

The LACES Brief

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A Motivational Interviewing Training Session: Satisfaction Results

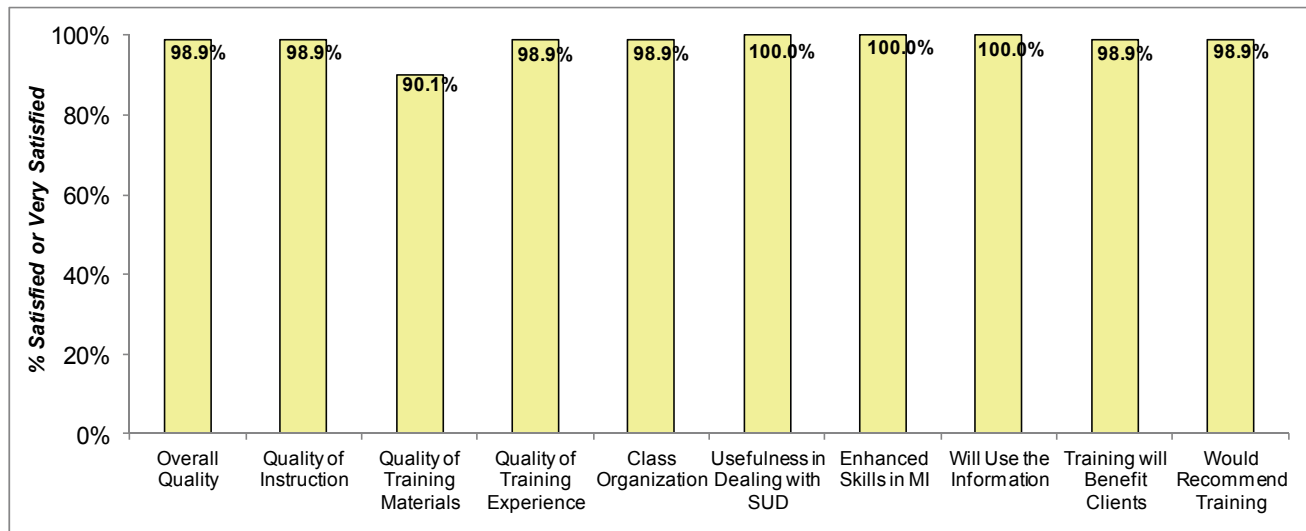
As reported in December 2014 by the *LACES Brief*, the California Department of Health Care Services (DHCS) proposes to increase access to treatment for substance use disorder (SUD) among Drug MediCal beneficiaries (1). Providers in counties that choose to participate in the Drug Medi-Cal Organized Delivery System waiver must implement at least 2 of the following evidence-based treatments: motivational interviewing (MI), cognitive behavioral therapy, relapse prevention, trauma-informed treatment, or psych-education (1,2). In Los Angeles County and throughout California, MI is a highly utilized evidence-based practice (1,3). According to the Addiction Technology Transfer Center Network, or ATTC, MI is “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” about change (4). In June 2015, the UCLA Pacific Southwest ATTC hosted a training on MI. A total of 93 participants attended. The training comprised group reflections, discussions about barriers, role playing, and other MI skill development. The demographics of the trainees and the results of a satisfaction survey are presented below.

Table 1: Education and Professional Roles of Training Attendees (N = 93)

<u>Education</u>		<u>Current Workplace Role</u>	
High School Diploma or Less	5.4% (5)	Clinician or Direct Service Provider	5.4% (5)
Some College without a Degree	26.6% (25)	Clinical Supervisor	26.6% (25)
Associate’s Degree	11.7% (11)	Manager, Coordinator or Administrator	16% (15)
Bachelor’s Degree	25.5% (24)	Recovery Specialist	11.7% (11)
Graduate Degree (MA, PhD, etc)	27.7% (26)	Client Educator / Group Facilitator	2.2% (2)
Other	3.2% (3)	Counselor / Mental Health Therapist	37.3% (34)
		Outreach Staff and Other	9.5% (9)

Chart 1 below shows that almost all of the participants were either very satisfied or satisfied with the training in terms of the overall quality, instruction, training materials, training experience, and class organization. Most notably, participants felt that the training was useful in dealing with substance abuse, that they would use the training, and that it would benefit their clients.

Chart 1: Satisfaction with Motivational Interviewing Training (N = 93)



Additionally, participants reported, “The role play was super important in supporting my work responsibilities. It also bestowed upon me the knowledge necessary to improve staff performance, to whatever degree allowable...” and “I liked the way the training had video examples of topics interspersed and changed up the presenters to keep it interesting and keep me engaged.”

THE BOTTOM LINE: Training for Motivational Interviewing was very well received by attendees. Ongoing trainings may benefit the SUD treatment system in light of the DHCS’s emphasis on the use of evidence-based treatments.

References: (1) LACES Brief: Evidence Based Practices (Dec. 2014) Published by the UCLA Integrated Substance Abuse Programs; (2) Baylor, Kathy (Oct. 3, 2014). DHCS Stakeholder Memo. Department of Health Care Services, State of California—Health and Human Services Agency. Retrieved Oct. 4, 2014, from <http://www.dhcs.ca.gov/>; (3) 2011 State Profile: California. National Survey of Substance Abuse Treatment Services. Retrieved Dec. 4, 2014, from <http://www.dasis.samhsa.gov/web/newmapv1.htm>; (4) “Motivational Interviewing” ATTC (n.d.) Retrieved June 28, 2015 from <http://www.attcnetwork.org/learn/topics/motivation/>

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