Introduction

As the field of substance use continues to focus on the dissemination and implementation of evidence-based practice, questions arise on the most efficient and efficacious ways of training providers in evidence-based treatments. Training in motivational interviewing (MI) has been a particular focus among researchers, presumably because of its evidence-base among the health behaviors. The evaluation of MI sessions using behavioral coding systems has increased substantially in recent years. Coding systems are used for a variety of purposes: to measure treatment fidelity to MI principles, to examine the mechanisms of change in treatment sessions, and to better understand the unique contributions of therapist and client language in session. As such, there are a number of coding systems available to researchers and clinicians.

Methods

Behavioral coding systems and systematic measures of MI treatment adherence and fidelity were identified from a recent review article and via a literature search using Medline and PsycINFO databases. A total of 11 published behavioral coding systems for motivational interviewing skills were included in the current review.

Table 1. Review of Coding Systems

<table>
<thead>
<tr>
<th>Coding System</th>
<th>Overview</th>
<th>Psychometrics</th>
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<tr>
<td>MI Supervision and Treatment Integrity (MIST; Madson et al., 2005)</td>
<td>The MISTS is comprised of 11 therapist and 16 client global ratings. Examples of behavior counts include statements, open-ended questions, reflections, affirmations, summaries, and task statements. MI skills that were tallied throughout the session. Global ratings were rated on a 4-9 scale for MI therapist listening skills, MI skills, and general therapist ratings.</td>
<td>Cronbach’s alpha = .97 for all ratings. The MISTS total scale was uncorrelated with the Clinical Management and Twelve-Step Facilitation scales and was correlated with the Cognitive-Behavioral Scale and VACS.</td>
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<tr>
<td>Motivational Interviewing Nursing Tool (MINT; Manuel, et al., 2005)</td>
<td>The MINT is derived from the MISC and includes an MI adherence and client cooperation scale. Client adherence and client cooperation were tallied throughout the session. Global ratings were rated on a 1-5 Likert scale for MI therapist listening skills, MI skills, and general therapist ratings.</td>
<td>Cronbach’s alpha = .85. The MINT total scale was uncorrelated with the Clinical Management and Twelve-Step Facilitation scales and was correlated with the Cognitive-Behavioral Scale and VACS.</td>
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Results

Table 1 describes the 11 coding systems reviewed. The coding systems vary greatly in the level of detail provided. Most coding systems (N=9) focus on the therapist or practitioner. Only the MISC and MISTS include client data. The additional client data is not without a cost, as both the MISC and SCOPE are time-consuming coding systems.

Information Provided

Some coding systems are in a checklist format (e.g., BECCI), with coders completing Likert scale items for the various domains of MI skills. Other coding systems use behavior count tallies with coders counting each instance of a behavior. Only the SCOPE provides sequential data between therapist and client language. This is the only coding system that can indicate the precise relationships between therapist and client behaviors. The MISC also categorizes client language but allows only for overall correlations between therapist and client within-session behaviors. The YACS is the only coding system that assesses specific skills related to MI, Clinical Management, and CBT.

Conclusions

As MI continues to gain popularity in research and clinical settings, coding systems are becoming more widespread to measure practitioner treatment fidelity to MI as well as to understand the underlying mechanisms in MI treatment sessions. The selection of an appropriate coding system is an important consideration and should be based upon what information is needed from the coding (e.g., treatment fidelity, measure of client language) and the time and financial resources available.

References