# Motivation-Based and Skill-Based: A Framework for Characterizing Common Factor Processes in Brief Interventions for AUD Treatment

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The challenge of complexity: updating models and practice

- Why do different brief interventions typically perform similarly well in RCTs?

- The underlying assumption of an RCT is that one best treatment can be discovered.

- Otherwise, why would we keep testing specific therapies against each other?

- Yet, the RCT framework might have hindered our capacity to understand how treatment works.
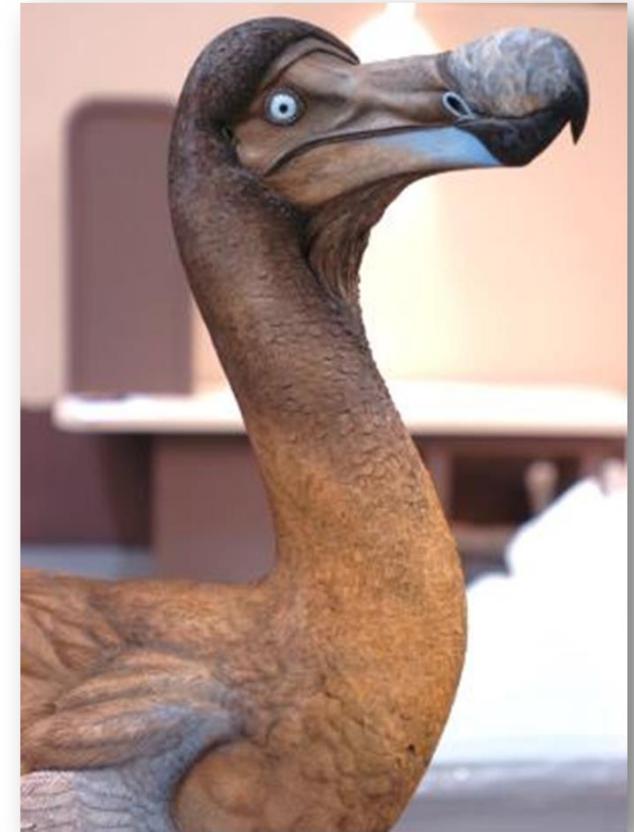
The Problem is the RCT Model of Inference

FOR EXAMPLE

- IF Treatment A performs better than Treatment B

  A > **B**   VS assessment

- THEN We Infer A produced the change

  A = Change

- AND We Infer Not B produced the change

  B ≠ Change

In other words something occurred in A that didn't occur in B that was beneficial.

The Problem is the RCT Model of Inference

- IF A and B are = THEN what happened?

A	=	B

- THEN A & B worked in unknown ways that were either the same or different.

 | A | = Change |
  |---|---------|
  | B | = Change |

The result is multiple available treatments that work moderately well, have similar effectiveness, but are poorly understood.

At the risk of being overly reductionist

- The RCT paradigm assumes a single, uniquely beneficial treatment package can be discovered.

- If this has not happened to date, we should consider alternative paradigms.

- Common Factors of Change, across established modalities of treatment, is one alternative paradigm.

Treatment A → Client Mechanisms → Behavior Change Outcome
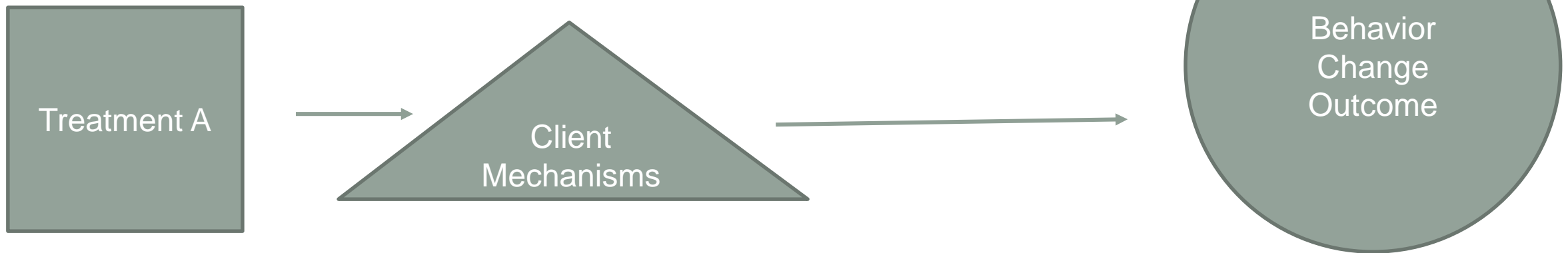
Study Purpose and Rationale I

- The absence of differential efficacy between evidence-based brief interventions compromises tests of modality-specific mechanisms.

- Characterizing all brief interventions by a single process model could be overly simplistic.

- This presentation argues many brief interventions can be characterized by differential reliance on *motivation-* and *skill-based* methods.

- This is a slight variation on a Common Factor Framework.

The Two Key Underlying Assumptions

Motivation-Based AUD Treatments

Motivation

Change

Motivation-based treatments use client-centered, exploratory methods to guide clients toward verbalizing there own reasons for change. To a certain extent, the decision to change is assumed to be made in the moment, *during the session.*

Skill-Based AUD Treatments

New Learning

Coping Skills
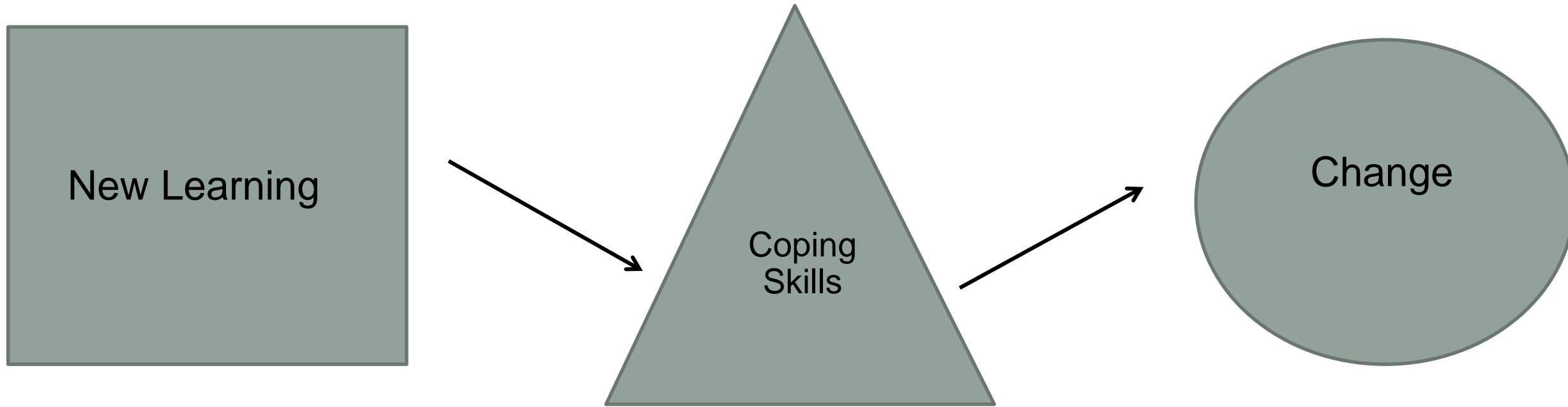
Change

Skill-based treatments use didactic methods to teach clients specific skills to achieve and maintain behavior change. To a certain extent, the decision is assumed to have been made, the client only needs skills, and behavioral changes occur *outside the session.*
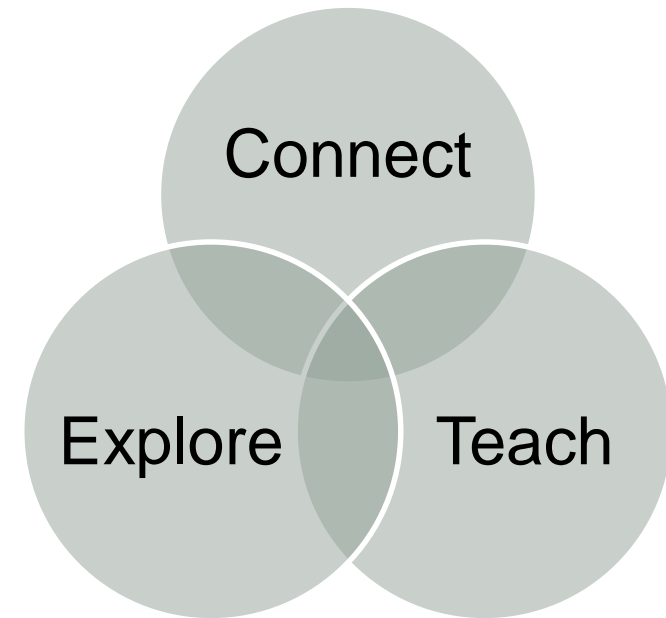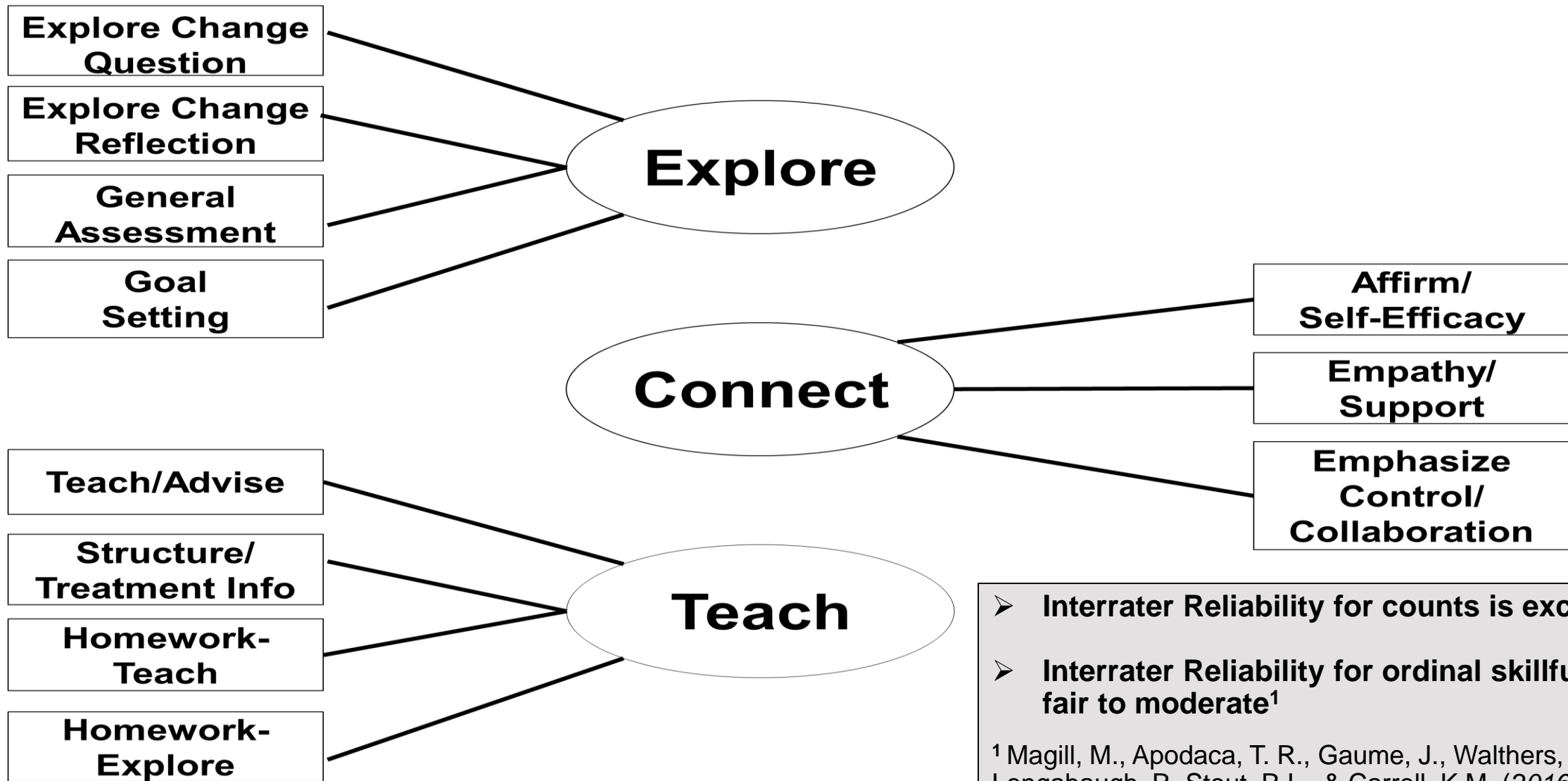
Study Purpose and Rationale II

- This study examines these two core factors of change across three *AUD* treatments (CBT, TSF, MET) that were delivered with high fidelity and condition *discriminability -*

- To do so, create an observational coding system (Magill & Apodaca, 2011a) that attempts to measure core processes or, *functions* of behavioral AUD treatments – **Alcohol Intervention Mechanisms Scale**

- Create an observational coding system (Magill & Apodaca, 2011b) that assesses "Change Talk" regarding *main effects (drinking outcomes)* and *proximal effects (coping outcomes)* separately – **Client Language Assessment Proximal/Distal**

Alcohol Intervention Mechanisms Scale

- **Three primary therapeutic functions: Explore (4 codes), Teach (4 codes), and Connect (3 codes)**

- Eg. Explore "what would you like to do about your drinking?" [CODE: EXPLORE/question about change]

- Eg. Teach "a standard drink is a 12oz beer, 5oz glass of wine, and 1.5oz liquor" [CODE: TEACH/ teach/advise]

- Eg. Connect "it is hard to face these consequences of your drinking" [CODE: CONNECT/empathic statement]

Connect

Explore   Teach

Explore Change Question
Explore Change Reflection
General Assessment
Goal Setting

Explore

Affirm/Self-Efficacy
Empathy/Support
Emphasize Control/Collaboration

Connect

Teach/Advise
Structure/Treatment Info
Homework-Teach
Homework-Explore

Teach

- ➤ **Interrater Reliability for counts is excellent**
- ➤ **Interrater Reliability for ordinal skillfulness is fair to moderate[1]**

[1] Magill, M., Apodaca, T. R., Gaume, J., Walthers, J., Durst, A., Longabaugh, R, Stout, R.L., & Carroll, K.M. (*2016*). Alcohol Intervention Mechanisms Scale (AIMS): Reliability and predictive and concurrent validity*. JSAT*

Client Language Assessment- Proximal/Distal

- The CLA-PD measures client verbalized decision-making in interventions targeting a specified behavior change

- There are 5 dimensions for ***Change Talk***, which are derived from the MISC (Miller et al., 2003; 2008; Houck et al., 2010)

- CLA-PD, Change Talk codes are sub-divided, allowing Distal and Proximal decision-making paths to be modeled separately

- **Distal Change Talk is about the target change**

- **Proximal Change Talk is about intermediate coping change**
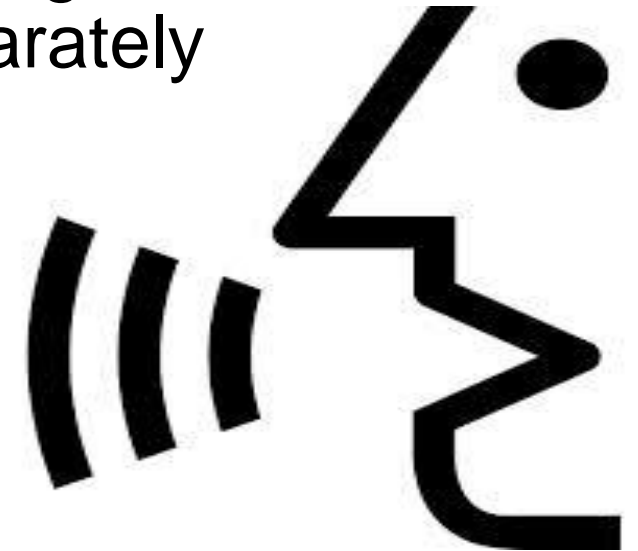
The CLA-PD Measures Client Common Factors

- ***Inter-rater reliability*** results showed excellent reliability; two-way mixed ICC ranged from .83 to .95 for CLA-PD summary scores

- ***Convergent validity*** with an alternative (MISC-based) client language rating system[1] showed moderate correlations ($p < .001$)

- ***Criterion predictive validity*** suggested that Change Talk Distal scores were predictive of 3- and 12-month drinking frequency and quantity and Change Talk Proximal scores predicted intermediate, post-session, coping behavior ($ps < .05 - .005$)[2]

[1]Karno et al., 2004; 2005; 2010, [2] Magill, M., Apodaca, T. R., Karno, M., Gaume, J., Walthers, J., Durst, A., Stout, R.L., DiClemente, C. (*2016)* The Client Language Assessment - Proximal/Distal (CLA-PD): Reliability and validity of an observational measure of client decision-making. *JSAT*

Conceptual Causal Model
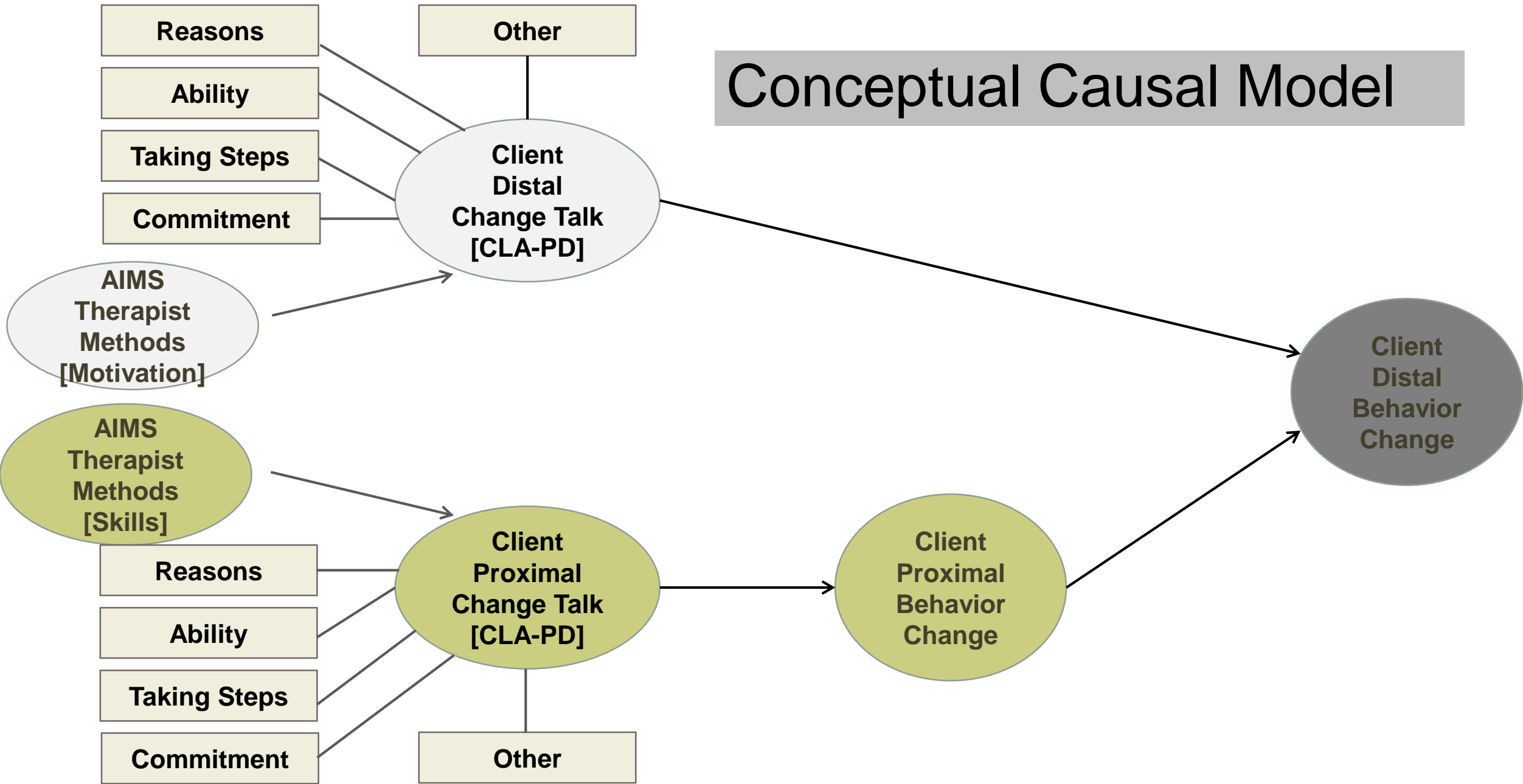
Therapist-Client Interactions

Analyses: The interactions between therapists and clients

Aim. Test two common factor hypotheses about therapist-to-client transitions in behavior change interventions for adult AUDS

Sequential analyses (GSEQ) examined lagged (j + 1) transitional probabilities between:
- Therapist Interventions: **Exploring, Teaching, and Connecting [AIMS]**
- Client discussions of drinking and coping: **Distal and Proximal Change Talk [CLA-PD]**

H_1 Exploring Interventions will elicit more Distal/Drinking than Proximal CT
H_2 Teaching Interventions will elicit more Proximal/Coping than Distal CT
H_0 No directional Hypotheses for Connecting Interventions

Results: The interactions between therapists and clients

1. Therapist Exploratory Interventions predicted subsequent client discussion of distal, drinking behavior, while suppressing discussion of proximal, coping behavior and neutral content. H_1 supported

2. Unexpectedly, Therapist Teaching Interventions suppressed distal drinking language, was NS regarding coping language and significantly predicted neutral content. H_2 unsupported

3. Therapist Connecting Interventions increased both drinking and coping language, particularly positive language.

Magill, M., Walthers, J., Mastroleo, N.R., Gaume, J., Longabaugh, R., Stout, R.L., & Apodaca, T.R. (*2016).* Therapist and client discussions of drinking and coping: A sequential analysis of therapy dialogues. *ADDICTION.*

Discussion

- The present study yields interesting findings regarding therapist predictors of subsequent client change talk in three evidence-based AUD interventions.

- Because client change talk has demonstrated predictive validity regarding a number of behavioral outcomes of interest, this study highlights the importance of therapist Exploration and Connection as key interventions to elicit it.

- The way in which teaching interventions operate to predict subsequent behavior change warrants further process study with different proposed mechanisms.

- Therefore, we were better able to support the motivation-based than the skill-based model of brief interventions in this sample of treatments.

"We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know."
Carl Rogers

Join the Empathy Movement
CultureOfEmpathy.com

Thank you
Bob Stout
Tim Apodaca
Jacques Gaume
Dick Longabaugh
Justin Walthers
Ayla Durst
Cydney Dupree

Thank you for your attention
Merci!