

Motivational Interviewing in Healthcare and Occupational Therapy: A Systematic Review

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INTRODUCTION

Motivational Interviewing (MI), is a client-centered counseling method that enhances internal motivation for behavior change through empathetic listening. Values and core principles of MI such as partnership and evocation closely align with OT's emphasis on client-centered care, therapeutic use of self, and ethical practice. Given this compatibility and evidence of effectiveness, integrating MI training into OT education programs may enhance client outcomes and professional development.

Given these considerations, this review considers the best methods to implement MI training in the OT curriculum.

METHODS

Article search

Search terms were selected to locate articles in three categories:

- The relationship between MI and the tenets of OT
- How MI relates to OT and healthcare curricula
- Which methods are used in MI training

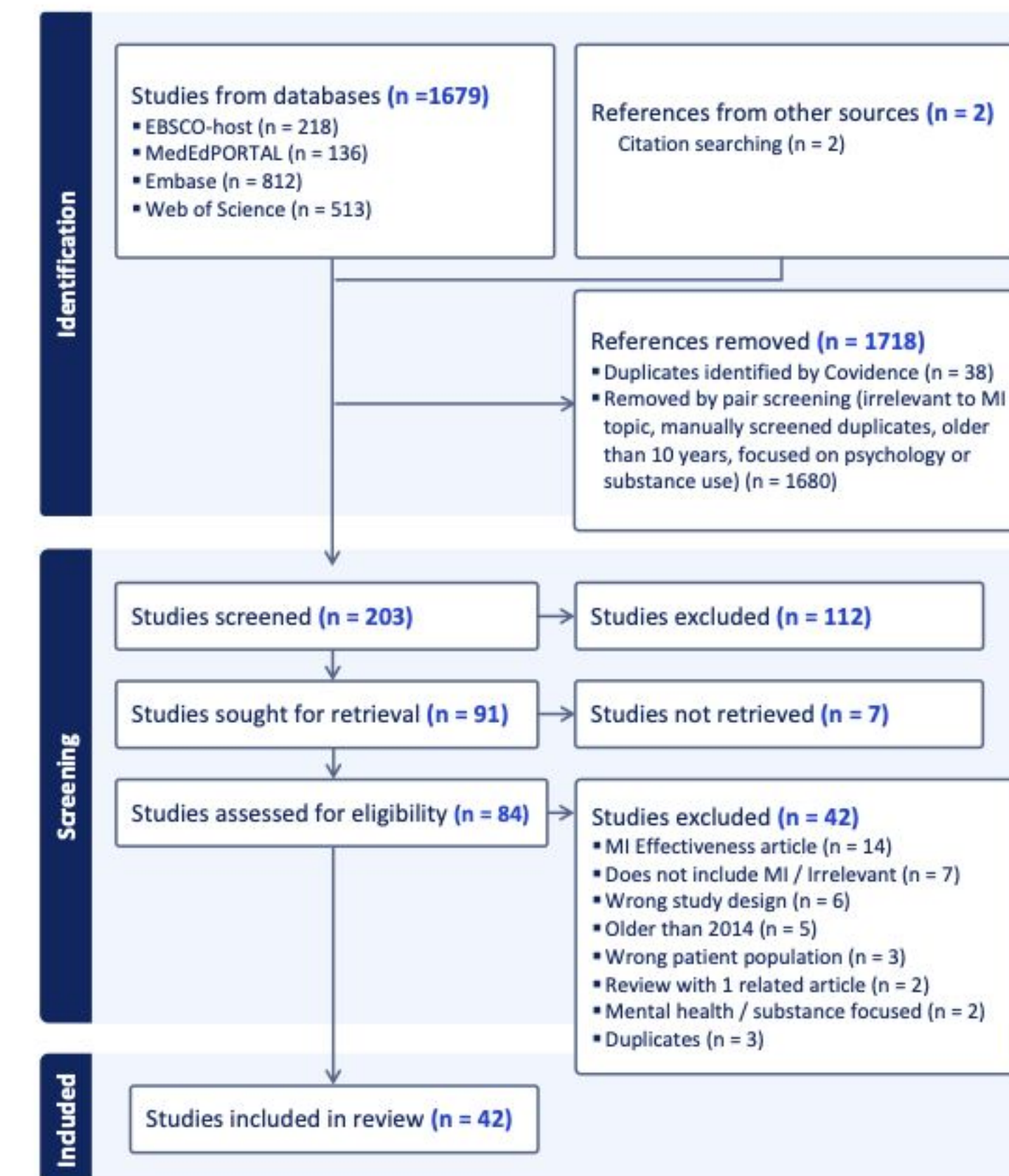
A comprehensive article search was then performed:

- The search terms were entered in four databases: EBSCO-Host, MedEdPORTAL, Embase, and Web of Science
- Articles found were imported into EndNote and Covidence to organize them into categories, remove possible duplicates and prepare them for analysis
- Two members of the research team screened each article's title and abstract to ensure they were relevant to the research question
- One team member then read each screened article's full text, applying the inclusion/exclusion criteria to narrow down the final list of included articles

Collection and Analysis

A qualitative analysis was performed. Articles were categorized using a custom data form in Covidence, based on their design, sample, tools, training modalities, and findings. The Kirkpatrick Model for Training Evaluation (Kirkpatrick, 2016) was utilized to analyze the quality of MI training studies through four levels of measurement of MI training outcomes.

Prisma Diagram



Kirkpatrick Level Analysis

Kirkpatrick Level	Description	Example Study Outcome	Studies at This Level
Level 1	Studies that only measured reaction, do participants perceive it as favorable, engaging and relevant	Satisfaction survey or focus group	13 studies (31%)
Level 2	Studies that measured learning	Pretest-posttest knowledge quiz	21 studies (50%)
Level 3	Studies that measured behavior, ability of participants to apply the training	A graded simulated patient interview	4 studies (10%)
Level 4	Studies that measured results, the measure of direct outcomes	Improved patient outcomes directly tied to MI staff training	0 studies (0%)

RESULTS

All 42 MI training studies included in the review reported that MI training was effective.

Training Modalities

Didactic content included:

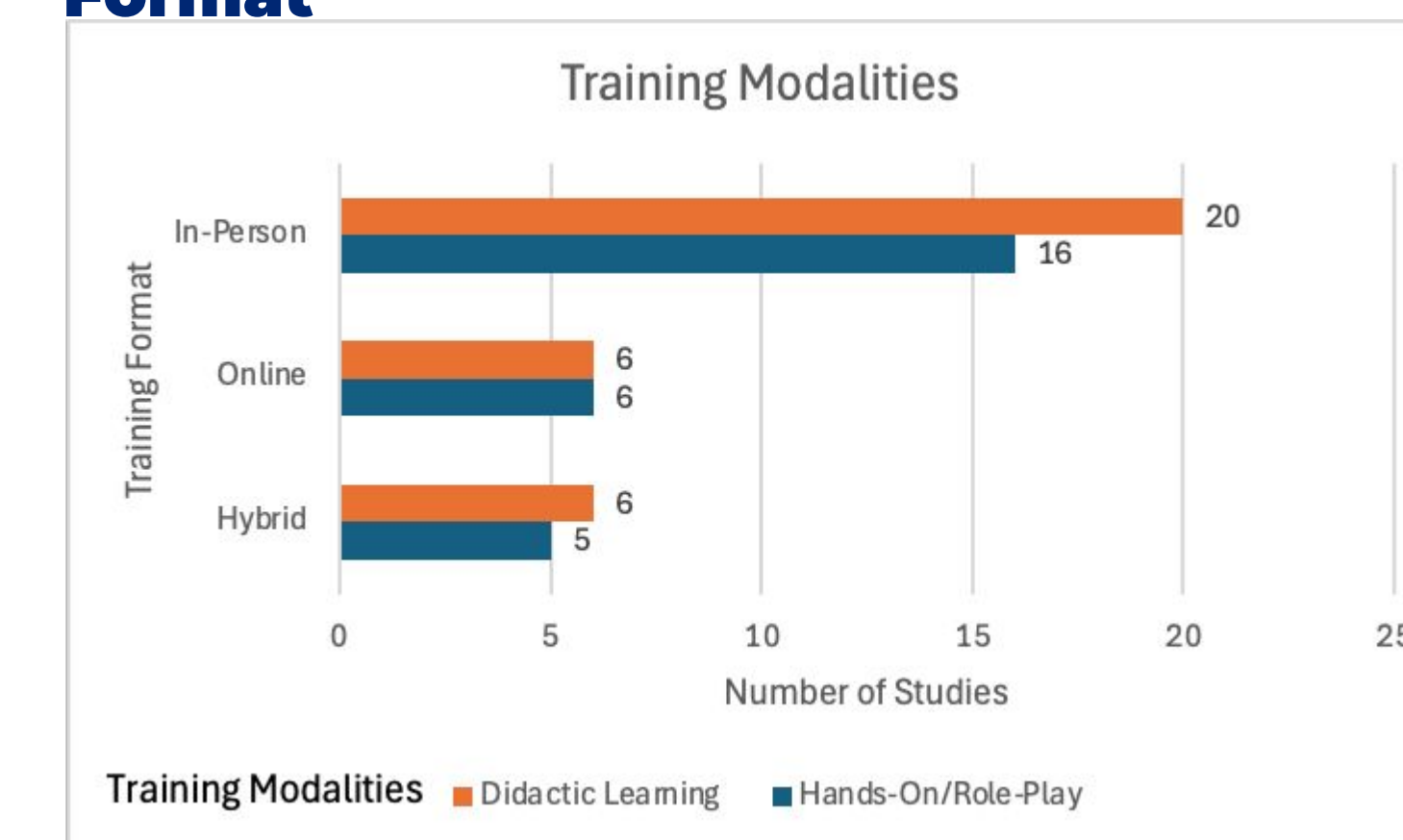
- the underlying mindset or spirit of MI;
- client-centered counseling skills;
- eliciting, recognizing and reinforcing change talk (the desire for behavior change versus the desire to maintain a current status);
- empathizing with resistance to change to foster a collaborative approach to change (coined "rolling with resistance");
- developing a behavior change plan;
- consolidating patient commitment (Duncan & Friedman, 2018; Lazare & Moaveni, 2016; Badowski et al., 2019)

Hands-on learning included:

- a mix of audio recordings with feedback
- simulated patient experiences
- role-play triad sessions and other interactive role-play scenarios (Arnett et al., 2017; Bray et al., 2021; Curry-Chiu et al., 2015; Edwards et al., 2022)

These methods were found to help participants develop greater empathy and improved confidence and ability to both teach and apply MI skills in clinical practice.

Modalities Used in Each Training Format



Assessments & Scoring Tools

Structured MI knowledge assessments:

- Motivational Interviewing Knowledge and Attitudes Test (MIKAT) (Duncan & Friedman, 2018; Edwards et al., 2022).
- Motivational Interviewing Treatment Integrity (MITI) (Bailey et al., 2017; Schoo et al., 2015).

Significant improvements were found in MITI scores and MIKAT scores.

DISCUSSION/CONCLUSION

MI training was found to be effective tool for healthcare students and professionals of various disciplines in knowledge retention and implementation. Both in person and online training showed similar outcomes, with an ultimate preference for dual modality training for a more comprehensive approach and incorporation of students' preference for hands-on practice. Training durations over 40 hours received higher satisfaction ratings and suggested improved outcomes. Limitations to consider include the range of assessment tools, resulting in a lack of standardization to properly compare the various educational programs. The majority of studies were single-group pre-post designs (~57%), which limits the ability to draw causal inferences. Potential biases include small sample sizes of less than twenty participants.

Future studies would benefit from following up with trainees to assess the sustained effects of training and include scores from formal assessments to allow for more accurate comparison and analysis of research.

REFERENCES

