

Preparing the Addiction Workforce to Practice Informed Eclecticism Through Integration of Motivational Interviewing and Cognitive Behavioral Therapy



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Introduction

Traditional design, evaluation, and dissemination processes for behavior therapies have not addressed eclecticism despite its prominence in most clinical practice. Longstanding recommendations from field leaders (Miller & Hester, 1995) encourage those in the helping professions to strive for 'informed eclecticism,' an elusive goal more likely to be attainable if our training efforts target familiar, empirically-supported approaches like Motivational Interviewing (MI) and cognitive-behavioral therapy (CBT). Herein, we describe reactions of addiction workforce members following participation in a training workshop on MI/CBT integration sponsored by the Northwest Addiction Technology Transfer Center (Northwest ATTC), a regional intermediary purveyor organization serving HHS Region 10.

Methods

A virtual two-day workshop in MI/CBT integration was offered by the Northwest ATTC, with registration open to WA state health professionals who reported prior completion of introductory training in both MI and CBT. Workshop content integrated core concepts of MI and CBT through a blend of learning strategies including didactics, discussion of case vignettes, and a set of small group experiential exercises (i.e. MI/CBT Integration Card Sort). At workshop conclusion, participants engaged in anonymous *in vivo* polling of perceived mastery and confidence to implement (scales: 10=Completely, 1=Not At All) and preferences for post-workshop implementation support. In the subsequent week, training participants completed an online survey of demography and professional background (summarized in Table 1 below) as well as satisfaction, perceived utility, and perceived benefit of workshop participation (scales: 5=Very, 1=Not At All). Training participants received 14 continuing education units, commensurate with their event attendance.

Table 1. Workforce Demography and Professional Background

Gender	Female 78%	Male 22%		
Race	Caucasian 64%	Multi-Racial 18%	Black 9%	Asian 9%
Degree Attainment	Masters 56%	Doctoral 22%	Bachelors 11%	Associates 11%
Clinic Setting	Mental Health 44%	SUD or Other Specialty Care 33%	Community-Based Care 11%	Hospital-Base Care 11%

Table Notes: Demography and professional background based on self-report of training workshop attendees employed as health professionals in WA state.

Results

As Figure 1 notes, post-event surveys revealed very strong participant satisfaction ($M=4.89$, $SD=.33$), perceived utility of knowledge acquired ($M=4.78$, $SD=.44$) and benefit to clinical practice ($M=4.67$, $SD=.50$). In contrast, *in vivo* polling reflected hesitancy about integrating MI/CBT in terms of confidence to implement ($M=4.78$, $SD=1.20$), and perceived mastery ($M=4.18$, $SD=.87$) as Figure 2 illustrates. *In vivo* polling also identified six desired sources of future implementation support for the integration of MI and CBT, as is depicted in the word cloud contained in Figure 3.

Figure 1. Post-Workshop Satisfaction, Perceived Utility, & Perceived Benefit

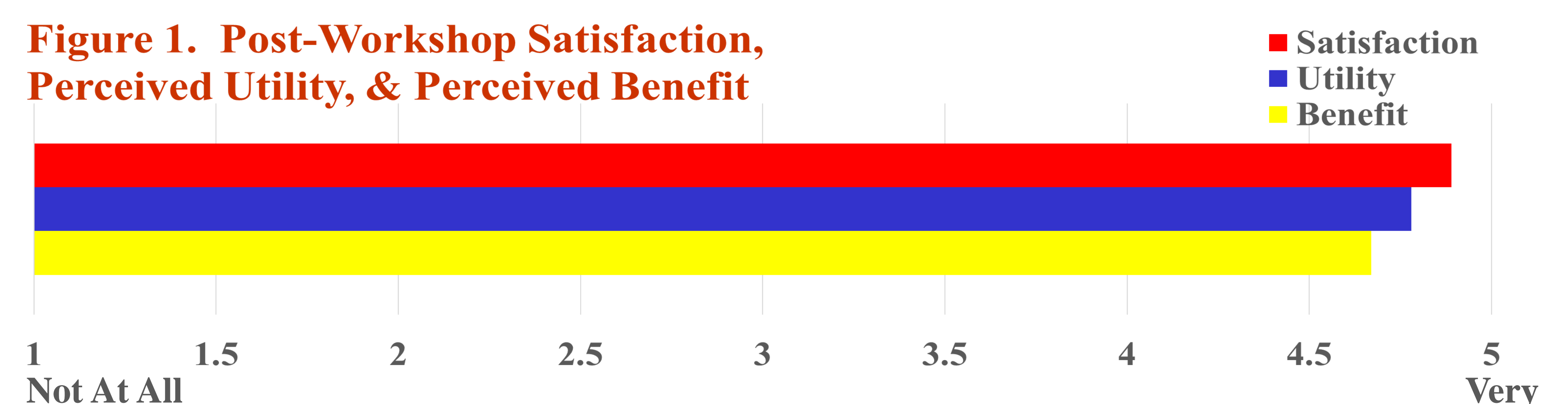


Figure 2. Post-Workshop Readiness to Implement

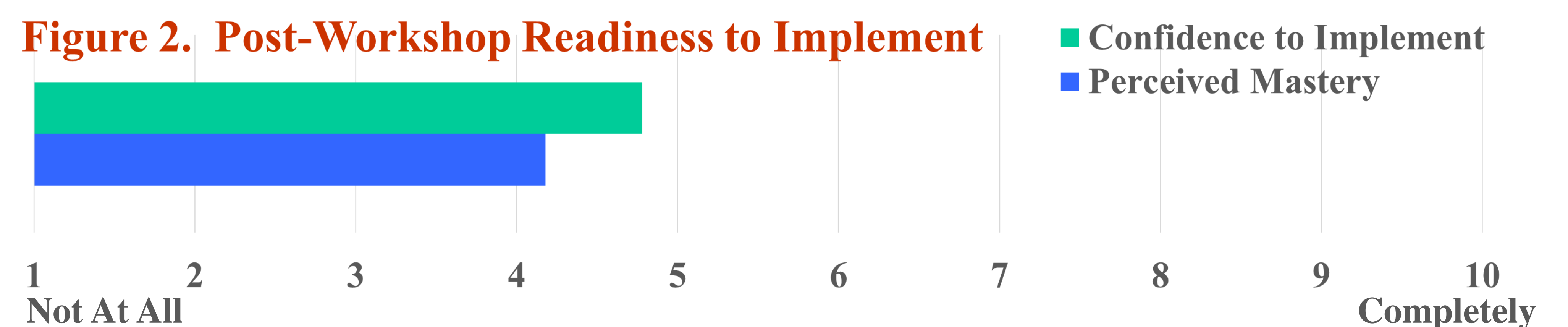


Figure 3. Preferences For Future MI/CBT Implementation Support



Conclusions

High levels of satisfaction, benefit, and utility were noted among these MI/CBT workshop participants, but modest implementation readiness. This suggests need for post-workshop implementation support, for which participants noted preferential interest in video demonstrations followed by, case consultation, training cases, and participation in a learning collaborative. Findings may aid Northwest ATTC and others seeking to aid the addiction workforce in achieving informed eclecticism.

Acknowledgements

This work was supported by SAMHSA #H79TI080201, *Region 10 Addiction Technology Transfer Center* (Hartzler, PI). The authors declare that no financial or nonfinancial conflict of interest exist. We thank the workshop participants who provided valuable feedback regarding training in MI/CBT integration.