



Assessing Fidelity of Motivational Interviewing in *5Minutes4Myself* Program for Caregivers of Children with ASD

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Introduction

Caregiving for a child with Autism Spectrum Disorder (ASD) is associated with higher levels of stress & depression than caring for typically developing children.¹ Despite these needs, programs typically focus on supporting the child with ASD rather than parents' needs.

5Minutes4Myself is a hybrid app/coaching occupation-based wellness program for caregivers. Motivational interviewing (MI) is used by coaches to support development of goals & a wellness plan.

Purpose: To assess fidelity of Motivational Interviewing used by MSOT students during coaching.

Research Design & Methods

Design: Mixed method feasibility study

Participants: Primary caregivers (N=14) of children with ASD (8-21 years), 13/14 mothers, ranging in age from 36-66 years (M=50.5, SD=9.22), all identified as white, 71% married, 50% held graduate degrees, 86% full time caregivers

Procedures

- Coaches included 6 MSOT, 1 pre-OT & PI
- PI trained students in MI for 7 hours
- Caregivers' participated in: 1) initial focus group, 2) an individual lifestyle consultation using MI coaching, 3) Monthly coaching sessions using MI & 4) a closing focus group evaluating the program.

Data Collection

- Focus groups, initial lifestyle consultations & check-ins audiotaped & transcribed

Measure

- Motivational Interviewing Treatment Integrity Code 4.1² (MITI 4.1); psychometrics indicate it as a reliable measure of proficiency in MI practice.⁴ It includes:

Global codes: Cultivating change talk (CCT), softening sustain talk (SST), empathy, partnership
Behavioral codes: Reflections, questions, affirmations (AF), emphasizing autonomy (EA), seeking collaboration (Seek), persuade, confront

Data Analysis

- Initial lifestyle consultations coded using MITI 4.1; compared coaches' scores to expert-derived standards for beginning competency levels & proficiency to examine MI fidelity
- Coders achieved 90% inter-rater reliability³ on training interviews provided by MITI authors
- Qualitative thematic coding of closing evaluative focus group data

Results

Beginning Competency to Proficiency Achieved in MI Coaching during Majority of Lifestyle Consultations

MITI 4.1 Summary Scores	Relational (Partnership + Empathy)	Technical (Cultivating Change Talk + Softening Sustain Talk)	% Complex Reflections	Reflections: Questions Ratio	MI-Adherent (AF, EA, Seek)	MI Non-Adherent (Persuade, Confront)
Coaches group mean	4.5	3.7	63.5%	.93	28	.21
Range	3 - 5	2 - 4.5	51 - 83.3%	.15 - 1.7	14 - 50	0 - 3
Standard deviation	+/- .58	+/- .67	+/- 11.59	+/- .51	+/- 12.55	+/- .58
% Beginning Competency (threshold score)	50% (4)	50% (3)	0 (40%)	36% (1:1 ratio)	No standard set (higher # suggest greater MI adherence)	No standard set (best practice is fewer or no non-adherent)
% Proficiency (threshold score)	43% (5)	43% (4)	100% (50%)	0% (2:1 ratio)	-	-

Positive Reactions to MI-based Coaching in Program's Evaluation

Relational (Partnership & Empathy)

"I liked what she said, you know, 'What are some things we can do?' or 'What was helpful to get you back on track?'...I think that was helpful."

"Definitely felt, you know, supported & definitely lots of time for me to formulate what I needed to say."

Clarifying Values

"Taking those big thoughts and breaking them apart, and um, all that was really good."

"Later I was like, I cannot believe I even said that. I think I really believe that. And I didn't know I believed that."

Accountability & Cultivating Change Talk

"I think it was helpful to have someone not just check in and say how are you doing but to come up with ideas."

"She really, you know, in a kind compassionate way held me accountable. And that, you know, nobody really does that."

A New & Innovative Experience

"I think the questions were really derived at what we were saying, where I don't find that sometimes."

"There was something about feeling like this person is trained for my specific issue in life."

Conclusions

- On average MI delivered in 14 lifestyle coaching sessions was consistent with expert-derived standards for beginning competency or proficiency² in 3 of 4 MITI domains.
- Nearly 100% of coaching sessions were rated at beginning or proficient levels of clinician competency in relational, technical & % complex reflections domains.
- Elicitation of client change talk is a foundational principle for expert practice³ & was achieved at beginning or proficient levels 93% of time.
- Negligible levels of MI non-adherent behaviors suggest high competency.
- Focus group data highlighted that coaches' use of core aspects of MI was found by participants to be personally useful, focused & supportive.
- Overall high levels of fidelity suggests MSOT students were successfully trained to implement MI with caregivers in this study.
- Establishing the level of proficiency of coaches' delivery of MI bolsters confidence that the *5Minutes4Myself* wellness program was delivered with fidelity.

Implications for Practice

- Client-driven, empathic approach of MI aligns with client-centered principles of OT practice.
- Teaching MI in OT programs can allow students to enter workforce prepared to use this evidence-based technique across settings.
- Adhering to the MI spirit can evoke more in-depth responses & positive reactions from at-risk populations in research & practice.

References

- Werner, S., & Shulman, C. (2013). Subjective well-being among family caregivers of individuals with developmental disabilities: The role of affiliate stigma and psychosocial moderating variables. *Research in Developmental Disabilities*, 34(11), 4103–4114. <https://doi.org/10.1016/j.ridd.2013.08.0>
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Acknowledgments

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