

Beyond Benefits Study Motivational Interview Literature Memo

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List of Acronyms

CSAVR	Council of State Administrators of Vocational Rehabilitation
EPE	Elicit-provide-elicited
HPE	Health Plans for Employment
IPS	Individual Placement and Support
MI	Motivational Interviewing
MP3	MPEG Audio Layer III (coding format for digital audio)
NENA	National Employment Network Association
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SUD	Substance use disorder
TAMI	Technology Assisted Motivational Interviewing
TWIIA	Ticket to Work Incentives and Improvement Act
VR	Vocational rehabilitation

Introduction

Individuals who leave SSI and SSDI disability programs tend to reapply or return to disability programs (Hemmeter & Stegman, 2013; Hemmeter & Bailey, 2016). Twenty percent of SSDI-only and 30 percent of SSI-only working-age beneficiaries who exit as a result of medical improvement return to SSA's disability programs within 8 years (Hemmeter & Stegman, 2013). Among SSDI beneficiaries whose benefits cease due to medical improvement, few engage in a level of work that supports self-sufficiency (Hemmeter & Bailey, 2016). Even when overall U.S. employment rates are favorable among the general population, the majority of individuals with disability are not able to secure or sustain employment. Despite low employment rates, individuals with disabilities report that they want to work and value employment (Crowther et al., 2001; Mueser et al., 2001). Further, once employed they report improved quality of life, better self-esteem, and social well-being (Drake et al., 2013).

Recently, there has been an increasing emphasis on the use of “Motivational Interviewing” (MI) to identify and address the employment challenges among people with disabilities. MI is one of the most well-recognized tools that counseling professionals use to motivate individuals toward making a change or starting a new activity (e.g., looking for employment; advancement at an existing job) and it is a good tool for identifying the challenges. MI, when combined with other services such as supported employment, has the potential for helping individuals who are leaving disability programs to achieve gainful employment. This is because MI techniques are effective in addressing some of the needs of this population by addressing an individual's ambivalence and/or reluctance to make changes. In addition, MI can work quickly; is effective even if provided for a short duration; can be used with individuals of all ages, sex, cultural and socioeconomic status; and can be combined with other interventions (i.e., IPS, pharmacotherapy, exercise, substance abuse treatment, etc.).

This memo provides a literature review on the effectiveness of MI in various populations and discusses its utilization to foster employment and job advancement among people with disabilities. We conclude with the description of the planned MI pilot informed by the findings from the scientific literature.

Motivational Interviewing and Stages of Change

Motivational Interviewing focuses on exploring and resolving ambivalence and centers on an individual's perceptions to facilitate change. It focuses more on a client's perspectives than on framing issues from a professional counselor's viewpoint. Some researchers see MI as a descendent of Rogerian client-centered therapy and has a humanistic orientation (Thanavaro & Moore, 2017; Wagner & Ingersoll, 2012). Hence, it assumes that people have a natural tendency to pursue growth and wellness. The role of the professional counselor is to support individuals in their journey of sorting out their beliefs and experiences by helping them feel more comfortable with who they are and what they want.

MI is often described as part of the transtheoretical model of “*stages of change*,” developed in the 1970s by Prochaska and DiClemente (1983). The model posits that changes in behavior move through six different progressive stages, namely pre-contemplation, contemplation, determination, action, maintenance, and relapse. The process depends on which stage of change the client currently experiences, and the counselor works with the individual to attain the goals that the client establishes for himself or herself. A counselor uses treatment strategies that are specific to each stage of change, and the counselor adjusts their approach based on the stage of change the client is currently in. There is extensive evidence on the effectiveness of stages of change for understanding behavior change in various contexts; it also explains why some people may be motivated to obtain specific goals (DiClemente & Prochaska, 1998).

Stages of change is characterized in terms of the “costs” and “benefits” of change along with the actual steps that the client has implemented to accomplish the goal (Corrigan et al., 2001). For example, individuals in pre-contemplation have only identified costs to pursue goals but no benefits; and individuals in contemplation have identified more costs than benefits to pursue goals. Within both stages, individuals have not taken steps toward changing behaviors to reach goals. Individuals in determination, action, and maintenance stages have identified more benefits than costs and complete behavior changes to obtain goals. Relapse stage includes stopping behavior changes and moving back into the contemplation stage.

Based on the stages of change framework, Miller and Rollnick (2013) defined MI as a client-centered method for resolving ambivalence, characterized by a therapeutic relationship based on empathy,

unconditional positive regard, collaboration, evocation, respect, autonomy, and acceptance. MI focuses on exploring and resolving ambivalence to influence change that is consistent with the individual’s own goals, values, and beliefs. Skillful MI is like a dance, in which it is hard to tell which partner is leading and who is following. This is in contrast with a confrontational style which is more like wrestling, in which one person tries to gain dominance over the other. MI is a respectful and sensitive approach to working with individuals with disabilities and a way to “start where the person is.”

Exhibit 1. Understanding what Motivational Interviewing Does and Does Not Do

Motivational Interviewing....	Motivational Interviewing does <u>not</u>
<ul style="list-style-type: none"> • Focuses on concerns and perspectives of others • Elicits and reinforces “change talk” in order to resolve ambivalence and move the individual toward behavior change • Elicits and builds an individual’s intrinsic motivation for change • Focuses on exploring and resolving ambivalence, and sees ambivalence as normal and not pathological 	<ul style="list-style-type: none"> • Focus on past events or challenge cognitions • Force or coerce an individual into doing something that they do not want to do • Use extrinsic strategies to impose change, such as sanctions, social pressure or external incentives • Confront and breakdown ambivalence or denial directly or forcefully

Adopted from Miller and Rollnick (2013)

Principles of Motivational Interviewing

MI is a collaboration between the counselor and the client; evoking or drawing out the client’s ideas about change; and emphasizing their autonomy. MI includes five guiding principles (Miller & Rollnick, 2013):

1. **Express Empathy** – In practical terms, an empathic style of communication involves the use of reflective listening skills and accurate empathy, where the counselor seeks to understand the client’s perspective, thoughts, and feelings without judging, criticizing or blaming. Expressing empathy through reflective listening is fundamental to MI. These skills establish an atmosphere of acceptance and help the individual feel that the counselor is listening and understanding. Expressing empathy to the other person facilitates engagement with the individual and leads to development of a collaborative relationship.
2. **Develop Discrepancy** – Assisting clients to identify discrepancies between their current behavior and future goals or values about themselves as a person, partner, parent, or worker is a powerful motivator that helps ‘tip the balance’ toward change. By

developing discrepancy, the counselor does not try to persuade the individual to accept behavior changes but elicits the individual's views of how a particular behavior might help achieve or interfere with self-identified goals. Furthermore, developing discrepancy leads to acceptance in which the client can express concerns about changing and discuss incentives and barriers related to goals.

3. **Avoid Arguments** – Counselors must avoid all attempts to argue with the client and instead refocus them on making their own arguments. Through avoiding arguments, MI conveys respect for the client's autonomy and provides a context for empowerment by focusing on their goals.
4. **Roll with Resistance** – Rolling with resistance involves approaching resistance without judgement and interpreting these responses as a sign that the client holds a different perspective than the counselor. MI then uses strategies such as simple reflection back to the client of the resistance, emphasizing the client's choice to change or not ('it's up to you'); shifting the focus of the discussion or simply reframing what the person has said to roll with resistance and prevent resistance from affecting engagement. Rolling with resistance is a means to avoid confrontation, the psychological reaction that coercion typically elicits.
5. **Support Self-Efficacy** – By highlighting the client's strengths and reflecting on times in their life when they have successfully changed, even if just in one small area, self-efficacy can be encouraged. The counselor's belief in a client's ability to change is a powerful way to promote self-efficacy. Supporting self-efficacy means that the counselor believes that the individual can carry out actions needed to make a change and can succeed in making these changes.

Even though MI emphasizes reflection and understanding, advice is also given. However, MI does not impose advice, information, and opinions on the individual. Instead advice/information/opinion are offered with permission. For example:

- “Would you be interested in knowing some ways that might help you decide on career paths?”

or

- “Would you be interested in a suggestion on how you might discuss your employment concerns with your significant other?”

Counselors request permission before offering advice, opinions, or information. This approach is consistent with *elicit-provide-elicited (EPE)* style of providing information. Therapists use EPE to (1) elicit what information the individual would like to know (using an open-ended question); (2) provide the information in a manageable chunk; and (3) prompt the individual's response to the information provided (Rollnick et al., 2008).

Two Phases of MI

Phase I:

Building Motivation for Change

In the first phase, MI assumes that the individual is ambivalent about employment change and lacks the motivation needed to initiate and sustain the change process. In this phase, the goals are to help the individual resolve his/her ambivalence and build intrinsic motivation to change.

Phase II:

Strengthening Commitment to Change

The next phase begins when the individual shows signs of readiness to change, such as less resistance and more resolve, fewer questions about the employment problem and more questions about change, and more self-motivational statements. During this phase, people begin to envision what the future might look like after obtaining employment. The focus of MI shifts to strengthening commitment to change and helping the individual implement an employment change plan.

Because psychoeducation is an important component of promoting adherence, considering EPE style of presenting information is suggested when the goal is enhancing behavior change.

Additional MI strategies include intentionally eliciting self-motivational statements and change talk. Change talk includes statements that reflect recognition of or concern about the problem, a desire or intention to change, perceived ability to change, optimism about change, readiness to change, reasons to change, or commitment to change (Arkowitz & Miller, 2008).

Populations Where MI Has Been Tested

Among people with substance use disorder (SUD), lack of motivation to quit can be one of the greatest barriers for individuals struggling with addiction, even despite health issues and financial, social, and legal consequences. There has been a variety of studies documenting effectiveness of MI among people with SUD. For example, a meta-analysis of MI including 25 randomized controlled trials showed that MI is effective for reducing substance use behaviors (Lenz et al., 2016). This study found a small-to-medium treatment effect for MI when compared with no treatment and a small effect for MI when compared to other treatments. The study concludes that MI meets the standard of an empirically supported intervention for a counseling practice to help people with SUD.

Similarly, a multivariate meta-analysis of 19 studies showed significant decreases in substance use behaviors and increases in coping behaviors (Pace et al., 2017). The authors argue that the overall findings provide empirical support for the value of ongoing training and clinical supervision for counselors in order to achieve positive patient outcomes.

While MI is clearly an effective method to incorporate into counseling sessions, it also has a lasting impact on the abstinence from SUD. A meta-analysis of 84 studies reported that MI had significant effect sizes of maintaining low rates of continued substance use at three and six month follow up measurements (Sayegh et al., 2017).

Based on the success of MI in substance use disorders treatment, additional populations are also using MI. A systematic review and meta-analysis of 12 randomized controlled trials reported moderate mean effect sizes on utilizing MI to improve dietary practices, exercise, and medication adherence behaviors (VanBuskirk & Wetherell, 2014). In addition, MI appeared to have some efficacy for smoking cessation across a diverse group of participants and the efficacy was within the range of other behavioral interventions for tobacco dependence (Hettema & Hendricks, 2010).

A recent systematic review of 14 randomized controlled trials demonstrated that MI improved mental health therapy pre-treatment attendance and engagement compared to control group participants (Lawrence et al., 2017). A systematic review of 104 MI articles reported significant but small beneficial effects on binge drinking, frequency and quantity of alcohol consumption, and increased physical activity behaviors (Frost et al., 2018).

MI Fidelity

As with other evidence-based interventions, it is important to monitor MI fidelity to achieve replicable and positive outcomes (Frost et al., 2018; Hurlocker et al., 2020). In a scoping review of 123 studies, Rimayanti et al. (2021) advise that efforts to continuously monitor MI fidelity are needed, since high fidelity to MI yields better client outcomes. Further, through the use of standard fidelity measures the field can learn and improve the essential mechanisms of MI.

The Motivational Interviewing Treatment Integrity Coding Manual 4.2.1 (MITI) is the standard measure for MI fidelity (Moyers et al., 2016). The MITI integrates the guiding principles of MI with standard MI counselor skills. The MITI is a reliable instrument for measuring MI components and ensuring quality of MI (Kramer et al., 2019). Research using an earlier version of the MITI (version 4.0) suggests that it is a reliable method for fidelity measurement of both technical and relational components of MI (Moyers et al., 2016; Owens et al., 2017).

With a five-point scale, the MITI assesses four global dimensions:

1. Cultivating Change Talk
2. Softening Sustain Talk
3. Partnership
4. Empathy.

Training an experienced motivational interviewer to complete the fidelity tool based on observation of the client and counselors interactions does not take long. Audio or video recordings of the session can suffice, and in-person observation is not necessary (Moyers et al., 2016).

The MITI: (1) measures treatment integrity in research trials; (2) improves intervention outcomes; and (3) ensures MI practitioners provide consistent and effective MI. The MITI also measures fidelity across diverse populations and regardless of whether the focus is on substance abuse treatment or other topics such as vocational advancement (Moyers et al., 2016).

Exhibit 2. Example of the Five-Point Anchors for the Motivational Interviewing Treatment Integrity (MITI) Fidelity Instrument

1	2	3	4	5
Clinician shows no explicit attention to, or preference for, the client's language in favor of changing	Clinician sporadically attends to client language in favor of change – frequently misses opportunities to encourage change talk	Clinician often attends to the client's language in favor of change, but misses some opportunities to encourage change talk	Clinician consistently attends to the client's language about change and makes efforts to encourage it	Clinician shows a marked and consistent effort to increase the depth, strength, or momentum of the client's language in favor of change

Use of MI in the Context of Employment and Disability

In the last decade, vocational specialists, supported employment specialists, and social workers started to utilize MI: to help their clients obtain and maintain employment; for career advancement at a current job; or to explore employment opportunities with better wages and benefits that can lead to self-sufficiency. Many of the healthcare professionals and community support staff, including State vocational rehabilitation (VR) staff across the U.S. have effectively been trained to administer MI (Torres et al., 2019; Secker & Margrove, 2014). In fact, a recent study found that clients who received MI reported higher engagement with VR services and better relationships with VR staff

(Torres et al, 2019). These findings indicate value for VR counselors to train in MI practices, and for MI to become a part of the VR service package.

The Need for MI in Employment Support Programs

Previous research findings, particularly from the studies examining Ticket to Work Incentives and Improvement Act (TWIIA), provide a clear rationale for the integration of MI within employment services for individuals with disabilities. In general, these studies suggest that individuals with disabilities face a variety of employment barriers such as insufficient transportation, lack of education, fear of losing medical benefits, limited awareness of available support services, and most importantly, low motivation.

A study examining the impact of TWIIA reported that beneficiaries have aspirations for employment and see themselves working in the future. However, to be effective, employment support programs serving these individuals have to focus on addressing all their employment barriers including motivation for employment (Livermore et al., 2007). More importantly, these employment initiatives must include perspectives of beneficiaries (Hernandez et al., 2007).

A recent study found that customized employment services, which focus on a client's individual perspective, can be helpful in increasing motivation and participation in federal employment programs among individuals with disabilities (Hanson et al., 2019). Another study recommended that TWIIA reform needs to identify and provide services that increase capacity for motivation for employment in order to increase employment rates for individuals with disabilities (Weathers & Bailey, 2014). These studies make a clear case for integration of MI in the provision of employment support services to individuals with disabilities.

Examples of MI in Employment Support Programs

Building on the previous findings, researchers incorporated and tested the application of MI within employment services for populations with disabilities. One of the earliest studies in this field included 125 individuals with mental health disabilities receiving employment services and MI. The study found increased employment rate, higher work hours, higher hourly wages and increased monthly employment income relative to the control group (Larson et al., 2007). A follow up study

found that 198 participants with psychiatric disabilities, receiving employment services and MI, reported increased personal responsibility and problem solving skills and reduced anxiety and depression (Larson et al., 2011).

Likewise, a review of return to work interventions incorporating MI for individuals with disabilities found significant reductions in overall costs associated with disabilities. This study also found that participants experienced increased confidence, motivation, and willingness to return to work (Page & Tchernitskaia, 2014).

In a study with 2,002 participants with physical disabilities, psychiatric disabilities, and criminal justice history, researchers found that when compared to controls, participants receiving MI plus employment services reported higher employment motivation, service participation, and retention (Britt et al., 2018). A Delphi study of 35 national vocational rehabilitation experts reported MI as an important component of employment services for individuals with disabilities (Leahy et al., 2018). Likewise, a randomized controlled trial found that clients working with counselors trained in MI experienced increased employment engagement and working alliance when compared to clients working with counselors without MI training (Torres et al., 2019).

A recent study including 1,750 participants with disabilities found significant associations between receipt of MI, treatment engagement and utilization of employment services (Wein-Senghas, 2021). This research supports the importance and effectiveness of utilizing MI with employment services.

The Use of Telehealth and Motivational Interviewing

Similar to the increasing use of telehealth in most health care fields, counselors have been using MI with their clients. Early research shows that provision of MI through telehealth is feasible to implement and acceptable to clients and professionals. MI telehealth increases employment rates, improves healthcare benefits, reduces costs, and increases employment among individuals with disabilities (Ipsen et al., 2014; Patel et al., 2019; Ruggiero, 2013; Shingleton & Palfai, 2016). Exhibit 3 provides examples of telehealth utilization in delivering MI.

Exhibit 3. Publications that focus on using telehealth in delivering MI

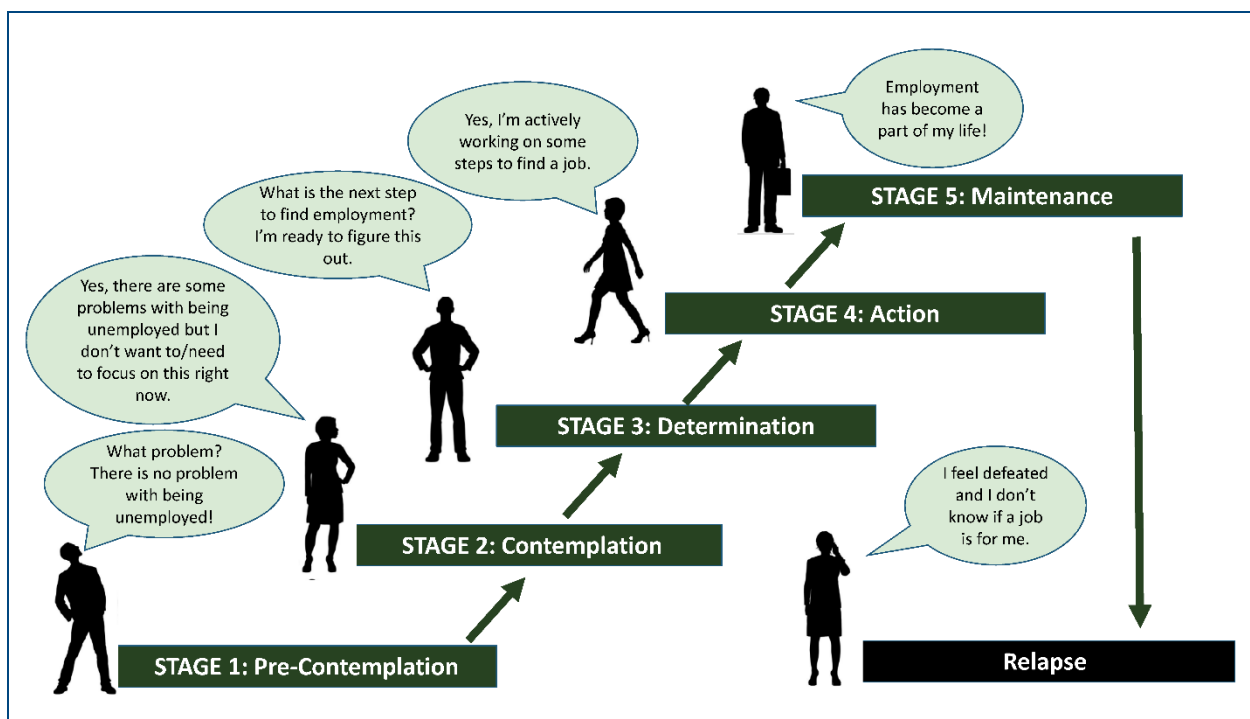
Authors	Year	Research Design	Sample	Interventions	Outcomes
Ruggiero, C.N.	2013	Randomized to 3 tele-based interventions with no control	142 vocational rehabilitation clients	<ul style="list-style-type: none"> • Internet based Health Plans for Employment (HPE) only • HPE plus Telephone MI • Emailed fact sheets 	Improved; self-efficacy; diet; sleep; exercise; stress management; physical activity; quality of life; employment
Ipsen, C., Ruggiero, C., Ricles, B., Campbell, D., & Arnold, N.	2014	Randomized into 3 interventions with no control	222 vocational rehabilitation clients	<ul style="list-style-type: none"> • Factsheets • Health promotion website • Health promotion website plus motivational interviewing 	Improved: secondary health conditions and increased healthy lifestyle behaviors
Shingleton, R.M., & Palfai, T.P.	2016	Systematic review	285 articles	<ul style="list-style-type: none"> • Technology-delivered motivational interviewing interventions (TAMI) 	Reduce costs; minimize counselor burden and training; expand range of MI access for clients
Patel, M.L., Wakayama, L. N., Bass, M.B., & Breland, J.Y	2019	Systematic review	16 papers with 15 trials	<ul style="list-style-type: none"> • 12 used telephone MI • 2 used email and phone • 1 used online chats 	Improved weight loss

Application of MI in Beyond Benefits Study

Similar to the use of MI with other outcomes, a vocational rehabilitation specialist may use MI to help clients overcome their ambivalence toward getting a job, and then switch to providing supported employment services once the person is ready (see Exhibit 4). The six stages of change that are typical of MI with other populations also applies in the employment context -- pre-contemplation, contemplation, determination, action, maintenance, and relapse. Within pre-contemplation, individuals perceive no benefits to work and many costs. Typically, they believe there is no problem with being unemployed and lack incentives to pursue job goals. Individuals in the contemplation stage perceive both benefits and costs to work and believe the costs outweigh the benefits. They notice a problem with being unemployed; however, they do not engage in behaviors to obtain employment objectives. Individuals within pre-contemplation and contemplation typically

avoid active engagement with employment services. Determination describes individuals who perceive benefits and costs and acknowledge that benefits outweigh the costs. They engage in behaviors to explore and develop employment options. Individuals in the action stage continue to recognize more benefits than costs to getting a job and actively pursue employment goals. Maintenance describes individuals actively seeking or sustaining employment for six months or more. The relapse stage represents behavior slips that may undermine efforts to obtain or retain employment.

Exhibit 4. Statements that participants may make as they move through the MI stages



Beyond Benefits Study – MI Pilot Study Plan

As part of the Beyond Benefits Study, we will design and execute a pilot study to investigate processes involved with delivering MI to Exiters. The pilot study will provide information regarding the feasibility and value of providing MI to individuals who have, due to medical improvement, “exited” the SSDI program, the SSI program, or both.

The MI pilot is an important component in the overall Beyond Benefits Study. The data collected during the pilot study can help address the three primary research questions of the study. Exhibit 5

lists the seven MI data collection components and how they relate to the three key objectives in the study. Each component helps address one or more of the study’s research questions. For example, data from the screeners and MI tools quantify initial and follow-up stage of change, as well as the feasibility and utility of the tools in a larger scale study.

Exhibit 5. Motivational interviewing pilot data collection and how they relate to the beyond benefits study research questions

	Research Questions		
	What are the needs and barriers for Exiters to achieve employment and self-sufficiency?	What promising interventions should SSA consider testing in a large demonstration?	What are the needed policy changes to facilitate MI implementation?
Screener completed by Exiters before each MI session	✓		
Worksheets completed by interviewers with Exiters during the MI session	✓	✓	
Interviewer session logs	✓	✓	
MP3 audio recordings and transcripts of MI sessions		✓	
MI Fidelity Assessment Measure completed by Dr. Larson based on MP3 recording		✓	
Notes from supervision session between interviewers and Dr. Larson		✓	✓
Focus Group with interviewers	✓	✓	✓

Using an Approach that Has Been Tested by our Senior Motivational Interviewer

The MI pilot will utilize an MI approach developed by our Senior Motivational Interviewer, Dr. Larson (Larson et al., 2007; Larson et al., 2014; Larson, 2015). The approach links the content of each MI session with the client’s stage of change as it relates to employment. The approach offers flexibility and acknowledges that sessions need to address Exiters’ non-employment challenges, as well as their employment challenges, since they may pose barriers to vocational achievement. The framework provides a pragmatic model for the use of MI treatment within VR and other

employment services. It provides an engagement technique for behavioral changes by identifying and resolving ambivalence and discrepancies between verbal and behavioral actions. As mentioned earlier, MI is effective with individuals receiving SSI, SSDI, and with those that utilize the Ticket to Work programs (Larson, 2008; Larson et al., 2011; McCracken & Larson, 2010). Our proposed approach includes having motivational interviewers: engage in active listening; support self-efficacy; cue change talk; complete cost/benefit analysis; use readiness rulers; and use value card sorting.

For the MI pilot, motivational interviewers will spend up to six sessions working with their clients to move through the stages of change. The pilot study will include both unemployed and underemployed individuals. Depending on the employment goal of an individual and where they are in their motivation for that goal, Exiters will fall into one of the six stages of change.

MI is a time-limited and purposeful component of this pilot study. We recognize that provision of further supported employment services is not a required component. However, Westat will ensure that any Exiter who participates in the pilot study is able to connect with vocational and other services in their community. Our partners at CSAVR and NENA will ensure that Exiters referred to vocation centers can continue to work on their employment goals. Westat will monitor the referral process to ensure all pilot participants have the opportunity. We see connecting people with the services they need as an ethical part of ensuring that study participants have resources to continue their journey toward employment and that MI fulfills a function more than a data collection effort.

MI Sessions with Exiters

The literature reports that MI can be provided over several sessions, ranging between 1 and 6 sessions (Lawrence et al., 2017), either remotely or virtually. For the pilot, Exiters will receive up to six employment focused MI sessions to advance behavior change that may increase motivation to work by resolving their perceived employment barriers and ambivalence about working. The sessions will take place using audio or audio-video platforms. The pilot will provide a range of options such that Exiters can decide how many sessions they would like to attend. Using this “Intent to Treat” model, SSA will be able to explore the impact of MI “dosage” effects. This will also provide important clues regarding the match between number of sessions and Exiters’ characteristics to help plan a larger study.

At the beginning of each session, Exiters will complete the *Stages of Change Interview for Seeking Employment Screener*. The screener asks client about whether they would like to get a job; or if they have a job, whether they want to advance their career.

- If the person says “maybe” or “no,” then they respond to questions about the pros or cons of getting a job or advancing their career.
- If the respondent says “yes,” then they list what they are doing to meet their employment goal and how long they have been engaged in these activities.

Interviewers score client responses before each session to determine the Exiters’s stage of change. Exiters complete the screener with the interviewer or by themselves, online or using paper-pencil. Exhibit 6 provides information regarding how the interviewer will proceed based on the Exiter’s stage of change. The interviewer completes the tool during their session with the Exiter.

Exhibit 6. MI tools by stage of change

	Stage of change	Title of tool that interviewers will use	Description of the tool
1	<ul style="list-style-type: none"> • Pre-contemplation • Contemplation • Relapse 	The Ups and Downs of Getting a Job or Getting a Better Job	Uses MI techniques to explore the pros or cons at the daily, short- and long-term timeframes.
2	<ul style="list-style-type: none"> • Pre-contemplation • Contemplation • Relapse 	Ready Able, Willing and Resource Ruler	Assesses client self-perception of their own readiness, ability, willingness, and resources for making a change on a 10-point scale.
3	<ul style="list-style-type: none"> • Pre-contemplation • Contemplation • Relapse 	Employment Questionnaire	Goes through a series of 32 “yes or no” questions regarding client perception of what might happen if they decide to make changes.
4	<ul style="list-style-type: none"> • Action • Maintenance 	Employment Change Worksheet	Client answers seven open-ended questions that articulate reasons for changing and starts to put in place a plan for achieving change.
5	<ul style="list-style-type: none"> • Action • Maintenance 	Job Plan Worksheet	Client answers seven open-ended questions that help further solidify the plans for change and the benefits associated with achieving the vocational goal.

The tools provide a guide for the content of the session. If the Exiter is on session 3-6, and the interviewer has completed a tool during previous sessions, then the interviewer can refine and update the worksheet each time to reduce ambivalence about employment and move to the next stage.

Scoring the MITI

After capturing behavior counts, summary scores are calculated.

- **Technical Global (Technical) = (Cultivating Change Talk + Softening Sustain Talk)/2**
- **Relation Global (Relational) = (Partnership + Empathy)/2**
- **Percent Complex Reflections = Complex Reflections/ (Simple reflections + Complex Reflections)**
- **Reflection to Question Ratio (R:Q) = Total reflections/Total Questions**
- **Total MI Adherent = Seeking Collaboration + Affirm + Emphasizing Autonomy**
- **Total MI Non Adherent = Confront + Persuade**

Note that it may be possible that Exiters express that they are in crisis during a session or voice suicidal ideation. All of the motivational interviewers on the Westat team are Masters-level counselors and connected with community resources that can help Exiters. Further, while the tools focus on employment, the interviewer training will emphasize how topics such as housing, legal matters, transportation, and other challenges relate to employment and contribute to the Exiters' ambivalence regarding employment. Thus, sessions are likely to cover topics outside of employment.

Measuring Fidelity Using the MITI

The MI pilot study will use the MITI to measure fidelity. Westat has received permission from the author to use the Motivational Interviewing Treatment Integrity Coding Manual 4.2.1 (unpublished manual; Moyers et al., 2016) as part of the motivational interviewer training and to monitor fidelity.

Since the MI will be virtual, we will score a random group of audio/video recordings of MI sessions. The MITI is coded/scored based the presence or absence of certain behaviors assessed by an observer. Behavior counts capture specific MI skills used by the counselor during the session. There are eight behavior codes:

1. Giving Information
2. Persuade
3. Question
4. Reflection Simple
5. Reflection Complex
6. Affirm
7. Seeking Collaboration
8. Emphasizing Autonomy.

The interviewer assigns adherent or non-adherent codes to each behavior. Adherent codes include affirmation, seeking collaboration, and emphasizing autonomy; non-adherent codes include persuade and confront.

The Pilot Plan is Subject to Change

This MI Pilot Study memo provides information regarding the current plans for implementation the pilot study. Deliverable 4.1.1 Sampling and Recruitment Plan for the MI Pilot will include additional information about the MI Pilot. It is important to note that the implementation plans may change based on the Office of Management and Budget (OMB) clearance process; information gained through focus group and in-depth interviews; and through SSA continued input into the study design. We will update the MI Pilot plan as needed

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