

Confirming the Mechanism of Motivational Interviewing Therapy after Stroke (COMMITTS)



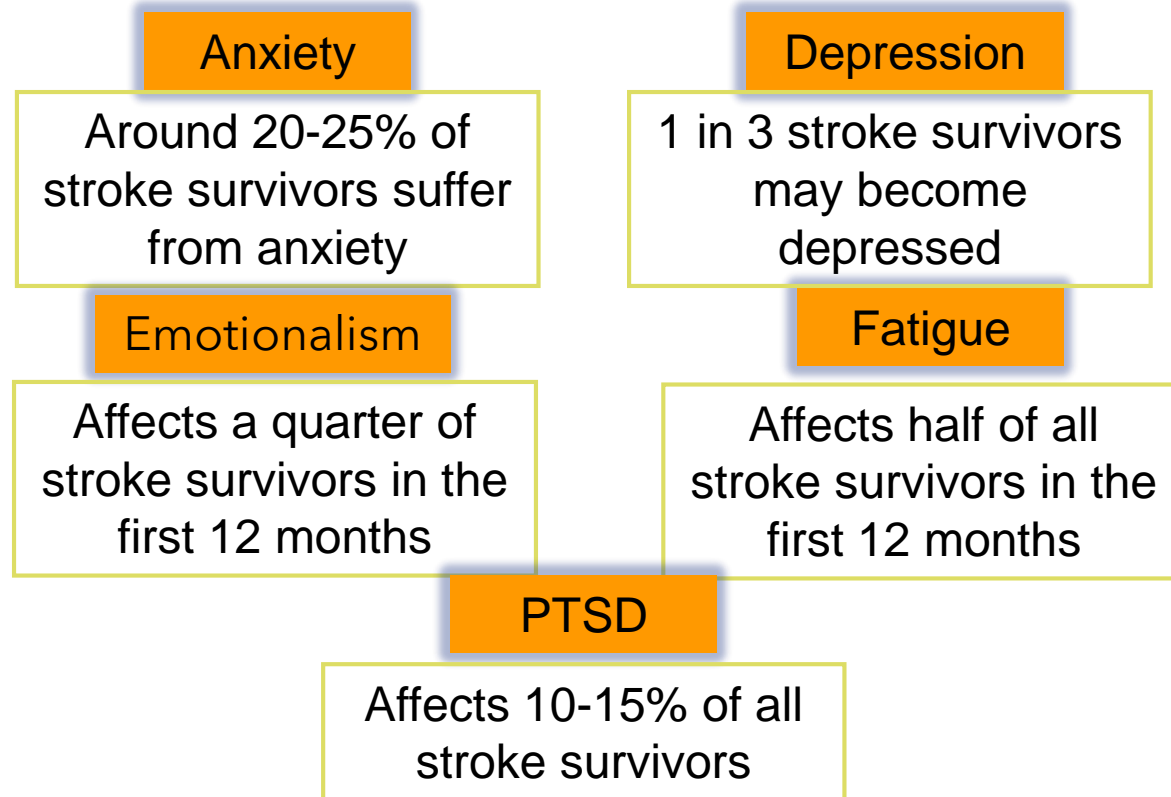
Liz Lightbody

Professor of Stroke Care and Improvement

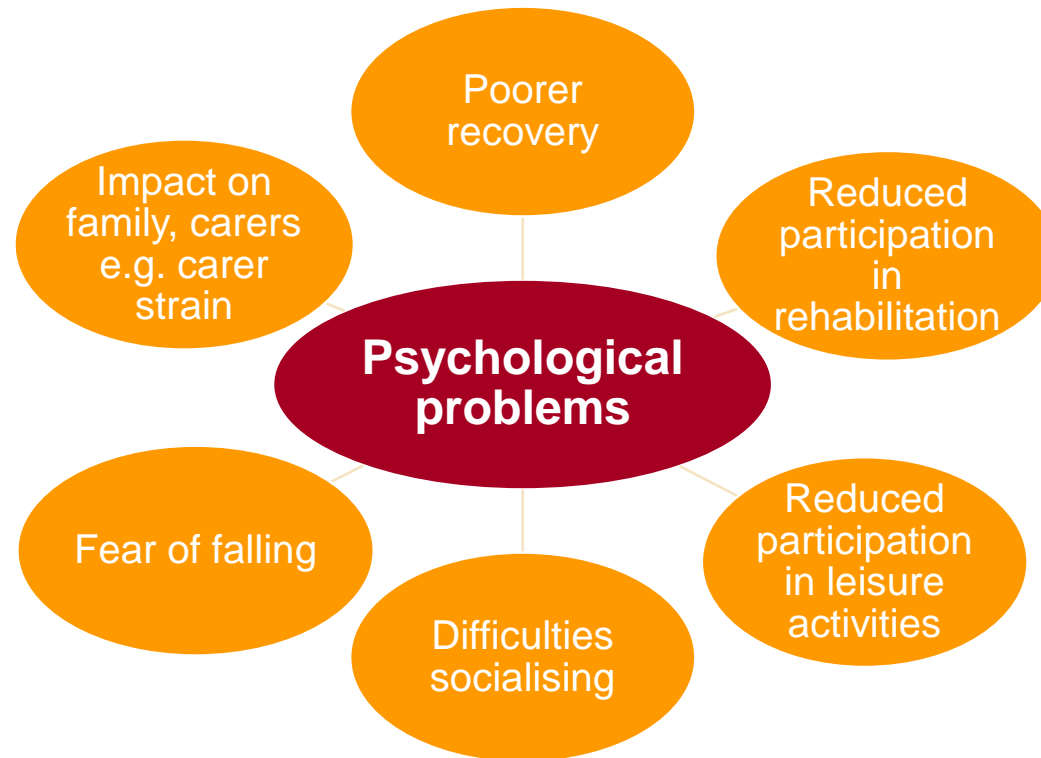
University of Central Lancashire

celightbody@uclan.ac.uk

How common are psychological problems after stroke?



Impact of psychological problems



Problem being addressed

- Psychological care should be provided by stroke services across acute and community settings
- National audits highlight inadequate service provision
- People with stroke echo the need for service improvement
- Workforce challenges
- MI is a brief therapy that can be delivered by trained non-specialist staff

Motivational Interviewing

- A person-centred, directive, talk-based therapy
- Single centre RCT
- MI compared to Usual Care
- Up to 4 weekly sessions with trained therapist
- Significant benefit on mood, at 3 & 12 months
- Protective effect on death at 3 & 12 months
- Treat 12 patients, prevent 1 death

Motivational Interviewing Early After Acute Stroke A Randomized, Controlled Trial

Caroline L. Watkins, PhD; Malcolm F. Auton, MSc; Carol F. Deans, MClInPsy;
Hazel A. Dickinson, MSc; Cathy I.A. Jack, FRCP; C. Elizabeth Lightbody, MPhil;
Christopher J. Sutton, PhD; Martin D. van den Broek, PhD; Michael J. Leathley, PhD

Background and Purpose—The purpose of this study was to determine whether motivational interviewing, a patient-centered counseling technique, can benefit patients' mood 3 months after stroke.

Methods—A single-center, open, randomized, controlled trial was conducted at a single hospital with a stroke unit. Subjects consisted of 411 consecutive patients on the stroke register who were over 18 years of age and who did not have severe cognitive and communication problems that would prevent them from taking part in an interview; were not known to be moving out of the area after discharge; and were not already receiving psychiatric or clinical psychology intervention. All patients received usual stroke care. Patients in the intervention group received 4 individual, weekly sessions of motivational interviewing with a trained therapist in addition to usual stroke care. The primary outcome was the proportion of patients with normal mood at 3 months poststroke measured by the 28-item General Health Questionnaire (normal, <5; low ≥ 5) using a mailed questionnaire.

Results—Eighty-one of 207 (39.1%) patients in the control group and 100 of 204 (49.0%) patients in the intervention group had normal mood at follow up. A significant benefit of motivational interviewing over usual stroke care (OR: 1.60, 95% CI: 1.04 to 2.46, $P=0.03$) was found.

Conclusion—Our results suggest motivational interviewing leads to an improvement in patients' mood 3 months after stroke. (*Stroke*. 2007;38:1004-1009.)

Key Words: mood ■ motivational interviewing ■ stroke

Stroke

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The 12-Month Effects of Early Motivational Interviewing After Acute Stroke: A Randomized Controlled Trial

Caroline L. Watkins, Jennifer V. Wathan, Michael J. Leathley, Malcolm F. Auton, Carol F. Deans, Hazel A. Dickinson, Cathy I.A. Jack, Christopher J. Sutton, Martin D. van den Broek and C. Elizabeth Lightbody

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**University of
Central Lancashire**
UCLan

Aim & objectives

- To explore the effectiveness of MIBI on preventing and treating depression post-stroke; relative to UC, and to an AC when delivered remotely by non-psychology staff
- Secondary objectives
 - Explore the mechanism of action of MIBI, through self-efficacy and confidence as mediating factors
 - Explore modifiers on effect of MIBI (dose and therapeutic alliance)
 - Explore fidelity and acceptability of MIBI and AC

Methods – randomisation & arms

- N=1200, Individual patient randomisation 1:1:1 stratified by site, age (<65/65+), and baseline mood (PHQ-9 score <10/10+)

MIBI

- 4 x 45-minutes, weekly MIBI sessions
- Started within 2 weeks of randomisation
- Delivered by the same trained MIBI therapist

AC

- 4 x 45-minutes, weekly AC visits
- Started within 2 weeks of randomisation
- Delivered by the same trained AC visitor

UC

- Usual care pathway
- All UC recorded in follow-up questionnaires

MIBI & AC Training

- MIBI therapists: 2 Band 5+ therapy/nursing staff or Stroke Association stroke co-ordinators
- AC visitors: UCLan staff
- Person specification for each
- Training: 2 days face-to-face training → practice sessions with volunteer patients → 2 more days face-to-face training → practice sessions with volunteer patients
- Supervision and support throughout the training and the study: scheduled sessions with the trainers and a clinical psychologist
- Fidelity monitoring: review of approximately 1 in every 12 sessions of MIBI/AC to check skills are up-to-date

Methods – follow up & process evaluation

- Postal questionnaires
 - 6 weeks post-randomisation: depression (PHQ-9), anxiety (GAD-7), confidence (CaSM), self-efficacy (SSEQ)
 - 3 months post-randomisation: depression (PHQ-9, Yale, antidepressant use, psychological input), anxiety (GAD-7), quality of life (SIS-SF), dependence (mRS), physical function (Barthel)
- Primary outcome: depressive symptoms at 3 months
- Process evaluation
 - Interviews with participants (n=15): experience of participating, receiving MIBI/AC
 - Interviews with staff (n=15): acceptability of training/supervision, considerations for implementation

Recruitment so far

10505 patients screened

3725 (35.5%) eligible

- Unable to provide informed consent (23.6)

- Other (18.5)

- Not stroke (5)

- Moderate to severe communication difficulties (5.1)

978 (26%) consented

917 randomised

Patient Experience

- Possibly have sessions later/follow up session 6wks
- Impact difficult to say
- Questionnaires long
- Week apart was about right
- Mixed preference for mode of delivery

Possibly, later on...as I was explaining, when I had the three sessions, I was very positive. And now, mentally I've gone downhill, because I know I'm going to be like this permanently now, so...

Well, it's a good opportunity to explore your own feelings as to how you're dealing with it and how you feel you can improve. Because I was explaining to her that every day, I was trying to think of new things I could do or new ways I could do things. That's what I was discussing with her quite a lot actually

the motivational person was lovely... I liked speaking to her

I would do a couple of weeks after somebody's come out. Because I think it'll have a bigger impact and, in terms of motivation, that's when you need the motivational interviewing.

Staff Experience

- Staff experienced a range of emotions
 - Highs and lows with any new venture
 - Initially lack of confidence
 - Change in focus
 - Reflection on skills/practice

I feel really privileged to be part of this study and believe strongly in the core values this support will offer for those to adjusting to life after stroke

The training was good and at a good pace

I think I...really positive for me. I think it's really made me reflect on my skills and how I support people. I think from a personal development...I've found it very interesting. It's made me hold a mirror up to myself on how I practice and talk with people and be with people.

Conclusions

Recruitment was slow to start

Training was at the right level

Positive experiences from staff and patients

Mode of delivery seemed appropriate

Some suggestions for adjustments

Potential Model for psychological support



THANK YOU FOR
YOUR LISTENING

DO YOU HAVE
ANY QUESTIONS?