Recommendations for Developing MI Trainers within a New Area

William R. Miller Stephen Rollnick and Theresa B. Moyers

As for any complex skill, developing proficiency in motivational interviewing (MI) typically requires more than just reading, watching tapes, or attending a training workshop. It is particularly helpful to receive some ongoing feedback and coaching from an experienced trainer who is already skillful in MI (Miller, Yahne, Moyers, Martinez, & Pirritano, 2004; Moyers, Houck, Glynn, & Manuel, 2011; Moyers et al., 2008). This poses a challenge when motivational interviewing (MI) spreads into a new area because there may be few or no well-qualified coaches available within the geographic region, language, culture, or area of practice.

An important step forward, then, is to develop a cadre of well-experienced trainer/coaches who are able to help people develop skillfulness in MI. This document provides recommendations for doing so based on the current state of science and practice. Refinements will be offered as the state of knowledge evolves.

1. Practice Skill as a Foundation for Training

In order to teach piano one should first learn to play it. We believe that developing one's own proficiency in MI is a prerequisite for training others. A good first step is to develop a group of people who are reasonably competent in the practice of MI. It may be most effective to provide initial and intermediate training on site, rather than sending individuals off to training events. This allows trainees to practice together in their own language and context, and facilitates the tailoring of training to the setting.

When developing MI resources in a new region or language we strongly encourage including professionals from a variety of settings rather than concentrating training within a single organization. Developing MI within a single setting can create an unhealthy equating of MI with the particular organization.

2. Developing Quality Assurance

Competence in MI can only be determined by observing practice. Interaction with a standard-patient actor can provide a sample of skill, although actors typically do not respond as actual clients do. For ongoing skill development it is best to observe actual practice, as coaches do when helping individuals to learn a sport or a musical instrument. Live observation or video recordings are feasible, but we find that audio recordings are less intrusive and usually suffice for coaching and quality assurance.

Sometimes concern is voiced that such observation may violate client privacy. The recording of conversations for quality assurance purposes has become common across many settings. It is essential to ensure that clients understand the purpose of recording and provide

written consent. The consent should specify who will be monitoring the session(s) and when and how the recording will be destroyed. It is our experience that most clients find such recording readily acceptable and appreciate quality assurance efforts to improve client services.

We recommend using more than subjective judgment in responding to practice samples. A system for rating the quality of MI practice should be both reliable and valid. Reliability means that one or more raters listening to the same session will come to the same or similar conclusions. Validity means that the criteria being used to measure good practice should be significantly related to client outcomes. Good progress has been made in measuring quality of practice, though much remains to be learned.

A widely used and well-validated observation tool is the Motivational Interviewing Treatment Integrity (MITI) scale (Hendrickson et al., 2004; Moyers, Martin, Manuel, Hendrickson, & Miller, 2005), which rates only counselor responses. The MITI was derived from the original Motivational Interviewing Skill Code (MISC; Moyers, Martin, Catley, Harris, & Ahluwalia, 2003) that rates both counselor and client responses. The MITI is sufficient for sampling practice fidelity, whereas the MISC is useful in studying client responses as well (for example, in measuring therapeutic process and linking it to treatment outcome).

There are at least three broad MI practice dimensions that can be rated reliably and have been found to be valid predictors of treatment outcome:

1. MI-Consistent (MICO) Responses. The more MI-consistent a counselor's practice (as measured by the MITI or MISC), the more change talk clients express, which in turn predicts better treatment outcome (Glynn & Moyers, 2010; Moyers & Martin, 2006; Moyers et al., 2007; Moyers, Martin, Houck, Christopher, & Tonigan, 2009).

2. MI-Inconsistent (MIIN) Responses. Confrontational and other MI-inconsistent responses are associated with less client change talk and more "resistance," which in turn predict poorer treatment outcome (Miller, Taylor, & West, 1980; Moyers & Miller, 2012; White & Miller, 2007).

3. Empathy. The therapeutic skill of accurate empathy is a strong component of the underlying spirit of MI (Miller & Rollnick, 2013; Rollnick & Miller, 1995) and predicts better treatment outcomes (Miller, et al., 1980; Moyers & Miller, 2012).

The MITI and MISC were developed and tested in English and have also been translated and validated in other languages (e.g., Miller et al., 2008). When developing such tools for quality assurance in a different language it is important to establish their reliability and validity. Provisional benchmarks for competence and proficiency on MITI measures were recommended by Miller and Rollnick (2013). Both the MITI and MISC are in the public domain and may be used without cost or permission, though specific training in the use of these instruments is strongly recommended.

3. Developing a Skillful Cadre

With initial training and a system of quality measurement in place, the foundation is set to develop a group of skillful MI practitioners. This typically involves ongoing coaching with periodic individual feedback based on a quality assurance system. It may be possible to arrange for feedback and remote coaching via televideo communication if there are no qualified coaches in the region. When developing MI skills in a language with no current qualified coaches it may be helpful to form a learning community for ongoing mutual support. Again we strongly urge that this process should not be limited to any particular organization when developing MI skills in a new region or language.

4. Preparing Coaches and Trainers

As participants develop more proficiency in MI, it is possible to identify those whose skill level renders them good candidates to become coaches and trainers. Such skill assessment should be based on a reliable quality measurement system with observed practice, not just on subjective judgment. The MINT organization, for example, requires actual practice samples that are rated by coders using a structured system with established reliability.

We also encourage mindfulness of the spirit of MI when selecting candidates to be prepared as coaches and trainers. We believe that quality MI is best maintained by a combination of creativity, humility, and openness to new evidence; not by zeal, competition, or commercial promotion. We value a generous and collaborative spirit of giving more than we take, and championing good practice above all else. These aspirations have been continually reaffirmed by MINT colleagues over the years and are a part of MINT's institutional memory.

The Motivational Interviewing Network of Trainers (MINT) offers downloadable materials useful in the preparation of coaches and trainers (<u>www.motivationalinterviewing.org</u>). MINT exists to promote quality in MI practice and training. Membership in MINT is gained by participating in a MINT-approved training for trainers, and information is available at <u>http://www.motivationalinterviewing.org/pathways-membership</u>. MINT does not seek to limit, license, or regulate MI training. MINT membership is not required in order to practice or teach MI, but those with a strong interest in quality MI training may wish to consider joining MINT.

It is possible to develop a MINT-approved process for training coaches and trainers that will lead to their membership in MINT. This requires adherence to quality standards in prescreening, selecting, and training candidates. If you are interested in developing a MINTendorsed training of trainers, contact the Chair of the MINT Board of Directors. Part of MINT's mission is to facilitate the dissemination of MI in underrepresented areas, and MINT has substantial experience in helping to launch MI training in new regions and languages.

5. Maintaining Quality

It is common for the quality of practice, coding, or training to drift over time without processes to maintain competence. Raters, for example, usually have a random sample of their work double-coded to monitor reliability and prevent drift. Even highly experienced airline pilots are periodically monitored by check pilots, and surgeons' work is routinely observed by colleagues.

MI is also an evolving approach. New research appears at a rapid pace, and significant developments in practice and training emerge, as illustrated by changes from the 1^{st} (Miller & Rollnick, 1991) to the 2^{nd} (Miller & Rollnick, 2002) and 3^{rd} editions of the source text (Miller & Rollnick, 2013). There is a professional responsibility to keep current with new developments and findings in the field.

References

- Glynn, L. H., & Moyers, T. B. (2010). Chasing change talk: The clinician's role in evoking client language about change. *Journal of Substance Abuse Treatment, 39*, 65-70.
- Hendrickson, S. M. L., Martin, T., Manuel, J. K., Christopher, P. J., Thiedeman, T., & Moyers, T. B. (2004). Assessing Reliability of the Motivational Interviewing Treatment Integrity Behavioral Coding System Under Limited Range. *Alcoholism-Clinical and Experimental Research*, 28(5), 74A.
- Miller, W. R., Hendrickson, S. M. L., Venner, K., Bisono, A., Daugherty, M., & Yahne, C. E. (2008). Cross-cultural training in motivational interviewing. *Journal of Teaching in the Addictions*, 7, 4-15.
- Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York: Guilford Press.
- Miller, W. R., Taylor, C. A., & West, J. C. (1980). Focused versus broad spectrum behavior therapy for problem drinkers. *Journal of Consulting and Clinical Psychology*, 48, 590-601.
- Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology*, 72, 1050-1062.
- Moyers, T. B., Houck, J. M., Glynn, L. H., & Manuel, J. K. (2011). Can specialized training teach clinicians to recognize, reinforce, and elicit client language in motivational interviewing? [(Abstract)]. Alcoholism: Clinical and Experimental Research, 335(S1), 296.
- Moyers, T. B., Manuel, J. K., Wilson, P., Hendrickson, S. M. L., Talcott, W., & Durand, P. (2008). A randomized trial investigating training in motivational interviewing for behavioral health providers. *Behavioural and Cognitive Psychotherapy*, 36, 149-162.

- Moyers, T. B., & Martin, T. (2006). Therapist influence on client language during motivational interviewing sessions. *Journal of Substance Abuse Treatment*, *30*, 245-252.
- Moyers, T. B., Martin, T., Catley, D., Harris, K. J., & Ahluwalia, J. S. (2003). Assessing the integrity of motivational interventions: Reliability of the Motivational Interviewing Skills Code. *Behavioural and Cognitive Psychotherapy*, *31*, 177-184.
- Moyers, T. B., Martin, T., Christopher, P. J., Houck, J. M., Tonigan, J. S., & Amrhein, P. C. (2007). Client language as a mediator of motivational interviewing efficacy: Where is the evidence? *Alcoholism: Clinical & Experimental Research*, 31 (Supplement), 40S-47S.
- Moyers, T. B., Martin, T., Houck, J. M., Christopher, P. J., & Tonigan, J. S. (2009). From insession behaviors to drinking outcomes: A causal chain for motivational interviewing. *Journal of Consulting and Clinical Psychology*, 77(6), 1113-1124.
- Moyers, T. B., Martin, T., Manuel, J. K., Hendrickson, S. M. L., & Miller, W. R. (2005). Assessing competence in the use of motivational interviewing. *Journal of Substance Abuse Treatment*, 28, 19-26.
- Moyers, T. B., & Miller, W. R. (2012). Is low empathy toxic? *Psychology of Addictive Behaviors, Online first publiction*. doi: 10.1037/a0030274
- Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.
- White, W. L., & Miller, W. R. (2007). The use of confrontation in addiction treatment: History, science, and time for change. *Counselor*, 8(4), 12-30.