METHODS

• FREQUENCY AND DURATION
  • Women ages 18-65 (low income) with the purpose of increasing physical activity
    ○ 3 sessions over the course of 8 weeks (intake/4 weeks/8 weeks)
      • 1 hour each
    ○ 1:1 ratio
      • Independent of other scheduled clinic visits
      (Falahee et al., 2016)
  • Men and Women ages 40-65 with the purpose of increasing adherence in CABG patients
    ○ 1 session (insufficient for behavioral skill acquisition)/120 minute/Groups of 5
      (Zarani, Besharat, Sarami, & Sadeghian, 2012)
  • Community-dwelling adults ages 18-65 with severe chronic mental illness
    ○ 1-2x per month (according to patient preference)/1 hour
      • Structured questionnaire was administered at baseline, and again at 6 and 12 months
      (Chay Huang Tan et al., 2015)

METHODS, cont.

1. Intervention categories
   a. Mixed
      i. Family
      ii. Group
      iii. Community
      iv. Individual (*most successful)
         1. Behavioral tailoring AND
         2. Motivational interviewing

2. Intervention mapping
   a. Assess needs and capacities
      i. Literature review to define the problem
      ii. “Going to the source”
         1. Patients and providers
      iii. Reviewing available adherence models and theories
      iv. Organizing the needs and capacities by importance and modifiability
METHODS, CONT.

2. Intervention mapping, cont.
   b. Defining objective
   c. Identifying the change necessary to meet those objectives
   d. Reviewing available interventions and strategies to address the problem
   e. Producing and redefining the intervention
   f. Implementing the intervention
   g. Evaluating the intervention

(Pyne et al., 2006)

METHODS, CONT.

- **Stepped care** (or booster sessions)
  - Interventions that start with the least intensity, but are likely effective
- When used as a prelude to treatment, the effects of motivational interviewing appeared to endure over time, suggesting efficacy persisted in conjunction with other treatment procedures
  - Pharmacotherapy
  - Individual/group psychotherapy
  - Activity therapy (just right challenge to promote self efficacy)
  - Milieu treatment
  - Discharge planning
- **Goals**

(Chay Huang Tan et al., 2015)
METHODS, CONT.

- Intervention categories (med management)
  - Most Complex (*most successful, but limited in their “implementability”)
    - Adjunctive case management
    - Intensive behavioral interventions
  - Least Complex
    - Psychoeducation (*least effective) focus on
      - Symptoms
      - Side effects
      - Adherence to dosing
        - Risk of early termination
  - Found to be effective when combined with Motivational Interviewing (motivational pharmacotherapy)
    - Attuned to the stream of change talk from the patient (active co-decision maker) in order to urge and influence the momentum of the session and spends time managing the patient’s motivational, obstacles to adherence, and strategies to enhance it
      - Resulted in a patient-clinician interaction that is more patient-centered, collaborative and personalized than standard psycho-pharmacotherapy (therapeutic alliance) (Balan et al., 2013)

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SAMPLE SESSIONS
- **Procedure**
  - 4 baseline sessions
    - Assessments and phone surveys (until 1 month follow up) at one week intervals
  - MI phase
    - Four 30-45 min sessions weekly
      - Session 1
        - Elicit perspectives on current difficulties and perceptions of treatment
        - Conduct decisional balance activity around treatment participation
        - Explore thoughts and feelings about past treatment experiences
        - Discuss personal goals for the future and ideas about future service use
      - Session 2
        - Review thoughts, feelings, and actions around treatment activities in past week
        - Complete the Personal Values Card Sort
      - Session 3
        - Explore experiences of treatment (or non-participation) over past week
        - Discuss past successes and barriers overcome in recovery
        - Identify relevant strengths, treatment experiences, and desirable treatment-related activities not yet undertaken
        - Create a change plan if ready
      - Session 4
        - Revisit change plan to address obstacles or successes (if created in Session 3)
        - Create a change plan (if not done in Session 3)
        - Discuss long-term recovery goals and related abilities in recovery
        - Review experience of study participation and closing thoughts

- **Brief structured recall**
  - One week later, participants received a phone call where they reviewed a recording of the “most helpful moment”, as identified by the participant
    - The participant was asked what their thoughts and feelings while listening to the recorded message, as well as perceptions of the therapist and changes attributed to the intervention
  - One month follow up
    - Survey measures completed

- **Results**
  - Participant-identified most important content of the MI session
    - Positive sense of self
    - Increased self efficacy
    - Enhanced relationships

(Glassman et al., 2013)
Outline of Motivational Pharmacotherapy Sessions

1. Welcome patient to session
   a. Affirm patient's commitment to getting better
   b. Explain structure for session
2. Discuss patient's state/symptoms
   a. Assess symptoms/side effects primarily using open-ended questions and reflections
   b. Improvements in state are reflected and explored to elicit more change talk
3. Assess treatment adherence
   a. Focus on adherence successes to build self-efficacy
   b. Collaboratively identify ways of overcoming obstacles to adherence
4. Elicit change talk and commitment language about overcoming depression and starting antidepressant therapy (early sessions)
   a. Goals and values card sort (Week 0)
   b. Confidence ruler/Story of overcoming obstacles (Week 1)
5. Elicit and resolve obstacles to treatment (mid-treatment)
   a. Obstacles to adherence bubble sheet (Week 4)
   b. Thoughts about early termination from treatment (Week 8)
6. Review medication dosage and treatment plan
   a. Collaboratively reach decisions about treatment

(Balan et al., 2013)

QUESTIONS FROM AN INTERVIEW GUIDE

● Opening question
   ○ What is it like to live with the problem you are seeking treatment for on a daily basis?
● Explanatory model probe questions
   ○ What do you call the illness you have?
   ○ What do you think caused this illness?
   ○ What are the main problems this illness has caused for you?
   ○ How do you know if this illness is getting worse?
   ○ What causes this illness to get worse?
   ○ What does being healthy mean to you?
   ○ What do you do to stay healthy?
● Barrier, Facilitator and motivator probe questions
   ○ What kinds of things make it harder for you…
   ○ What kinds of things make it easier for you …
   ○ What kinds of things make you want to…
     ■ Take your medication/perform your HEP/keep your appointments?

(modified from Pyne et al., 2006)
EVALUATION METHODS

- Canadian Occupational Performance Measure (Vining Radomski, 2011)
- Cancer Preventative Research Center Self Efficacy Scale (Falahee et al., 2016)
- Mini-Mental State Examination
- 15-Item Geriatric Depression Scale
- Kohlman Evaluation of Living Skills
- Physical Performance Test (Turner et al., 2012)
- Heart Patients Adherence IMB Scale
- General Adherence Scale
- Specific Adherence Scale (Zarani et al., 2012)
EVALUATION METHODS, cont.

- Stages of Recovery Instrument (STORI)
- Herth Hope Index (HHI)
- Meaning in Life Questionnaire (MLQ)
- Empowerment Scale (ES)
- Treatment Motivation Questionnaire (TMQ)
- Participation Readiness Rulers (PRR)
- Hope-Meaning-EMpowerment (HME) Composite Survey
- Helpful Aspects of Therapy Questionnaire (HAT)
- Client Participation Survey and Attendance

(Glassman et al., 2013)