A Learning Collaborative Focused on Skill Development in Teaching and Coaching Motivational Interviewing

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Introduction

Motivational Interviewing (MI) is an evidence-based practice for which there remains great interest among the addiction workforce. Opportunities for introductory MI training are prevalent, and interested persons may cull direct-care skills by availing advanced MI or other special application training workshops. For those who aspire to train others, annual training-of-new-trainers events via the Motivational Interviewing of Trainers (https://motivationalinterviewing.org) offer a pathway.

Such resources notwithstanding, persons who serve in clinical supervisory roles typically find comparatively few opportunities to enhance their skills for promoting quality MI practice among supervisees. To address this workforce development gap, the Northwest Addiction Technology Transfer Center (ATTC) conducted an intensive technical assistance project that involved an '*MI Teaching and Coaching*' learning collaborative to foster clinical supervisors' MI teaching and coaching skills. This project, initiated in collaboration with Tri-County Behavioral Health Provider Association of Oregon, was guided by the phased EPIS model of Aarons et.al (2014), as depicted at the near right.

Methods

The Northwest ATTC recruited 18 clinical supervisors from twelve behavioral health programs, for which demography and educational background are listed below in Table 1.

Table 1. Participant Demography and Background

Gender	Female	Male		
	66.67%	33.33%		
Race	Caucasian	Multi-Racial	Other	
	88.89%	5.55%	5.55%	
Ethnicity	Hispanic	Non-Hispanic		
	11.11%	88.89%		
Education	Masters	Bachelors	Associates	Other
	66.67%	22.22%	5.55%	5.55%

Table Notes: Demography/background based on self-report; Sample comprised of N=18 clinical supervisors.

EPIS-Phased Learning Collaborative. Initial *exploration* involved meetings with program leaders to secure interest and nominate clinical supervisor participants. Activities in *preparation* included review of participant applications and audio-recorded worksamples, followed by a 1½ day kick-off training event. For *implementation*, the participants attended monthly sessions at each of which they reviewed a specific skill module, received accompanying handouts, discussed its prospective delivery to supervisees, and reported back their delivery experience with prior modules. For *sustainment*, availability of a participant listserv and quarterly meetings afford opportunities for participating clinical supervisors to discuss ongoing MI teaching and coaching experiences.

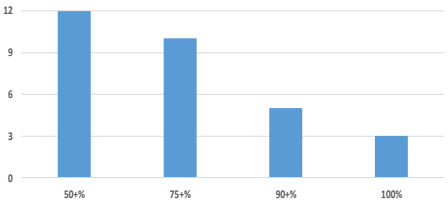
Results

Mixed-method data collection included process measures of participation in the learning collaborative, and qualitative participant reactions via a focus group at its conclusion.

Participation in Learning Collaborative Activities

Initial training and subsequent monthly sessions offered 42 total hours of continuing education. Of the 13 participants completing the learning collaborative, mean participation was 35.08 hours. Figure 1 illustrates participation levels.

Figure 1. Participation Levels



Focus Group Themes

Themes from focus group discussion included perceptions that learning collaborative participation had enhanced: 1) participants' MI teaching/coaching skills with the clinicians they supervise; 2) inclusion of MI in supervision activities like case conceptualization; and 3) MI skills of supervised clinicians. Sample participant reactions are included above.

Qualitative Participant Reactions

> *"The training series has helped me advocate for integration of the practice and spirit of MI varying levels of our office. Beyond that, it's been really amazing to comb through my own understanding of the practice and better support the clinicians that I supervise to help people change by being able to teach the principles more effectively and confidently."*

> *"This [learning collaborative] brings MI to the fore as a process-oriented, respectful form of therapy, and highlights the cooperation between provider and client that makes for a great treatment bond."*

Implications

In targeting clinical supervisors' MI teaching and coaching skills, this learning collaborative addressed a workforce development gap to accelerate its implementation at a dozen Oregon-based behavioral health programs. Given empirical evidence of its effectiveness, this learning collaborative may be replicated by those seeking to disseminate MI elsewhere. And like-minded procedures may address similar workforce development gaps for other behavioral health services.

Acknowledgements

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