



Teaching Motivational Interviewing to Clinicians: A Randomized Trial of Training Methods

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Abstract

Most evidence-based treatment methods do not readily diffuse into community practice, and dissemination can be particularly challenging for a clinical method like motivational interviewing (MI) that involves a change in counseling style. A preliminary study showed that a standard method for continuing professional education – a 2-day intensive MI training workshop -- produced relatively little change in practice behavior, although participants believed that they had acquired proficiency in MI. The EMMEE trial is NIDA's first Stage III study, a randomized trial of methods for conveying an evidence-based treatment (MI) into practice. In a randomized trial with 130 licensed health professionals, two training adjuncts were studied: feedback of proficiency, and individual coaching. Participants submitted audiotapes of their ordinary counseling sessions before training, and again at 4, 8, and 12 months after training. Relative to a self-guided control group, all trained groups showed substantial increases in MI proficiency, without between-group differences based on training methods. Unlike in our preliminary study, trained clinicians showed changes in practice behavior that were large enough to make a difference in their clients' response, and reached clinical trial thresholds for competence in MI.

Research Methods

Participants: 130 licensed health professionals who treat substance use disorders. They traveled to Albuquerque for free training, with lodging and meals provided.

Training Interventions tested:

- T - 2 day MI clinical training workshop
- F - Performance feedback on practice tapes
- C - 6 individual telephone consultations

The Wait-List control group was given a copy of *Motivational Interviewing* and a set of seven training videotapes, for self-directed training while awaiting the workshop. After 4 months, they received full training (TFC).

Groups: Trainees were randomly assigned to:

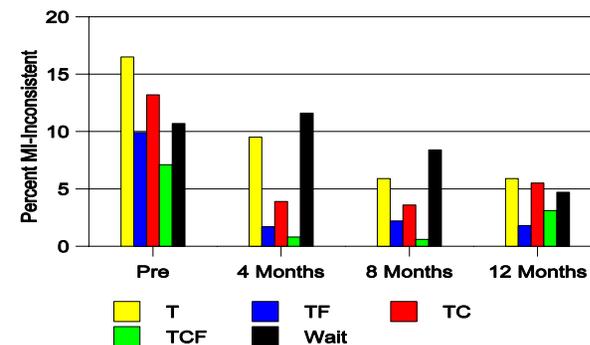
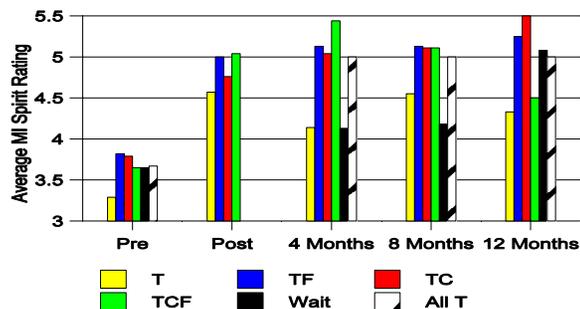
T	Training workshop only
TF	Workshop + Feedback
TC	Workshop + Consults
TFC	All three, or
W	Wait (self-directed)

Dependent Measures: Measures of MI proficiency were obtained using the Motivational Interviewing Skill Code, (MISC; Miller & Mount, 2001) from clinical practice tapes with actual substance abuse clients before (pre) training, and 4, 8, and 12 months after training. Immediately after training, participants also interacted with a standard-patient actor, and this tape was also coded using the MISC. The dependent measures were:

- Overall MI Spirit rating
- % MI-Consistent responses
- Reflection/Question ratio
- % Open Questions
- % Complex Reflections
- % Counselor talk time

Results

The four groups that received immediate training (T) showed substantial improvement on all dependent measures of proficiency (MANOVA), compared with the self-directed learning group waiting (at 4 months) for training, $F(6,88) = 3.385, p < .005$. Neither personal feedback of performance from practice tapes (F) nor individual follow-up telephone consultations (C) yielded a statistically significant main effect on counselor proficiency levels on any dependent measure. However, all



groups that received training adjuncts (Feedback and/or Consultations) eventually reached clinical trial proficiency criteria (overall rating of 5.0), whereas the group receiving workshop-only never did, even after one year. The largest training effect ($p < .001$) was found on the percentage of MI-consistent counselor responses, accounted for primarily by suppressing MI-inconsistent responses.

Discussion

Clinical training in MI was successful in yielding the level of proficiency ordinarily required for controlled clinical trials. Much of the increase in proficiency was evident immediately after the 2-day workshop, in interactions with a standard-patient actor. Personal feedback of performance and individual coaching sessions added modestly at best to the impact of training. An important function of training appears to be the suppression of MI-inconsistent counseling responses. Failure to do so was a principal shortcoming in a prior training trial where workshop alone did not produce clinical proficiency in MI (Miller & Mount, 2001).

Miller, W. R., & Mount, K. A. (2001). A small study of training in motivational interviewing: Does one workshop change clinician and client behavior? *Behavioural and Cognitive Psychotherapy*, 29, 457-471.

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