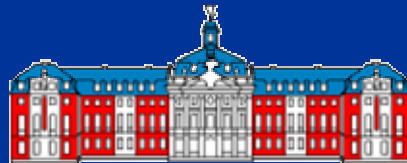


Project BrIAN: Training of general practitioners,  
implementation, and treatment fidelity

Ralf Demmel  
University of Münster



2nd INEBRIA Conference  
Münster, Germany ~ September 15 – 16, 2005

## Project BrIAN: I. Design

- ✓ Randomised controlled trial funded by the BMBF
- ✓ Screening using a German-language version of the AUDIT
- ✓ Brief intervention adapted from motivational interviewing
- ✓ 12-months implementation period, 6-months follow-up

## Project BrIAN: II. Participants

- ✓ 8.089 primary care patients, 3.814 males
- ✓ mean age of 36.08 years, SD = 11.30
- ✓ 918 »problem drinkers« (AUDIT  $\geq$  8)
- ✓ 23% of participants were lost to follow-up

## Project BrIAN: III. Intervention

- (1) Permission
- (2) Feedback
- (3) Change talk
- (4) Shared decision making

How important would you say it is for you to cut down your drinking?

not at all    0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10    extremely

How confident are you that you could cut down your drinking?

not at all    0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10    extremely

## Simulated encounter I

Workshop I

Workshop II

## Simulated encounter II

Implementation

Booster Session

with Mr. K.<sup>a, b</sup>

short lecture about screening and counselling  
simulated encounter with Ms. L.<sup>b</sup>

self-assessment of communication skills  
feedback concerning pre-training skill level  
simulated encounters with Ms. L., Mr. S., and Ms. G.<sup>b</sup>

with Mr. K.<sup>a, b</sup>

screening (AUDIT etc.), brief intervention

self-assessment of communication skills  
feedback concerning post-training skill level  
simulated encounter with Ms. S.<sup>b</sup>

<sup>a</sup> at the office; <sup>b</sup> audio-recorded.

## Evaluation of training

- (1) MITI (GS, BC)
- (2) BECCI
- (3) BASH
- (4) MITI (GS)



# The Motivational Interviewing Treatment Integrity (MITI) Code

Moyers, Martin, Manuel & Miller

# Global Scores

## Empathy/Understanding

(extent to which the clinician understands and/or makes an effort to grasp the client's perspective)

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7  
Low High

## Motivational Interviewing Spirit

(overall competence of the clinician in using motivational interviewing)

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7  
Low High

# Behavior Codes

## Reflections

### (a) Simple Reflection

Reflection adds little or no meaning (or emphasis) to what clients have said. Simple reflections may mark very important or intense client emotions, but do not go far beyond the client's original intent in the statement.

### (b) Complex Reflection

Complex reflections typically add substantial meaning or emphasis to what the client has said (serve the purpose of conveying a deeper or more complex picture of what the client has said).

Default category: Simple!

### (c) Reflections-Turned-Into-Questions

A statement that otherwise meets the criteria for a reflection, but is given with an inflection at the end (thereby making it »sound like« a question), is coded as question (either open or closed), NOT as reflection.

## MI Adherent

Particular interviewer behaviors that are consistent with a motivational interviewing approach.

– No differentiating subcodes –

- (a) Asking permission before giving advice or information
- (b) Affirming the client by saying something positive or complimentary
- (c) Emphasizing the client's control, freedom of choice, autonomy, ability to decide
- (d) Supporting the client with statements of compassion or sympathy

Decision rule: MI Adherent and some other code: MI Adherent!

# The Behaviour Change Counselling Index (BECCI)

Lane, Huws-Thomas, Hood, Rollnick, Edwards & Robling

- (1) The practitioner invites the patient to talk about behaviour change.
- (2) The practitioner demonstrates sensitivity to talking about other issues.
- (3) Practitioner encourages patient to talk about current behaviour or status quo.
- (4) Practitioner encourages patient to talk about behaviour change.
- (5) Practitioner asks questions to elicit how patient thinks and feels about the topic.
- (6) Practitioner uses empathic listening statements when patient talks about the topic.



- (7) Practitioner uses summaries to bring together what the patient says about the topic.
- (8) Practitioner acknowledges challenges about behaviour change that the patient faces.
- (9) When practitioner provides information, it is sensitive to patient concerns and understanding.
- (10) Practitioner actively conveys respect for patient choice about behaviour change.
- (11) Practitioner and patient exchange ideas about how the patient could change current behaviour.

## Training of experts

- (1) Key literature (Motivational Interviewing, Health Behaviour Change)
- (2) Video (Health Behaviour Change)
- (3) Reading the manual (MITI, BECCI)
- (4) Practice (three transcripts)
- (5) Supervision (six hours)

# The impact of behavior counts on global scores

## MITI Global Scores: First simulated encounter (Expert A)

---

	Rating 1		Rating 2		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Empathy	2.96	1.40	2.43	1.27	22	2.41*
Spirit	2.39	1.23	2.00	1.04	22	2.86**

---

## MITI Global Scores: First simulated encounter (Expert B)

---

	Rating 1		Rating 2		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Empathy	2.96	1.46	2.35	1.50	22	3.73**
Spirit	3.04	1.64	2.39	1.50	22	4.83***

---

## MITI Global Scores: Second simulated encounter (Expert A)

---

	Rating 1		Rating 2		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Empathy	4.04	1.19	4.26	1.51	22	-1.23
Spirit	4.83	1.27	4.70	1.52	22	0.48

---

## MITI Global Scores: Second simulated encounter (Expert B)

---

	Rating 1		Rating 2			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>
Empathy	4.61	1.31	4.65	1.50	22	-0.21
Spirit	5.00	1.17	5.00	1.24	22	0.00

---

How to learn empathy in six hours?



## MITI Behavior Counts: Training effects (Expert A)

---

	Pre-training 1		Post-training 2			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>
Total reflections	0.15	0.17	0.39	0.30	22	-4.09***
MI consistent	0.07	0.11	0.28	0.15	22	-6.23***

---

## MITI Behavior Counts: Training effects (Expert B)

---

	Pre-training 1		Post-training 2			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>
Total reflections	0.28	0.26	0.60	0.37	22	-3.57**
MI consistent	0.24	0.20	0.61	0.31	22	-5.15***

---

Do GPs stop using MI inconsistent techniques?

## BASH Total Score: Training effects (Expert A)

	Pre-training		Post-training		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Empathy	16.65	7.97	27.48	7.43	22	-7.17***
Confrontation	13.00	5.34	05.00	2.68	22	7.80***

## BASH Total Score: Training effects (Expert B)

	Pre-training		Post-training		<i>df</i>	<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Empathy	20.91	8.59	32.43	5.85	22	-5.57***
Confrontation	11.30	5.20	04.30	1.89	22	7.23***

## Changes in time GP is talking during the consultation

---

pre-training		post-training		<i>df</i>	<i>t</i>
<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
62.83	12.94	57.93	7.23	22	2.28*

---

Brief intervention?

## Changes in the duration of simulated encounters

---

pre-training				post-training				<i>df</i>	<i>t</i>
<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>		
13:18	4:27	7:46	24:05	10:26	2:54	3:47	15:02	22	3.65***

---



Future research may ...

- ... establish the relationship between skill level and behaviour change
- ... further evaluate the use of standardized patients
- ... establish the key components of effective training
- ... identify the sources of inflated self-efficacy