The quality of MI measured by MITI 4 and associations with use of alcohol.
Preliminary results
Kramer, Lotte; Nielsen, Anette Søgaard; Andersen, Kjeld; Moyers, Theresa B

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The quality of MI was not associated with outcome in use of alcohol.

The overall quality of MI was fair to good.

Interrater reliability was mainly good to excellent.

**METHOD**

A team of five people trained in coding with the MITI 4 coded a random sample of 20% of the sessions at the Danish site of The Elderly Study. Twelve percent of the coded session were coded by all five coders and inter rater reliability in the coding team was assessed by calculating a two way mixed effects model, consistency of agreement, and average measures intra class correlations coefficient (ICC) for each of the MITI 4 variables. Benchmark values on agreement of ICCs are 0.00-0.39 = poor, 0.40-0.59 = fair, 0.60-0.74 = good, 0.75-1.00 = excellent.

**THE ELDERLY STUDY**

People above 60 years with Alcohol Use Disorder (DSMV) in the outpatient care were randomized between four sessions of Motivational Enhancement Therapy or the same four sessions with an add on of up to eight sessions of the Community Reinforcement Approach.

The participants received therapy at three sites with all in all seven trained therapists.

At follow-up use of alcohol was assessed with the Form90: it measures use of alcohol day by day since last measurement and 90 days prior to baseline.

**STATISTICS**

Mixed model and ordinal logistic regression analysis.

**Participants**

238 participants at the Danish site of The Elderly Study; mean age: 65 years; 63% men; mean ADS-score: 12.83 (95%CI: 12.20;12.47); mean Readiness Rulers on importance of change: 8.82 (95%CI: 8.78;8.87), mean Readiness Rulers on confidence in change: 7.47 (95%CI: 7.42;7.52).

**Interrater reliability: ICC**

From 52 tapes coded by all five coders in the coding team: The ICC levels were good to excellent except from the global score “Softening sustain talk” and the behavioral counts: "Emphasize autonomy" and "Confront".

**MI quality and use of alcohol at 26 weeks follow-up**

No associations between the four recommended quality measures and effect measured in percent days abstinent or full abstinence in the last 30 days.

**Conclusion**

Preliminary analysis indicate no associations between the recommended quality measures and effect of treatment in use of alcohol. Further analysis are needed: Hierarchical Linear Modeling is considered, and analysis of other therapist behaviors.

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