## Utilizing a Motivational Interviewing Supervision Model to Promote Integrated Behavioral Health Trainee Competence, Self-Efficacy, and Autonomy



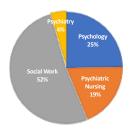
PRESENTER: Jane Gray

### BACKGROUND

- Integrated behavioral health trainees are in underserved and low-resourced settings under the supervision of on-site
- · A limited literature base leaves clinical supervisors without guidance for effective supervision.
- Supervision within a Motivational Interviewing (MI) framework incorporates evidence-based practice approaches into the supervisory encounter and may enhance motivation, confidence, and autonomy among trainees.

### **METHODS**

· Convenience sample of 88 trainees from an inter-departmental IBH training program





- · IBH Scholar trainees had supervisors who were in one of three supervisor training groups
- Trainees given survey about the quality of their supervision experience at the end of the training year

### **RESULTS**

- No significant differences between group means were found on the total score for the supervisor feedback measure (F(2,86)=.60, p=.55).
- · Qualitative review:
- · More comments about guidance/support and considerations of supervisee interests for workshop and workshop+ consultation supervisors
- More negative comments for supervisors who did not participate in either supervisor training activity

# Qualitative feedback suggests supervision within a Motivational Interviewing model enhances support for trainees in integrated health settings

She was attentive, understanding. competent and a great leader. She gave me space to be independent and figure out how I want to contribute to the team, but she also provided me with guidance and support when needed.



I thought (supervisor)did an excellent job, and I really, really enjoyed working with her. I felt extremely respected by her, and honored to have been able to

does not offer much positive feedback. She can be fairly critical and expects you to be pretty independent, so she may be better suited for more experienced students.

My supervisor was knowledgeable, responsive, and extremely supportive. Even after we moved to distance services, she continued to support my learning and affirm my role in grateful to her for all of the work she put in to my learning.

The supervision often did not happen and when it did, it felt a bit awkward. My supervisor was not able

to give me very much clinical advice or intervention/treatment tools to share when I would ask for it. I believe that he tried and was very busy due to COVID and that it got better toward the end as we built rapport. Most importantly, I did not feel able to voice comments without him becoming defensive front of other coworkers and I did not feel supported



The patients have medical complexities, and I feel that I was challenged to elevate my conceptualization and treatment delivery to try and provide the best care. Relatedly, I highly value the supervision I have received and am very pleased with the amount of growth and learning I have achieved with the help and support of my supervisor.

- Jane Gray, PhD, Julia George- Jones, MA, Lloyd Berg, PhD, Kelsey Howard, PhD, Erica Wells, PhD

### Workshop Curriculum:

- Led by 2 members of the Motivational Interviewing Network of Trainers/HRSA grant PDs.
- Overview of models and research in supervision
- Review of MI model and skills
- Application of Motivational Interviewing to supervision
- · Emphasis on experiential activities and role play



### Consultation Format:

- 1:1 monthly meetings with one of the workshop trainers as consultant
- Consultants listened or viewed supervision tape
- Feedback informed by Motivational Interviewing Treatment Integrity (MITI) coding system
- Meetings were focused around supervisor goals for
- Feedback provided with MI Spirit in mind

### **Next Steps**

- · Expand recruitment for workshop and workshop + consultation group
- · Consider follow up study with randomized

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