandwiched between two client-centered MI interventions. The MI assessment starts with an MI-style discussion of problems (Step 1), shifts to a more formalized assessment or review of existing assessment information (Step 2), and then shifts back to an MI discussion of change (Step 3).

WHY CONDUCT A MOTIVATIONAL INTERVIEWING ASSESSMENT?

By adding an MI component to a standard assessment, client attendance and the retention of clients during the first month of care can be increased significantly. We know that positive treatment outcomes depend upon an adequate treatment dose. MI has a well documented capacity to engage and retain clients in treatment. Now we have evidence that a single motivational style interview at the beginning of outpatient treatment helps clients remain in treatment during a time when drop out risk is high.

NEEDED CLINICAL SKILLS

The knowledge and skills needed to implement the MI Assessment protocol are summarized elsewhere in the MIA:STEP package. First, counselors will need training in the basic principles and practices of Motivational Interviewing. Next, clinical supervisors will want to reinforce and mentor the continued development of MI skills following the counselor's attendance at a workshop. The supervisory tools in MIA:STEP will help counselors build proficiency in the skills necessary to conduct effective MI Assessment interviews. Training programs have also been developed to help supervisors and counselors get maximum benefit from the MIA:STEP package of products.

MIA:STEP
Talking Points

WHAT DOES THE MI ASSESSMENT INCLUDE?

● 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

1. One session of MI improved retention: Clients who received one MI session were more likely to continue to engage in treatment one month later and to have attended more sessions than clients who received treatment as usual.

MI Assessment "sandwich" concept:

MI strategies during opening 20 mins
Agency intake assessment
MI strategies during closing 20 mins

2. MI skills can be trained and implemented at a high fidelity level when agencies utilize:

   ■ focused clinical supervision
   ■ audio taped MI Assessment sessions
   ■ tape coding
   ■ feedback and instruction for improving skills

WHY SHOULD TREATMENT AGENCIES BE INTERESTED IN ADOPTING THIS CLINICAL INTERVENTION—WHAT ARE THE BENEFITS FOR AGENCIES AND THEIR CLIENTS?

MI Assessment is an evidence-based practice developed within the NIDA National Drug Abuse Treatment Clinical Trials Network.

MI Assessment improves clinical practice, client engagement and retention. Its use:

● Meets agency need for administrative and clinical information,
● Provides an experience that will increase the likelihood of the client returning for subsequent treatment activities, and
● Encourages a client-centered approach designed to highlight and facilitate change in client behavior.

The toolkit fills a need for practical supervisory materials and strategies to support the proficient use of MI. Using the tools and processes included in the kit will:

● Enhance the quality of the agency's clinical supervision,
● Build counselor knowledge and proficiency in using MI strategies, and
● Provide a model which can be used for improving counseling and supervision skills beyond the MI Assessment.

WHY ANOTHER APPLICATION OF MI?

1. Because we have known the following about treatment outcomes and MI:

   ■ Positive outcomes are contingent on people staying in treatment for an adequate length of time, and

   ■ MI is well developed, researched and produces results that are significant and durable; and

   ■ MI is especially useful for engaging and retaining people in treatment.

2. Because, through the NIDA Clinical Trials Network, we have learned the following:

    ■ Adding MI at the beginning of treatment increases treatment engagement and retention, and

    ■ The type of clinical supervision needed to maintain MI skills among counselors is generally lacking; clinical supervisors need effective tools and procedures in order to help staff develop and maintain the MI proficiency level that produces improved engagement and retention.

What would agencies need to do in order to achieve similar results?

The MIA:STEP toolkit contains everything you need to implement the protocol; the key steps you would follow using the Toolkit are:

● Introduce the idea of using MI during one intake session,
● Train counselors and supervisors in MI,
● Provide ongoing supervision of MI via audiotaping/reviewing/providing   feedback on use of MI in counseling sessions; use information from tapes and ratings to guide supervision to increase adherence and competency in MI,
● Train supervisors in a simple tape rating system and have them rate counseling sessions, and
● If possible, use a MI style in supervision (not tested but hypothesized).

What are the costs to an agency of implementing this approach?

● Staff time to learn and implement the MI Assessment and to receive regular review and feedback on their MI skills,
● Ongoing clinical supervision time which includes training, practice, feedback, mentoring, review of taped interviews, development of learning plans, and
● The cost of a tape recorder and tapes.

Why should we consider this approach when our counselors are already trained in and using MI?

NIDA-sponsored research demonstrates that clinicians trained in MI, when directly observed by clinical supervisors, often do not use MI appropriately, effectively or consistently.

It is easy to fall into the trap of MI's deceptive simplicity: MI is harder to do well than clinicians expect. When asked, many clinicians report that they have been trained in and already use MI. They may believe that the use of core MI skills is straightforward or elementary and that they can perform these strategies fairly well with little practice. The key to successful implementation of MI is effective clinical supervision.

Where and by whom were these protocols developed?

The protocol was developed and tested in 5 community treatment programs across the country. The MI Assessment study was designed as something that all outpatient community treatment providers could undertake. Researchers worked directly with MI experts and treatment providers on development and implementation.

What else should we know about the study?

MI became a focus for a trial within the NIDA Clinical Trials Network because in other research studies it improved client retention, which is a predictor of better outcomes. Attrition is a significant problem in substance abuse treatment settings

The demographic profile of the CTN study participants was as follows:
   ■ 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

The results showed that those who were assigned to the MI Assessment completed more sessions in the first 28 days than those in treatment as usual. Counselors who were trained in and who implemented MI retained significantly more clients at the 4-week point, with over 84 percent retained and actively in treatment.

MI had a slight benefit affecting complete abstinence at 28 days; there was approximately a 5 to 10 percent difference across sites. The researchers found a statistically significant effect for MI over standard treatment concerning treatment attendance by alcohol users that was maintained at the 84-day follow-up.

The research was summarized in an article by Kathleen Carroll and her colleagues which appeared in the February 2006 issue of *Drug and Alcohol Dependence* (Carroll, K.M. et al, 2006). A copy is included in Section D: Results of the NIDA Clinical Trials.

MIA:STEP
Toolkit Overview

The MIA:STEP toolkit has been designed to introduce addiction treatment counselors, clinical supervisors and peer mentors to an MI-based assessment process which has been shown to improve client retention in treatment. The toolkit also introduces an effective strategy for observation-based clinical supervision, the use of which has potential to improve counselor skills beyond MI. The elements of the toolkit are outlined briefly below:

1. **BRIEFING MATERIALS: MATERIALS YOU CAN USE TO INTRODUCE THE PROTOCOL TO KEY DECISION-MAKERS LIKE SSA ADMINISTRATORS, TREATMENT AGENCY DIRECTORS, PROVIDER ASSOCIATIONS, ADDICTION EDUCATORS AND TRAINERS, AND OTHERS. THE MATERIALS INCLUDE:**

   - Blending package announcement
   - Executive summary: The Motivational Interviewing Assessment
   - Talking points
   - MIA: STEP toolkit overview
   - Sources of basic training in MI
   - Interview with an agency treatment director

2. **SUMMARY OF THE MI ASSESSMENT INTERVENTION – A DESCRIPTION OF THE STEPS AND RATIONALE FOR USING THE PROTOCOL**

3. **RESULTS OF THE NIDA NATIONAL DRUG ABUSE TREATMENT CLINICAL TRIALS**

   - Research publication
   - PowerPoint slides

4. **TEACHING TOOLS FOR ASSESSING AND ENHANCING MI SKILLS: PRACTICAL GUIDES AND REMINDERS TO HELP CLINICAL SUPERVISORS, PEER MENTORS AND COUNSELORS UTILIZE MI IN A MANNER THAT WILL HELP THEM ACHIEVE RESULTS SIMILAR TO THOSE IN THE CLINICAL TRIALS.** The teaching and refresher tools were developed for clinicians by

clinicians. They include both skill description handouts and assessment criteria sheets for fundamental MI concepts and skills, including:

A. Teaching Tools

- MI Style and Traps
- MI Assessment Sandwich
- MI Principles
- Using Your OARS
- Stages of Change
- Reflections
- Exploring Ambivalence
- Change Talk
- Assessing Readiness for Change

B. Self-Assessment Skill Summaries

- MI Style and Spirit
- Collaborative Atmosphere
- Open-ended Questions
- Affirmations
- Reflective Statements
- Motivation to Change
- Developing Discrepancies
- Pros, Cons and Ambivalence
- Client Centered Discussion and Feedback
- Change Planning

5. **INTERVIEW RATING GUIDE: THE RATING GUIDE PROVIDES SUPERVISORS AND MENTORS WITH A SYSTEMATIC WAY OF MONITORING CLINICIAN MI ADHERENCE AND COMPETENCE.** Rating recordings provides clinicians with highly individualized supervisory feedback and coaching as a means to further develop and refine their MI skills.

The Guide details a system for identifying ways clinicians use counseling strategies that are either consistent or inconsistent with MI. It also provides supervisors a method for assessing both the frequency and proficiency of counselor MI skills. Because the system relies upon direct observation of the clinician's MI practice, via audiotapes, it has the capacity for highly individualized supervision based on what clinicians actually say and do in sessions rather than basing supervisory feedback solely on clinician self-report. This "ears-on" approach to supervision is very important given that clinician self-report is often unrelated to the proficiency level of observed practice. Included in the guide you will find:

1. Instructions for rating interview recordings,

2. Rating forms,

3. Recorded demonstration MI Assessment interviews in English and Spanish,

4. Ratings of the demonstration interviews, and

5. Model feedback and skill development planning forms.

6. **SUPERVISOR TRAINING CURRICULUM: A SAMPLE CURRICULUM CONSISTING OF A SYLLABUS AND TRAINER INSTRUCTIONS FOR A 12-HOUR COURSE IS PROVIDED.** The course is aimed at developing clinical supervisor skills in using the MIA:STEP materials, especially reviewing and evaluating recorded sessions of counselors using MI.

TRAINING IN MOTIVATIONAL INTERVIEWING

The goal of training is the development of the clinical skills, style and spirit of Motivational Interviewing as an early stage intervention in the treatment of substance use disorders. A longer term objective is to promote the adoption of motivational enhancement strategies in routine clinical practice.

Training in MI is commonly found in several forms:

● **Awareness building:** The educational events are typically brief (1 to 3 hours) introductions to MI concepts. They provide some knowledge about the approach but should not be considered skill training.

● **Knowledge-focused training:** Longer events (6-10 hours) that provide a solid knowledge base in MI and may include some skill training, often in the form of demonstrations and brief practice or discussion activities.

● **Skills-based training:** Training that spans two days or more (often 14-16 hours) and covers MI principles, the style of MI, description and demonstration of MI methods, and skill building practice. This kind of program can be offered as a multiple day workshop or as part of longer course spread over a number of weeks or months, like a college course or continuing-education series.

● **Abilities training:** Training in the effective use of MI is best done in an ongoing fashion. This could mean using MI in counseling with the assistance of a clinical supervisor/mentor, and/or taping sessions and receiving feedback and coaching from an MI trainer. A third option Is to have access to technical assistance from one or several consultants with advanced MI skills.

The most effective training and supervisory methods will include lecture presentations, group discussion, video demonstrations, modeling of specific skills, practice exercises, role playing, review of MI manuals, reading references and homework assignments.

The outline on the following page describes what is typically included in a 2-day MI training workshop. The content represents a minimal foundation upon which counselor skills may be built. For more information about MI training, see the Motivational Interviewing web site (www.motivationalinterview.org).

SAMPLE SYLLABUS FOR A
BASIC MI TRAINING WORKSHOP

1. **MOTIVATIONAL INTERVIEWING AS A STYLE AND SPIRIT**
   a. Person-centered versus disorder-centered approach
   b. Motivation as a state or stage, not a fixed character trait
   c. Client defensiveness or resistance as a therapeutic process
   d. Effect of therapist style on client behavior
   e. Collaboration, not confrontation
   f. Resistance and change talk: opposite sides of ambivalence
   g. Respect for client autonomy and choice

2. **UNDERLYING PRINCIPLES OF MOTIVATIONAL INTERVIEWING**
   a. Express empathy
   b. Develop discrepancy
   c. Roll with resistance, avoiding argumentation
   d. Support self-efficacy

3. **STAGES OF CHANGE**
   a. Precontemplation
   b. Contemplation
   c. Preparation
   d. Action
   e. Maintenance
   f. Relapse

4. **MI MICRO-SKILLS: OARS**
   a. Open-ended questions
   b. Affirmations
   c. Reflective listening
   d. Summaries

5. **OARS PRACTICE, ESPECIALLY IN FORMING REFLECTIONS**
   a. Types of reflections
      i. Simple
      ii. Amplified
      iii. Double-sided
   b. Levels of reflection
      i. Repeat
      ii. Rephrase
      iii. Paraphrase

6. **EXPLORING AMBIVALENCE**
   a. Decision balance
   b. Developing discrepancy
      i. Exploring goals and values
      ii. Looking forward

7. **THE ROLE OF AND ROLLING WITH RESISTANCE**
   a. What does it look and feel like?
      i. Arguing
      ii. Interrupting
      iii. Negating or "denial"
      iv. Ignoring
   b. What is it?
      i. A cue to change strategies
      ii. A normal reaction to having freedoms decreased or denied
      iii. An interpersonal process
   c. Ways to roll
      i. Reflections
      ii. Shift focus
      iii. Reframe
      iv. Agreement with a twist
      v. Emphasize personal choice and control
      vi. Coming alongside

8. **THE CONCEPT OF READINESS: IMPORTANCE + CONFIDENCE**
   a. As related to stages of change
   b. Methods of measuring
      i. Readiness ruler
      ii. Instruments like URICA and SOCRATES

9. **CHANGE TALK**
   a. Recognizing DARN C statements
      i. Desire
      ii. Ability
      iii. Reasons
      iv. Needs
      v. Commitment level
   b. Eliciting change talk
      i. Evocative questions
      ii. Elaborations

10. **DEVELOPING A CHANGE PLAN**
    a. Role of information and advice
    b. Menu options
    c. Asking for commitment

INTERVIEW WITH AN
AGENCY TREATMENT DIRECTOR

This is a summary of comments made in a brief interview with John Hamilton, director of a program that successfully implemented a motivational interviewing protocol, using the initial version of MIA-STEP as part of the NIDA Drug Abuse Treatment Clinical Trials Network.

1. **HOW DID YOUR AGENCY AND YOUR CLIENTS BENEFIT FROM THIS USING THIS STRATEGY?**

   The agency improved its engagement and retention of clients:

   - Clients received highly individualized treatment.
   - Clients reported they felt that the counselors truly listened to and understood their particular predicament.
   - Clients felt that the counselor really cared about them and wanted to help them uncover motivation(s) to change.
   - Counseling staff received focused, structured and individually-tailored clinical supervision.
   - Supervisors enhanced their own skills and became more proficient in framing and providing effective supervision.
   - Clients felt safe and respected, thus divulging more of their personal stories with more honesty and openness.

2. **WHAT WERE THE BIGGEST CHALLENGES YOU FACED IN IMPLEMENTATION, AND HOW DID YOU OVERCOME THEM?**

   The biggest challenges in implementation:

   - Initially assisting counselors to shift their paradigm about clinical supervision.
   - Creating a safe environment and an expectation for counselors to begin to critically examine the quality of their counseling skills.
   - Providing feedback to counselors regarding MI consistent skills vs. non-consistent skills in a manner that would motivate them to adhere to MI

3. **WHAT DID YOU LEARN FROM IMPLEMENTING THIS STRATEGY?**

   From implementing the strategy:

   - I learned that ongoing quality supervision is the key to enhancing clinical skills and strategies.

   - I learned that MI does foster engagement with clients and how to minimize resistance.
   - I learned that even counselors ingrained in a radically different treatment approach can perfect MI skills with focused MI style supervision.
   - I learned that a client's personal motivation must be uncovered, acknowledged and tied to the recovery process to promote change. This is often not attended to by counselors.
   - I learned that MI seems easy when it first meets the eye. Becoming a proficient MI therapist requires hard work, intense focus, mindfulness, sharp skills, dedication, and effective supervision.

4. **WHAT AREAS OF THE PROTOCOL WERE STAFF MOST CONCERNED ABOUT WHEN YOU FIRST INTRODUCED THIS CONCEPT, AND HOW DID YOU ADDRESS THEIR CONCERNS?**

   When first introduced to the concept:

   - Staff members were not concerned about whether they would be able to learn, implement and successfully adhere to the protocol.
   - Staff members were concerned about exposing their work.
   - Staff members were concerned whether they would be good enough.
   - Supervisors worked at using MI style and strategy in supervision to address concerns and affirm counselor efforts.

5. **WHAT ADVICE WOULD YOU GIVE TO AN AGENCY CONSIDERING IMPLEMENTING THIS PROTOCOL?**

   It is important to ensure that you have the agency's administrative support before you begin.

Slide 1

MIA: STEP
Toolkit Overview

blending initiative
NIDA•SAMHSA

Slide 2

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

NIDA-SAMHSA
Blending Initiative

---

lide 3

MI Assessment "Sandwich"

MI strategies during 1st 20 min

Agency Intake or Assessment

MI strategies during last 20 min

NIDA-SAMHSA
Blending Initiative

Slide 4

Implementing MI may require:

- **Focused clinical supervision**

- **Audio taped MI Assessment sessions**

- **Tape coding**

- **Feedback, coaching and instruction for improving skills**

NIDA-SAMHSA
Blending Initiative

Slide 5

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**

NIDA-SAMHSA
Blending Initiative

Slide 6

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 supervsion needed to maintain and improve MI skills is generally lacking**

NIDA-SAMHSA
Blending Initiative

MIA:STEP Toolkit

Includes everything you need to:

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

NIDA-SAMHSA
Blending Initiative

_____

_____

_____

_____

_____

_____

_____

Slide 8

_____

_____

_____

_____

_____

_____

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

NIDA-SAMHSA
Blending Initiative

Slide 9

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

NIDA-SAMHSA
Blending Initiative

_____

_____

_____

_____

_____

_____

_____

_____

Slide 10

Development of the protocol

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

NIDA-SAMHSA
Blending Initiative

Slide 11

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, stimulents

NIDA-SAMHSA
Blending Initiative

Slide 12

Research findings

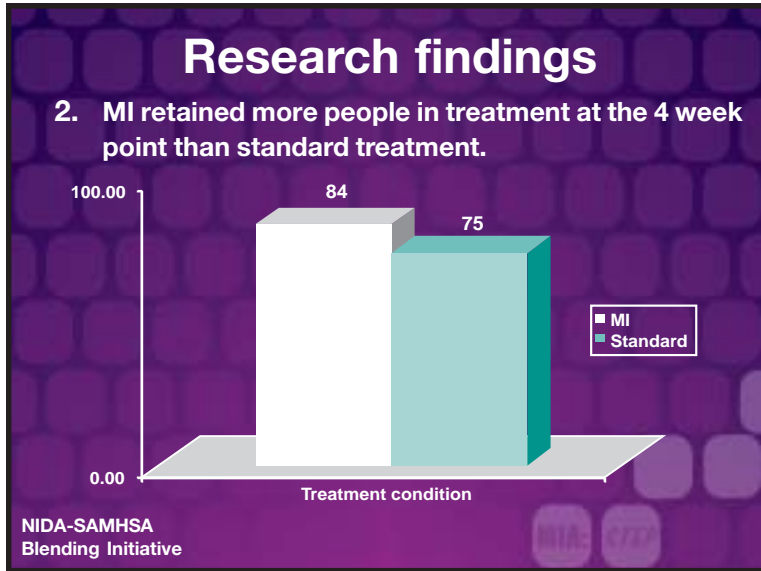1. People receiving MI assessment completed more sessions in 4 weeks than those receiving standard intake.

Number of sessions/ 28 days

5.02

4.03

■ MI
■ Standard treatment

Treatment condition

NIDA-SAMHSA
Blending Initiative

Slide 13

Research findings

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

NIDA-SAMHSA
Blending Initiative

Slide 14

Slide 15

Research findings

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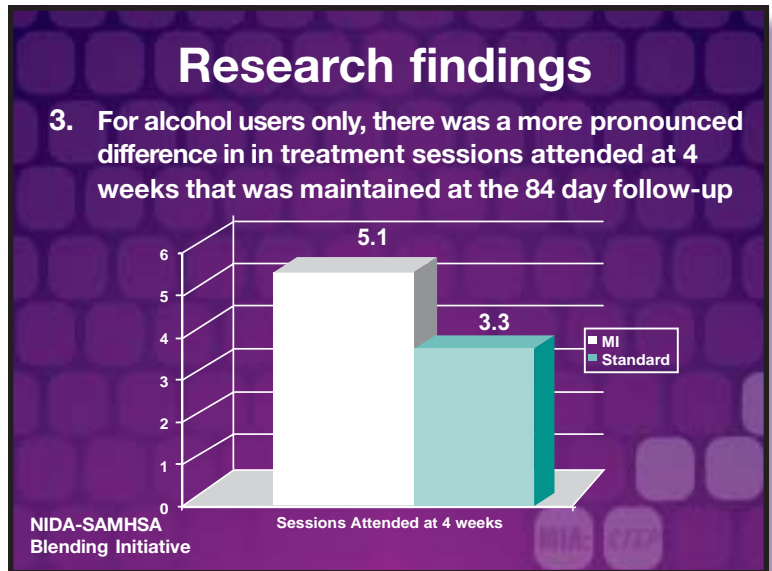
NIDA-SAMHSA
Blending Initiative

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. Supervision training curriculum

NIDA-SAMHSA
Blending Initiative