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Delivering Quality Motivational Interviewing Training

A Survey of MI Trainers

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Abstract

The MI community places an emphasis on attempting to understand the training process. Yet little is known about what MI trainers perceive as the important variables in training MI. A mixed method survey of 92 members of the Motivational Interviewing Network of Trainers was used to elicit important variables to consider in providing quality MI training. Based on results, it appears that MI trainers are familiar with Miller and Moyers' (2006) eight stages of learning MI and used them to develop trainings. However, the respondents reported that they do not use these stages to evaluate trainings. Moreover, the respondents emphasized the importance of trainee and trainer variables in organizing trainings. They also provided varied opinions regarding the important ingredients in developing MI competency. The authors discuss the need for further empirical exploration of the important training ingredients and the eight stages model. Finally, the need for exploration of how these ingredients help trainees develop competency and future focus on the integration of best practices in adult learning is discussed.

Keywords

motivational interviewing, training

Motivational interviewing (MI) is a counseling approach with more than 20 years of research demonstrating its efficacy with behaviors ranging from substance abuse to promoting healthy lifestyles (Burke, Arkowitz, & Menchola, 2003; Hettema, Steele, & Miller, 2005; Lundahl, Tollefson, Gambles, Brownell, & Burke, 2010). Recently, MI has been defined as "a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (Miller & Rollnick, 2009, p.137). MI achieves its goals through two components, relational and technical (Miller & Rose, 2009), which are based on the "spirit" and principles of MI (Miller & Rollnick, 2002). With regard to the relational component, MI-consistent providers emphasize a relationship that is empathic and respectful of client autonomy. Further, MI-consistent providers focus on fostering client exploration of values, goals, and concerns. The technical aspects of MI include strategically eliciting and reinforcing change talk through highlighting and exploring discrepancies between client values and goals, and behaviors (Miller & Rose, 2009). MI consistent providers also help the client recognize strengths and assets and roll with client resistance versus directly confronting it.

During the past 25 years, many MI related accomplishments have been made. For instance, many researchers have highlighted the efficacy of MI with a wide variety of behaviors (Hettema et al., 2005; Lundahl et al., 2010). Beyond the evidence of efficacy, a unique characteristic of MI's development has been an emphasis on providing quality training. The need for providing and evaluating quality MI training is strong, as several authors have demonstrated the importance of understanding how clinicians have been trained in and are implementing MI (Dunn, et al., 2001). Further, Madson, Campbell, Barrett, Brondino, and Melchert (2005) suggested that without understanding how clinicians were trained in MI, questions remain about whether providers are actually using MI. This need to understand MI training and MI use was also highlighted by the development of several MI observational measures (Lane et al., 2005; Madson et al., 2005; Madson & Campbell, 2006; Moyers, Martin, Manuel, Hendrickson, & Miller, 2005) and the development of MI training resources (Rosengren, 2009).

Madson, Loignon, and Lane (2009) provided a consolidated review of 27 MI training outcome studies conducted between 1999 and 2006 and found favorable results in relation to (a) confidence using MI, (b) knowledge, (c) increased skill, (d) interest in learning more about MI, (e) intention to use MI, and (f) integration into practice. These findings were supported by Soderlund, Madson, Rubak, and Nilsen (2011), who reviewed MI training with general practice health care professionals. Taken together, these results provide evidence that MI training can produce positive outcomes and provide guidance to the training community about different methods that can be used to appropriately train providers. For instance, Miller, Yahne, Moyers, Martinez, and Pirritano (2004) and Moyers Manuel, Wilson, and Talcott (2007) have emphasized the need for on-going observation and supervision/coaching as the most effective method of MI training. However, these studies have also raised many questions. These questions include: How does one offer quality MI training when the time and resources to provide observation and coaching are not available? What training strategies / methods are more or less useful, what barriers may impact the training design, and how does the Miller and Moyers (2006) model of eight stages of learning MI relate to training?

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EIGHT STAGES / SKILLS OF LEARNING MI

The evolution of MI training has been influenced by Miller and Moyers (2006), who sought to describe the processes involved in developing MI competency which they initially referred to as the eight stages in learning MI. These stages, or skills (Arkowitz & Miller, 2008) include (a) becoming familiar with its underlying philosophy or the "spirit of MI", (b) acquiring basic client-centered counseling skills commonly referred to by the acronym OARS (open questions, affirmation, reflection, summary), (c) recognizing and reinforcing change talk, (d) asking about, reflecting, and emphasize statements concerning change (change talk), (e) avoiding confrontations and arguments with a client (i.e., rolling with resistance), (f) developing a change plan, (g) helping clients enhance their commitment to their change plan, and (h) integrating MI effectively with other interventions (Miller & Moyers, 2006).

This model provides an initial framework for thinking about the important aspects of learning MI based on the experience of its developers and may be beneficial to a number of professionals working with MI. For instance, trainers may be able to structure their trainings and organize how they present information in accordance with the eight stages and thus have a framework for guiding their learning activities. Likewise, the eight stages might be beneficial in providing an empirical foundation for assessing a trainee's progression towards competency. More specifically, evaluation criteria and measures could be developed to guide trainers in assessing the degree to which a trainee has acquired competency in the various aspects of MI. The model may also benefit researchers in designing and formulating their studies. For example, beyond the training and evaluation, the model may help in determining a gold standard to which study providers should be trained. Additionally, the model provides those conducting MI training research with a number of interesting hypotheses that merit further analysis. For instance, it may be beneficial to assess the extent to which trainees can develop competency based on the level of training they receive. It may also be helpful to assess what level of competency could be developed during a standard workshop training versus a more in-depth training as described by Miller and colleagues (2004).

Although the eight stages model appears to have practical merit, it still requires empirical validation before it can be used for these purposes. In fact, the model's authors emphasize that it was developed based on their experiences training MI and not through experimental investigation (Miller & Moyers, 2006). This call for research was further highlighted by Madson and colleagues (2009), who identified several questions related to the eight stages model and found discrepancies in how the model has been addressed in MI training studies. Specifically, the authors found that most studies focused on the first three stages and few training studies addressed the later stages of the model. However, the authors were not able to assess whether trainers were intentionally using the model. Based on these findings, the authors identified several questions relating to the model, including (a) Is the model best conceptualized as a linear stage model or a set of guidelines? (b) To what extent, if at all, does the omission of a stage influence trainee development? (c) What factors influence the inclusion or exclusion of a stage in designing trainings? (d) How are trainers using this model in designing and evaluating trainings?

The purpose of this study is to advance the MI training literature through outlining elements of quality MI training as identified by members of the Motivational Interviewing Network of Trainers (MINT). We sought to answer the questions above and add to the current literature on MI training by eliciting the views of MINT trainers about the important elements to consider when designing an MI training, their thoughts regarding the eight stages model in relation to their experiences of delivering training, and the extent to which the eight stages model is integrated into their current training practices.

METHODS

Participants

Participants were 92 members of the Motivational Interviewing Network of Trainers (MINT). The average age was 47.34 (SD = 10.04). The majority of participants (n = 64) were from North America (69.6%), with 26 from Europe (28.3%) and 1 participant from South America (1.1%) and Africa (1.1%) each. A large majority of participants (n = 83, 90.2%) were White, with 5 (5%) Hispanics, 2 (2%) Asians, 1 (1%) Native American, 1 (1%) African American. Forty-three (46.7%) participants held doctoral degrees (this includes both research and practice degrees), 38 (41.3%) participants held master's degrees, 7 (7.6%) held medical degrees, and 4 (4.4%) had bachelor's degrees. Occupations of participants included 25 (27.2%) researchers or academics, 13 (14.1%) practicing psychologists, 10 (10.9%) administrators, 10 (10.9%) professional trainers, 8 (8.7%) practicing physicians, 7 (7.6%) psychotherapists or counselors, 7 (7.6%) consultants, 6 (6.5%) social workers, 3 (3.3%) allied health professionals, 2 (2.2%) criminal justice workers, and 1 (1.1%) student. On average participants spent 19.4% (SD = 26.1) of their time conducting research, 27.7% (SD = 21.5) teaching, 38.0% (SD = 25.6) providing clinical services, 14.8% (SD = 15.1) providing supervision. Participants have practiced MI for an average of 10.1 years (SD = 5.6), have on average conducted 79.8 (SD = 128.1) MI trainings and been a member of MINT for an average of 5.7 (SD = 5.3) years.

Procedure

Participants were recruited using a snowball sampling technique to maximize recruitment of participants who may not have received our original request. First, individual e-mail messages were sent to selected members of the MINT asking them to pilot-test the Motivational Interviewing Trainer Questionnaire. Next, an e-mail was sent to the MINT listserv providing an open call for participation in the study and asking them to send the message to other MINT members who may not be subscribed to the listserv.

The above e-mail messages explained the study's purpose, procedure, approximate length of time for completing the survey, a link to the on-line survey, and how to contact the principle investigator. The link guided participants to the informed consent page of the survey that explained the study. Participants were informed that participation was voluntary, that no compensation was provided for study participation, and that by completing the survey they were consenting to participate in the study. Participants were asked to complete this on-line survey using the Survey Monkey program. The survey included a demographic form and the 82 item (quantitative – forced choice and qualitative open response) Motivational Interviewing Trainer Questionnaire.

Measures

Motivational Interviewing Trainer Questionnaire (MITQ)

The authors created the MITQ for this study in order to measure participants' perceptions about the important factors and processes related to providing quality MI training. Criteria were developed based on the Miller and Moyers (2006) model of eight stages of learning MI and the first two authors' experience with providing MI training. After reviewing Miller and Moyers (2006) and articles cited in Madson and colleagues (2009), two authors with MI training experience independently generated statements that sought to assess the pragmatism and theoretical structure of this model in designing, conducting, and

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Table 1

Elements of training by level of training

Training Element	Introductory N (%)	Intermediate N (%)	Advanced N (%)	Intro & Intermediate N (%)	Intro & Advanced N (%)	Intermediate & Advanced N (%)	All 3 levels N (%)	Not Important N (%)
Review Printed Materials	15 (18.8)	2 (2.5)	2 (2.5)	9 (11.3)	2 (2.5)	8 (11.3)	29 (36.3)	13 (16.3)
Viewing training videos	5 (6.1)	3 (3.7)	--	15 (18.3)	15 (18.3)	2 (2.4)	54 (65.9)	--
Exposure to basic MI concepts	36 (43.9)	2 (2.4)	--	27 (32.9)	--	1 (1.2)	16 (19.5)	--
Simple exercises	44 (53.7)	--	--	22 (26.8)	--	--	16 (19.5)	--
Understanding of MI spirit	7 (8.5)	1 (1.2)	--	27 (32.9)	--	--	46 (56.1)	1 (1.2)
Understanding of the Method of MI	8 (9.9)	4 (4.9)	2 (2.5)	19 (23.5)	--	9 (11.1)	38 (46.9)	1 (1.2)
Personal performance feedback	1 (1.2)	--	4 (4.9)	--	2 (2.4)	32 (39.0)	43 (52.4)	--
Providing individual coaching	--	3 (3.7)	8 (9.8)	4 (4.9)	2 (2.4)	31 (37.8)	33 (40.2)	1 (1.2)
Learning how to learn MI ongoing practice	3 (3.7)	2 (2.5)	8 (9.9)	12 (14.8)	1 (1.2)	16 (19.8)	39 (48.1)	--
Offering extended practice opportunities	--	5 (6.1)	8 (9.9)	3 (3.7)	3 (3.7)	28 (34.1)	35 (42.7)	--
Shaping change talk and commitment language	--	7 (8.5)	4 (4.9)	3 (3.7)	2 (2.4)	42 (51.2)	24 (29.3)	--
Coding session tapes	--	4 (4.9)	18 (22.0)	3 (3.7)	3 (3.7)	32 (39.0)	21 (25.6)	1 (1.2)
Less didactic material	4 (5.1)	1 (1.3)	8 (10.1)	2 (2.5)	1 (1.3)	23 (29.1	38 (48.1)	2 (2.5)
Differentiating change and commitment talk	4 (4.9)	8 (9.9)	17 (21.0)	4 (4.9)	4 (4.9)	32 (39.5)	10 (12.3)	2 (2.5)
Teaching others MI	--	--	48 (59.3)	--	--	25 (30.9)	4 (4.9)	4 (4.9)
Supervision & consultation	1 (1.2)	--	11 (13.4)	1 (1.2)	3 (3.7)	15 (18.3)	51 (62.2)	--
Eliciting change and commitment talk	3 (3.7)	5 (6.1)	1 (1.2)	9 (11.0)	--	25 (30.5)	39 (47.6)	--

evaluating trainings. In an attempt to gain a more comprehensive assessment of respondents' answers, the authors developed forced choice and open response items.

The MITQ included general items which asked participants about conducting MI trainings such as (a) what factors (e.g., setting, audience) influence how they design a training, (b) familiarity with the eight stages model, and (c) activities (e.g., reading, experiential exercise) they believe should be included at specific levels of training (e.g., introductory, intermediate, advanced). These levels and activities were based on descriptions available on the MINT website (MINT, 2009). Examples of pragmatism items include "To what extent do you integrate experiential learning activities based on the eight stages?" and "To what extent do you believe the eight stages model is helpful in designing trainings?" Pragmatism-related items were answered using a 4 point Likert-type scale (1= not at all, 4 = to a great extent). Examples of theoretical structure questions included "To what degree do you agree that each stage of the eight stage model should be achieved before moving on to the next?" and "To what degree do you agree that a trainee should develop competency in the spirit of MI before learning about other topics?" Respondents answered theoretically based questions on a 4 point Likert-type scale (1 = strongly disagree, 4 = strongly agree). Basic descriptive analyses were conducted with these data.

Open response items included questions such as, "Drawing on your experiences in providing training in MI, what, if anything, would you modify in the eight stages model?" and "What do you find most/least helpful about the eight stages model?" The responses from these questions were analyzed using thematic analysis (Braun & Clarke, 2006). Themes within these data were generated inductively, by two independent raters who read through the data several times, and noted similarities and differences between responses to each question. From this, recurring themes were noted. Data were then coded into these overarching themes for interpretation.

RESULTS

Important Ingredients to Consider in Designing and Delivering MI Training

Closed responses

Participants were asked to identify the factors that impact the foci of their trainings. Time constraints seemed to be the most important factor as 69 participants reported this affects their trainings "somewhat" or "to a great extent". Time constraints was followed by training goals (n = 68), trainee prior MI experience (n = 66) or knowledge (n = 65), self confidence with MI (n = 58), attitude toward MI (n = 57), population trained (n = 56) and training environment (n = 52). Table 1 provides participants' responses concerning the types of training activities they believe are important for different levels of training (introductory, intermediate, advanced or a combination of the three).

Open responses

Table 2 provides frequencies and example statements of participants who represented a particular theme for open responses. Eighty-three participants provided free text responses regarding factors that impact trainings. Although various ideas were represented in open responses, we present the most frequently occurring themes here. Three themes supported the responses provided in the quantitative data ('professional context of the trainees', 'prior skill/experience/knowledge of MI' and 'time available for training'). Two additional themes also arose from the open responses. Twenty-nine percent of the responses fell within the theme of trainee needs, goals, or wishes. These data seemed to reflect a tension between what the trainer feels is essential to teach, addressing the needs of the trainees, and the goals to be achieved through practicing MI. Twenty-two percent of responses referred to factors relating to the trainer, including what they felt comfortable delivering, previous experiences and feedback from training MI, and the discussion/sharing of ideas with other MI trainers.

Seventy-five participants also provided open responses on what they felt were the most influential factors in trainees learning MI. The most frequently occurring theme, accounting for 39% of responses, was trainees' experiential learning of MI. In most cases, this referred to trainees experiencing MI in the practitioner role. Thirty-six percent of

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Table 2

Open response themes, frequencies and example comments

Area	Themes	N (%)	
Factors that impact training	Professional context of trainees	42 (50)	"If you mismatch the presentation [for example] using examples of 50 minute therapy style sessions in a medical clinic, MI could be discounted prior to even giving it a chance and experiencing its effectiveness in brief encounters."
	Trainee prior knowledge/skill/experience	39 (47)	"[Those trainees] who are new to a counselling field find [MI] more difficult. So, I might move on more quickly to forming reflections with a group of experienced therapists but do some preliminary exercises with those who have little experience."
	Time available for training	28 (34)	"Half a day versus two days require very different agendas."
	Training needs/goals/wishes	24 (29)	"What [the provider]... hope[s] to accomplish with the training and orienting the materials to address that need."
	Trainer factors	18 (22)	"[Using training] exercises that I enjoy. I teach better when I am having fun, and the trainees are having fun too."
Most influential factors in learning MI	Experiencing MI	29 (39)	"Delivering and being on the receiving end of MI... combined with debriefing of experience[s] and questions and answers. This helps people 'get it' (in their guts) and surfaces their assumptions, [and] helps them feel understood (or not), feel resistance, notice change talk, notice their tendencies [such as] jumping in [and] the righting reflex."
	Motivation/openness	27 (36)	"Those who are willing to learn [MI] get it more quickly. Trainees who are highly resistant may need many exposures to even start to understand and accept the model."
	Trainer	24 (32)	"Conveying and accepting, open, questioning attitude on the part of the trainer (modelling the spirit) can facilitate the development of this mindset in the participant."
	Predisposition of trainee	22 (29)	"Openness and genuineness. I think that is part of someone's personality and you can't teach it... I can teach them a lot of academic stuff... [but] you can't teach someone compassion."
	On-going support	21 (28)	"No matter [who] is conducting the training, without supervision it (most of the time) means nothing. People can be so good during the training and a couple of weeks later are not doing any... MI."
Training others based on 8 stages model	Existing order is logical/makes sense	17 (36)	"It seemed to make logical sense even before the article came out, and was how I was taught in my [MINT Training for New Trainers]."
	Flexibility of model	13 (27)	"I don't always stick to this order. I will switch around if the trainee group needs indicate this to be appropriate."
	Spirit of MI first	13 (27)	"People need to understand how to be in the spirit first."
	Rolling with resistance	10 (20)	"I think much of rolling with resistance is linked to reflections so it fits better before change talk which I see as a more intermediate level of training. Plus if you cannot manage resistance you won't get to change talk!"
Actively incorporating 8 stages model into training	Framework/structure/plan	35 (54)	"The stages give trainees a way to measure their own progress or decide what skill areas they need to work on. It gives supervisors specific ideas for skill building and case consultation when they work with staff. This model has been helpful for me when I train trainers who are not teaching MI as a subject area, but work with staff who are often sceptical and reluctant to accept new training initiatives in general."
	Doing so before article though not purposefully	12 (19)	"The 8 stages model is a consolidation of training wisdom developed over a decade or more. I developed my approach to MI training long before this model was articulated... My approach is largely consistent with it, [but I did not learn] how to order my trainings from that article."
	Limitations of 8 stages model	9 (14)	"I think [the 8 stages model] is based on a narrow conception of what MI is. I spend much more time in workshops helping trainees to understand and resolve ambivalence. In some workshops I spend more time working with the concept of discrepancy. I think it is a funny idea that one can train 'spirit' as a first stage. It is rather an attitude that runs throughout the entire training."
Most useful aspects	Utility/map/guide	32 (60)	"It provides a clear framework for teaching and learning MI, but I am not sure it is the only or best framework, just the one I am most familiar with."
	Logical	6 (11)	"[The 8 stages model is] organised, and appears to be in a fairly logical order."
	Elements to include in trainings	5 (9)	"[The 8 stages model provides] a useful categorisation of the content to be covered in training."
Least helpful aspects	Knowing how to use it	11 (26)	"Just that folks remember this is a model, not the bible."
	Inflexibility of order	11 (26)	"The stage based nature of this model inhibits flexibility,"
	Loss of richness in learning MI	5 (12)	"Stage models are reductionistic, overly simplistic, and often create an assumption of veracity without the data to support this."
How model could be modified	Guidance on how to use it	16 (47)	"I think it is a great map of how to learn MI, but it is just a map, meaning you don't have to follow it in the direct order or even train all the stages. [This] is helpful to me... I would not change it at all, but give more guidance on how to use it."
	Overlapping processes	10 (29)	"Even the '8 learning tasks' is too discrete, although I understand its usefulness as a model. People learn in different, overlapping ways."
	Missing elements	9 (27)	"Where's ambivalence? The loss of this central organising feature of MI in favour of a stronger focus on change talk makes MI less valuable in my opinion."
	Sequence of stages	6 (18)	"I think it is a great map of how to learn MI, but it is just a map, meaning you don't have to follow it in the direct order or even train all the stages. [This] is helpful to me... I would not change it at all, but give more guidance on how to use it."

Note: Percentages do not add up to 100% per domain as some participants may not have provided answers that fit that domain.

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respondents also made reference to the motivation of the trainees to change their current practice as being influential in learning MI. Thirty-two percent of responses suggested the trainer was highly influential in impacting the learning of MI. In most cases, responses suggested that the trainer should attempt to train others in a style reflective of MI skill and spirit.

Twenty-nine percent of respondents suggested that some learners are in some way better 'predisposed' to learn MI which impacted their learning of the method. This mainly referred to some kind of 'inner quality' and/or beliefs held by the trainee and the degree to which these qualities and beliefs are commensurate with an MI approach. Twenty-eight percent of the responses referred to an ongoing support mechanism being the most influential factor in trainees learning MI. In most cases, this referred to feedback and supervision in practice, but the supportiveness of the working environment to integrating MI was also identified as important.

Familiarity with and Utilization of the Eight Stages Model

Closed responses

Participants reported relatively strong exposure to the eight stages in learning MI. In fact, 76 participants reported that they at least "somewhat" understand the eight stages of learning MI. The majority of participants (n = 66) reported that they have read the Miller and Moyers (2006) article describing the eight stages in learning MI. Further, 54 participants indicated that they have observed some discussions by MINT members using the eight stages during their trainings or have been at least somewhat encouraged by colleagues to consider the eight stages in designing trainings (n = 48).

Sixty-three participants suggested that they aim to incorporate the eight stages into their trainings and 55 participants reported training others in a particular order based on the eight stages. For those who sequence their trainings based on the eight stages, a majority suggested that they should proceed in the following order: the Spirit of MI be addressed first (n = 55), followed by OARS (n = 49), rolling with resistance (n = 31), recognizing and reinforcing change talk (n = 30), eliciting and strengthening change talk (n = 30), consolidating a client commitment (n = 32), developing a change plan (n = 30), and switching between MI and other methods (n = 52).

Participants expressed wide variability in the extent to which they consider the eight stages in regard to specific training activities. Although most participants (n = 57) use the eight stages in designing their trainings, few (n = 42) present the model to participants, indicating either "a very little" or "not at all". A majority of respondents (n = 58) integrate experiential activities in trainings at least "somewhat" based on the eight stages.

Respondents were quite diverse in their use of the eight stages when providing supervision/coaching. Thirty-two participants reported using the eight stages only "a little" or "not at all," while 41 participants used the eight stages at least "somewhat" in providing supervision. Similarly, slightly more than half of the participants (n = 40) indicated using the eight stages at least "somewhat" in evaluating trainees' progress, yet the majority of participants (n = 52) use the eight stages in evaluating training outcomes "very little" or "not at all."

When asked how helpful the eight stages are, the strong majority of participants suggested that they are at least "somewhat" helpful (n = 68) in general as well as in tailoring trainings for specific groups (n = 56). Furthermore, participants indicated that the eight stages are at least "somewhat" helpful (n = 61) in helping trainees understand the process of learning MI. The majority of participants indicated that the eight stages are at least "somewhat" helpful for them in deciding which MI skills may require additional training (n = 59), providing supervision (n = 56), and evaluating trainee progress (n = 54). However, there seems to be more variability among participants in regard to the helpfulness of the eight stages in assessment. For instance, 32 participants indicated the eight stages help them "very little" to "not at all" in assessing outcomes of their trainings, with similar results for assessing the integrity of trainee application of MI (n = 30). Thirty-three participants reported that they conduct research as a regular part of their occupation. Of these participants, 17 indicated that they use the eight stages "very little" to "not at all" in designing studies.

Open responses

Forty-nine participants provided free text responses to the question regarding the order that they choose (or not) to teach using the eight stages model. Their responses centered around four themes (logical order, flexibility of order, MI Spirit and rolling with resistance). About 36% of responses referred to the logic of the existing order of the eight stages model. Participants often referred to this in regard to their own experiences of training MI and made parallels to practicing MI with a client. Despite this support for the logic of existing order in which the eight stages model is currently presented, 27% of respondents also stated that they felt the order of the model is flexible. This involved reference to moving specific stages around trainee needs and using this model in conjunction with others during the training process. Twenty-seven percent of responses discussed MI spirit, in most cases suggesting that this should be the first step in teaching/learning MI. Twenty percent of responses suggested that rolling with resistance is a stage that some prefer to teach earlier.

Sixty-five participants responded to the free text question about incorporating the eight stages model into their trainings. Their responses centered around three themes ('model as a framework', 'incorporating it all already' and 'limitations of the model'). Fifty-four percent of the responses referred to the model in terms of providing a framework, structure, or plan for MI training. This related both to providing a structure for the trainer in terms of what to incorporate into trainings, to help provide a framework for providing supervision, and also to providing trainees and other trainers with a framework with which to interpret their own learning. Nineteen percent of responses suggested that participants felt that to an extent they were already incorporating the eight stages model into their training, though not always purposively. One final theme that arose out of 14% of responses was participants' thoughts and experiences of the limitations of the eight stages model. These responses aired concerns about the validity of these stages, and discussed other ways to teach MI not included in the model (such as by teaching about ambivalence and developing discrepancy). It was also highlighted that the model was not 'learner centered' in its development.

MI Trainers' Beliefs about the Eight Stages

Closed responses

In an attempt to gain greater insight into MI trainers' view of the eight stages in relation to trainee development of MI competency, participants were asked several questions about the structure of the eight stages. A majority of participants (n = 60) disagreed or strongly disagreed that competency at each stage, as outlined by Miller and Moyers (2006), should be achieved prior to moving to the following stage. As such, the majority of participants (n = 62) indicated that the eight stages are better conceptualized as learning tasks than stages and that trainees should not have to master them in a specific order (n = 63). However, when asked about the relationship between the specific stages "trainee" and "competency," there was a sizeable amount of variability found among trainers as seen in Table 3.

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Table 3

MINT members' attitudes on the appropriate progression of training

Statement	Strongly Disagree N (%)	Disagree N (%)	Agree N (%)	Strongly Agree N (%)
Trainees should develop competency in the spirit of MI prior to learning about other topics	4 (5.2)	35 (45.5)	21 (27.3)	17 (22.0)
Trainees should develop competency in both the spirit of MI and OARS prior to moving to any other stage	4 (5.2)	30 (39.0)	32 (41.6)	11 (14.2)
Trainee should develop competency in OARS before they are able to adequately roll with resistance	4 (5.2)	24 (31.2)	35 (45.5)	14 (18.1)
Trainees should be able to recognize & reinforce change talk before developing competency in eliciting and strengthening change talk	2 (2.6)	18 (23.4)	37 (48.0)	20 (26.0)
Trainees should develop competency in all 7 other stages before being able to integrate MI with other approaches	10 (13.0)	35 (45.5)	27 (35.0)	5 (6.5)
Prior to being able to develop a change plan trainees should have sufficient knowledge in the MI spirit, OARS, rolling with resistance, and recognizing and eliciting change talk	5 (6.8)	30 (40.5)	36 (48.6)	3 (4.1)
Demonstrating competency in each stage is critical regardless of trainee background	6 (8.1)	28 (37.3)	31 (41.3)	10 (13.3)
Trainees are unable to roll with resistance without developing competency in recognizing and reinforcing change talk	15 (19.7)	53 (69.7)	5 (6.7)	3 (3.9)

Open responses

Thirty-four participants provided a free text response to the question as to what they would modify about the eight stages model. Their responses centered on four themes ('using the model in practice', 'overlap', 'missing elements' and 'order of stages'). The strongest theme appeared to be how to use the model in practice which was featured in 47.1% of responses. The message appeared to be that steps need to be taken to ensure the model is not used rigidly. Some suggested more guidanceshould be given on its use. Twenty-nine percent of responses referred to overlapping elements in the model, suggesting that these cannot be encapsulated by discrete stages. Twenty-seven percent of responses suggested that there were elements missing in the existing model. In most cases, these centered on client ambivalence, readiness, evidence for MI, and empathy. The final theme that emerged in 18% of responses was that participants would like the order in which the eight stages are presented to be altered.

Fifty-three participants provided free text responses describing what they felt was most useful about the eight stages model. Sixty percent of respondents mentioned the eight stages model being useful as a framework, particularly in planning trainings, understanding the training process, and understanding the learning process. Eleven percent of respondents suggested that they found the apparent logical approach of the model useful. Nine percent of respondents made reference to the eight stages model being useful when considering what elements need to be included in training.

Forty-three participants provided free text responses to the question about what they found the least helpful about the eight stages model. Twenty-seven participants provided responses that fit into a theme of knowing how to use the eight stages model. Mostly, responders commented that the model may be interpreted as rigid and linear; 26% of participants suggested that they felt the model was rigid and inflexible. The theme that accounted for 12% of responses was the potential loss of richness in the process of learning MI by reducing it to a model.

DISCUSSION

The purpose of this study was to expand the MI training literature by describing what MI trainers believe to be important in designing and delivering quality MI training, and how the eight stages model relates to their current training practices. We sought to accomplish this by eliciting (a) the important factors related to MI training, (b) the degree of familiarity and thoughts regarding the Miller and Moyers (2006) eight stages model, and (c) trainers' use of the model in training. Ninety-two members of the MINT completed an on-line survey that addressed the three topical areas mentioned above.

Regarding the important elements to include in the development and execution of MI training, based on our results, it appears that MI trainers think it is important to consider both factors related to the trainer (e.g., experience in MI and training MI) in addition to trainee variables (e.g., motivation) and training environment. Furthermore, it appears as though integrating experiential exercises is a highly valued component of MI training even though training goals and constraints may not allow for inclusion of this activity. There is some evidence to suggest that experiential activities are more efficacious in achieving learning outcomes in clinical practice (Thompson O'Brien et al., 2001), though there is currently less evidence as to which kinds of experiential activities specifically are most beneficial (Lane, Hood, & Rollnick, 2008).

It is not necessarily the case that experiential activities have to take longer than didactic activities. Thus, one approach MI trainers might adopt is a consultation approach (Dougherty, 2009). By adopting a consultation approach, a trainer can benefit from assessing training needs of the audience, the organization or training environment, and match this assessment with trainer knowledge and skill in order to provide a tailored training program. The use of a consultation approach has often been implemented when addressing organizational need, and providing training or team building efforts as it helps the consultant appreciate the multitude of factors that may be involved in a request (Dougherty, 2009). Adopting such an approach is one way that may help the trainer navigate the tension that can surface between what the trainer feels is essential to teach, how to train the material, and the needs of the trainee and organization that emerged in our findings.

The results of this study also suggest that participants have become relatively familiar with Miller and Moyers (2006) eight stages of learning MI model through readings, discussions with other MI trainers, and receiving encouragement to learn about the eight stages. Similarly, we found that the majority of participants are incorporating the eight stages into their trainings and find them helpful for designing trainings and experiential training activities. At the same time, variability was found among participants in regard to the extent to which they use the eight stages in relation to various training activities (e.g., clinical supervision). Based on these results, it seems that Miller and Moyers (2006) eight

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stages of learning MI are increasing in popularity within the MI training community.

Beyond the need for further scientific validation of the eight stages, our results highlighted some areas of concern. These areas include the use of the eight stages in assessing training outcomes or trainee development and variability among participants as to the important ingredients of the model in relation to MI. One training area in which there was much variability among participants was the use of the eight stages in assessment and training evaluation. We found that the majority of participants reported that the eight stages were “not at all” or “a little helpful” in assessing outcomes of trainings or in the integrity of trainee application of MI. Thus, it appears that while trainers are willing to use the eight stages to design trainings, they are less inclined to use the model to evaluate outcomes or trainee development. There are two ways to interpret these findings: either trainers are not evaluating the outcomes of their trainings or they are not linking outcome to training goals and objectives. Given the increasing importance on evaluating training outcomes (Madson et al., 2009) and developing effective training practices in line with this, it is important for this concern to be addressed by MI trainers and researchers.

One effective model from industrial-organizational psychology for evaluating training was delineated by Kirkpatrick (1977). In outlining the model, Kirkpatrick emphasized the need to establish proof that trainings are accomplishing their objectives in four areas: (a) ‘reaction’ - how participants feel about the training, (b) ‘learning’ - the extent to which trainees learned the information and skills, (c) ‘behavior’ - the extent of behavior change, and (d) ‘results’ – the extent work results have changed due to the training. It is also important to understand what is keeping MI trainers from evaluating outcomes, and for those who do attempt to evaluate their trainings, what is hindering the use of the eight stages in guiding evaluation. Further, it may behoove training researchers to design clinically relevant tools for evaluating outcomes for different training formats (e.g., brief didactic workshop, skill building trainings), perhaps using Kirkpatrick’s (1977) model as a guide.

Our results also highlighted variability among participants regarding their view of the important ingredients relating to the eight stages and the fixed ordering of the model. While the majority of participants suggested that it is important to develop competency in the first seven stages prior to integrating MI with other approaches and that the current order seems logical, a majority also suggested that competency is not required at an earlier stage in order to “move on” to the next stage and that the stages are best viewed as learning tasks. Further, when asked if there was a particular order related to the eight stages, there was variability among respondents. For example, some respondents suggested “rolling with resistance” should come before OARS. Almost a third of participants also suggested that concepts such as client ambivalence, readiness and empathy were missing or underrepresented in the current framework.

These results suggest that while the eight stages model is a good foundation, more work is needed to outline a method of learning MI that emphasizes the fluidity and overlap involved in developing skill in MI. In fact, it may benefit those developing the framework for learning MI to consider focusing on competencies that need to be developed for effective use of MI and potential benchmarks for evaluating progress toward competency versus stages or tasks. For example, the profession of psychology has worked on outlining the competencies and benchmarks at various developmental levels in learning to become a psychologist (Fouad et al., 2009) and in the delivery of specific psychological interventions (Roth & Pilling, 2007). As such, one could look at how a novice trainee may develop across the various MI competencies compared to how a more advanced trainee would develop across the MI competencies. Moreover, development of the MI learning framework may be enhanced by accessing the counselor development literature. For example, the Integrated Developmental Model of counselor development (Stoltenberg, McNeill, & Delworth, 1998) highlights general developmental tasks, challenges, and behaviors that those learning any new counseling skill often experience. As such, this model could be applied to trainees from various professions who may be learning MI as a form of counseling / communication. Thus, it may be valuable to examine the development of MI competency within this framework.

It appears from participant responses that the eight stages model is commensurate with the understanding of best practice in MI training within a particular organization (MINT). It is also striking from the open responses in our survey that teaching MI is often paralleled with MI practice, with many respondents drawing on the discourse of MI as a clinical method to describe trainees and practices in training such as ‘I roll with their resistance’, ‘trainees are the experts in what they need to learn’, ‘I elicit what they know and provide a little extra’, ‘I encourage them to talk about their ambivalence about using MI in their practice’ ‘I affirm their progress’. This perhaps reflects the dominant experiences of the trainers within MINT and highlights the following important limitation: these practices have not been explicitly linked with evidence -based practices in teaching or learning and may simply reflect the dominant views and beliefs of a particular group of trainers (McCauley, 1998; DiMaggio & Powell, 1983; Janis, 1982). All MINT members have been trained by trainers, who have themselves been taught to teach MI in a particular way, based on those trainers’ own beliefs and experiences of learning MI. This may in itself promote a particular way of thinking about MI training within the organization. This may also explain why many of our respondents felt that they were implementing the eight stages model before it was published. There is limited evidence that using any particular method or model of training MI is conclusively superior to another. Yet, it seems that our respondents had very clear ideas about what constituted good practice in MI training and what kinds of training were most beneficial for learners.

This does not necessarily mean that these beliefs are flawed. However, it should be emphasized that although there has been some limited investigation into which training practices seem to lead to better acquisition of MI skills (Miller et al., 2004), there is very limited evidence regarding which training variables bring about the best learning outcomes in MI training. There has also been little critical evaluation of the MI training practices assessed and discussed by the participants in this study. Future studies related to the development of the eight stages of learning framework may seek to integrate existing information on skill development, counselor development (Stoltenberg et al., 1998), adult learning (Bransford, 2000) and evidence-based curriculum development (Clements, 2007) to provide a more robust and scientifically sound learning framework.

It would also be beneficial to look more at how best to assess learning outcomes from MI training, and to perhaps attempt to build evidence that these commonly held beliefs/experiences are indeed the best practices to use when teaching/learning MI. Once a more scientifically sound framework has been developed, researchers may consider making an effort to connect specific MI training activities to the MI learning framework, as well as design clinically relevant evaluation tools to help researchers and trainers evaluate outcomes and connect them to the learning framework.

While our results have helped us to further understand the important MI training ingredients and the trainer view of Miller and Moyers (2006) model, study limitations call for caution in interpreting results. The most notable of these limitations is the representativeness of the sample. Though MINT is an international group with representation from a wide variety of countries worldwide, the majority of our sample (69%) was from the United States, thus limiting the diversity of thought

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and responses. Additionally, the use of semi-structured interview data versus short answer to questions may have provided richer insight as a result of follow up questions, the raising of additional important topics, or ensuring the researchers understood the points made by a participant. Thus, our short answer method may not have fully captured a participant response. Future studies should be conducted with international samples and in languages in addition to English to enable better understanding and ease of response. It would also be beneficial to conduct a similar study as this with a more diverse sample of MINT members, utilizing interviews to extract richer, more detailed, qualitative data.

Finally, it should also be noted that this study looks at trainers' perspectives rather than the experiences of the learner. Further studies of trainee experiences of learning MI may also shed light on which training practices seem to work best for whom, and in what circumstances (Pawson & Tilley, 1997).

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