DATA DESCRIPTION

Active ingredients and mechanisms of change in motivational Interviewing for medication adherence. A mixed methods study of patient-therapist interaction in patients with schizophrenia

- a. Coded data of 66 MI-conversations (14 patients).
- b. Output GSEQ-analysis (General Sequential Querier) (1. all 14 patients; 2. sensitivity analysis of 13 patients, one potential outlier excluded)
- c. Worksheets used for qualitative analysis

Coding instruments: Motivational Interviewing Skill Code 2.1 (MISC 2.1) For the global ratings:

- Acceptance
- Empathy
- MI-Spirit (consisting of Collaboration, Autonomy, and Evocation)
- Self-exploration

Motivational Interviewing Sequential Code for Observing Process Exchanges (MI-SCOPE) Therapist behaviour codes (T codes): 20 codes. Client behaviour codes (C codes): (10 codes).

Study population

Fourteen patients participating in the intervention group of an RCT (MATCH-trial, see references). Five therapists (three community mental health nurses, a psychiatrist, a psychologist) (see reference 1).

Data and data coding coding

The data consisted of 66 audio recorded and transcribed MI-sessions. For the exact coding procedures: see reference 1.

The coded data consist of 14 excel-files. Each file consists of 3 to 8 MI-sessions (S1, S2, etcetera). Therapist codes and client codes are abbreviations, see table 1 and table 2 for codes in full.

ADV = Advise	OP = Opinion
ADVzp or ADV- = Advise without permission	
ADVmp or ADV+ = Advise with permission	
AFF = Affirm	PS = Permission seeking
CON = Confront	CQ = Closed Question
	OQ = Open Question
	CQ+ and OQ+ = Question directed at
	medication adherent behaviour of intentions
	CQ- or OQ- = Question directed at medication
	non-adherent behaviour of intentions
	CQ± or OQ± = 2-sided question

Table 1: Therapist codes

	CQ^0 or OQ^0 = Question not directed at
	medication adherence
DIR = Direct	SR = Simple reflection
	CR = Complex Reflection
	SR+ or CR+ = Reflection directed at medication
	adherent behaviour of intentions
	SR- or CR- = Reflection directed at medication
	non-adherent behaviour of intentions
	SR± or CR± = 2-sided reflection
	SR ⁰ or CR ⁰ = Reflection not directed at
	medication adherence
EC = Emphasize Control	RC = Raise concern
FA = Facilitate	SD = Self-disclosure
FB = Feedback	SP = Support
FIL = Filler	STR = Structure
GI = General information	WA = Warn

Table 2: Client codes

A = Ability	R = Reasons
Al, Am, Ah = Ability low, medium, high respectively	Rl, Rm, Rh = Reasons low, medium, high
A+ = Ability statement pro medication adherence	respectively
A- = Ability statement contra medication	R+ = Reasons statement pro medication adherence
adherence	R- = Reasons statement contra medication
	adherence
C = Commitment	TS = Taking steps
Cl, Cm, Ch = Commitment low, medium, high	TS+ = Taking steps directed at medication
respectively	adherence
C+ = Commitment statement pro medication	TS- = Taking steps directed at medication non-
adherence	adherence
C- = Commitment statement contra medication	
adherence	
D = Desire	ASK = Ask
Dl, Dm, Dh = Desire low, medium, high respectively	
D+ = Desire statement pro medication adherence	
D- = Desire statement contra medication	
adherence	
N = Need	FN = Follow neutral
NI, Nm, Nh = Need low, medium, high respectively	
N+ = Need statement pro medication adherence	
N- = Need statement contra medication adherence	
O = Other	
Ol, Om, Oh = Other low, medium, high respectively	
O+ = Other statement pro medication adherence	

O- = Other statement contra medication	
adherence	

Output GSEQ-analysis

There are two text-files showing the output of two analyses in GSEQ to compute the conditional probability of specific verbal patient reactions (sustain talk, change talk, neutral) to specific therapist verbal behaviour.

File 1 (gseq_20191124.txt): output of 66 MI-sessions in 14 patients.

File 2 (gseq_20191124-sensitivity-replication_Px_removed.txt): output of 62 MI-sessions in 13 patients (one potential outlier removed).

Worksheets

Worksheets used in the qualitative analysis (both worksheets in one pdf-file)

- Phase 1 central question: How does the MI-therapist influence the patient's motivational process?
- Phase 2 central question: By which techniques applies the therapist which clinician factors, to influence which client factors, and which mechanism of change is activated?