Clinical Supervision as an Implementation Strategy

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NIDA R01 DA023230 (6/1/08 – 5/31/13)
Effectiveness of Motivational Interviewing Supervision in Community Programs

Co-Investigators: Kathleen Carroll, Manuel Paris, Luis Anez Nava, Todd Olmstead
How is it going?
The Holy Grail

1. Addiction treatment programs mandated to use evidence-based practices

2. Clinical supervision as a promising implementation strategy
   - Most common form of counselor training in the field
   - Highly recommended
   - Training research supports it
   - Fits nicely in implementation models (champions/purveyors, compatibility)
But...

Prior studies have not:
- isolated the effects of clinical supervision from workshop training
- tested the effect of clinical supervision on client outcomes
- examined the degree to which clinician treatment integrity mediates client outcomes
- used a clearly packaged and disseminative approach to supervision
- conducted cost effectiveness analyses
Motivational Interviewing Assessment:
Supervisory Tools for Enhancing Proficiency
Study Design

12 programs, 24 supervisors, 60 clinicians, 420 clients

- **4-6 Clinicians**
  - MI Workshop
  - MIA: STEP supervision for 7 client MI intakes
  - Supervision-as-Usual For 7 client MI intakes
  - Post-trial assessment
  - 4-month post-trial assessment

- **28-42 Clients**
  - MIA: STEP supervised MI intake
  - Supervision-as-Usual monitored MI intake
  - 1-month follow-up assessment
  - 3-month follow-up assessment
Outcomes

- **Primary**
  - Clinician MI integrity using the ITRS (fundamental and advanced MI adherence/competence, criterion performance)
  - Client retention operationalized as percent days of attendance and days of program enrollment

- **Secondary**
  - Days of primary substance abstinence
  - How MI integrity mediates client outcomes

- **Exploratory**
  - How clinician (12-step allegiance), client (motivation), and organizational (organizational support) factors will moderate MI integrity
  - Cost effectiveness analyses & measuring supervision integrity
Hypotheses

- **Primary**
  - MIA: STEP will be more effective than SAU in improving MI integrity and client retention

- **Secondary**
  - MIA: STEP will be more effective than SAU in increasing days of primary substance abstinence at both follow-up points
  - MI integrity will mediate the effects of supervision on primary and secondary client outcomes
## Study Implementation

<table>
<thead>
<tr>
<th>Wave 1 (CTP 1, 2, 3)</th>
<th>Wave 2 (CTP 4, 5, 6)</th>
<th>Wave 3 (CTP 7, 8, 9)</th>
<th>Wave 4 (CTP 10, 11, 12)</th>
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<tr>
<td>6 x 6 = 36</td>
<td>6 x 4 = 24</td>
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<td>Total = 60 clinicians</td>
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<td>420 clients</td>
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<tr>
<th>Months</th>
<th>(1-8) 9 12 15 18 21 24 27 30 33 36 39 42 45 48 51 54 57 60</th>
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Research Team

MIA: STEP

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Got Issues?
Program Issues

- Setting up study takes time
- Admission/Intake processes vary
# Study Implementation Revised

## Waves and Months

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8 x 6 = 48
3 x 4 = 12
Total = 60 clinicians

x 7

420 clients
Supervisor Issues
Clinician Issues
Client Issues
Research Team Issues
Where are we at?

- Completed 3 programs
- Nearly done with recruitment in 4 more programs
- Are setting up in 2 larger programs now
- Will initiate last 2 smaller programs in Jan/Feb 2012
- Begin MI and supervision integrity rater training in Jan 2012
- Will ABSOLUTELY need a 1-year no-cost extension!
In Conclusion

No Pain, No Gain