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Implementing motivational interviewing in adult mental health social work practice: an analysis of postgraduate student assessed placement reports

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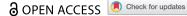
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ABSTRACT

Motivational interviewing is commonly taught on social work qualifying programmes as it is a core skill which practitioners can use in a variety of practice settings. However, the extent to which students can apply it in their practice learning placements is rarely evaluated. This paper reports a content analysis of a random selection of postgraduate social work students' practice learning placement reports ($n = 16$) to assess the extent to which they were able to apply it in their practice. The findings revealed many examples of students' adherence to motivational interviewing principles and practice, facilitated by their self-reported knowledge and confidence in using the approach. However, the analysis also found some students who struggled to utilize it because of a poor understanding or a practice context that mitigated against its use. Therefore, although it is possible to train social work students to use motivational interviewing in their practice learning, further evaluations are required to assess their use of it in their post-qualifying practice and the outcomes of this for service users.

Introduction

Motivational Interviewing (MI) rose to prominence initially in substance misuse services during the 1980s. It was originally developed by Miller and Rollnick (1992, 2002, 2012) as an alternative to the confrontational, directive approaches prevalent at the time where practitioners tended to occupy an 'expert', advice-giving position. MI has been increasingly adopted in the treatment of mental health problems such as anxiety, depression, schizophrenia and eating disorders (Arkowitz et al., 2015; Fiszdon et al., 2016; Macdonald et al., 2012) as well as co-morbidities with substance use (Riper et al., 2014). MI is used by mental health social workers, who are often trained in-service post-qualifying. This paper explores the use of MI by social work students following training on a qualifying programme to evaluate the extent to which it can be meaningfully integrated into social work curricula and students' practice.

MI is an intervention that is designed to enhance people's motivation to change problematic behaviors. The underlying principles of this approach are that everyone is capable of achieving positive change; that ambivalence is a normal part of the process; and, drawing on self-determination theory (Miller & Rollnick, 2013), that people have choice and autonomy in how they live their lives. Proficient MI practice utilizes specific skills & strategies, such as those taught by the OARS acronym (open questions, affirming, reflecting, summarizing (Miller & Rollnick, 2013).

A primary focus of MI is on resolving ambivalences and the approach is 'designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion' (Miller & Rollnick, 2013, p. 29). This involves engaging in 'change talk' and exploration of the discrepancy between what a person is doing and what they would like to be doing, in terms of goals and priorities. Lundahl and Burke (2009) interpret this as an awareness-raising approach that builds on cognitive dissonance and self-perception theories directed at eliciting change. A core concept is the belief that responsibility for change (or not) belongs with the individual. However, a foundational principle of MI is that capacity and willingness to change are strongly linked to the quality of the therapeutic relationship, and that the spirit of MI is strongly linked to the interpersonal context (Miller & Rollnick, 2013). Whilst definitions of MI have evolved over time (Miller & Rollnick, 1992, 2002, 2013) this commitment to collaborative working remains unchanged. The spirit of MI involves collaboration, evocation and autonomy, building on Rogerian principles of empathy and positive regard. As Miller and Rollnick (2009) argue, it 'is not a way of tricking people into doing what they don't want to do' (p. 129).

MI is an evidence-based approach with more than three decades of empirical support which includes many clinical trials in diverse populations and across varied professional domains (Miller & Rollnick, 2013). Research points to the effectiveness of MI in the adult population (Lundahl & Burke, 2009), particularly in preventing or stopping 'unhealthy' behaviors (Frost et al., 2018). The approach has widespread applicability in social work, criminal justice, health and mental health services (Hohman, 2021) and is generally seen to be congruent with the values of social work (Hohman et al., 2015). The number of publications, range of literature and training manuals on MI has increased exponentially and the creation of an international MI network of trainers (MINT) is testimony to the appeal of this approach. However, the training and delivery of an intervention on such a scale poses challenges to adherence in ensuring that the integrity of the approach is not compromised, a concern noted by the founders themselves (Miller & Rollnick, 2009).

Fidelity can be defined as the extent to which delivery of an intervention adheres to the framework or model originally developed. It involves the use of validated measures (such as the MI Treatment Integrity: MITI; Moyers et al., 2016) that examine either video or audiotapes. There are a number of barriers to ensuring high fidelity, such as local adaptations of interventions; poor practitioner adherence or competence; inadequate training or technical support; limited resources for supporting the intervention; and competing practitioner demands that can diminish commitment or effectiveness in delivering the intervention approach (Breitenstein et al., 2010). However, reviews of MI training have provided some insights (Madson et al., 2009; Söderlund et al., 2011), and newer measures for establishing MI adherence in the real world practice contexts of live observations and rating have been developed, such as the MI-Coach Rating Scale

(MI-CRS; Naar et al., 2021) and MI Competency Assessment (MICA; Jackson et al., 2015). Both measures are designed to provide practitioners with easily digestible, structured and specific feedback regarding adherence to motivational interviewing principles and practice.

Miller and Rollnick (2009) highlight the lack of quality control, accountability and integrity safeguards associated with the wide and rapid dissemination of MI in health and social care sectors across the globe. A criticism in respect of MI is that it risks being reinvented or modified 'so fundamentally that it no longer resembles, or is even contradictory to its pristine form' (Miller & Rollnick, 2009, p. 130). This risk could be exacerbated by the provision of MI training on social work programmes by non-specialists or introductory training which does not provide sufficient depth or rigor for students to use MI with any confidence or competence. It is known that high fidelity, practitioner competence and strong adherence to MI improves outcomes (DeVargas & Stormshak, 2020; Frost et al., 2018; Mutschler et al., 2018) and this was an important rationale for this study addressing MI knowledge and adherence.

As in many countries, social work education in the UK provides generic training to enable graduates to work with different client groups. Qualifying programmes provide skills training in a variety of interventions and approaches which students apply during their practice learning placements to demonstrate their capability to practice as a social worker. Whilst there is teaching undertaken in schools of social work and post-graduate programmes (Barth et al., 2017) more in-depth intervention training which helps practitioner adherence post-qualifying within agencies would be beneficial. As there is good evidence that practitioner competence and strong adherence to MI improves outcomes (e.g. DeVargas & Stormshak, 2020; Forrester et al., 2019; Mutschler et al., 2018), there is an ethical argument to expand the delivery of focused, high quality MI training on qualifying programmes to maximize improved outcomes for practitioners and clients alike.

The provision of high-quality training and supervision in social interventions was at the core of the Think Ahead programme, a post-graduate social work qualifying programme in the UK with a particular focus on mental health social work. This provided training in interventions with individuals (MI and solution-focused brief therapy (de Shazer et al., 2021)); families or groups (family group conferencing (de Jong et al., 2018)); and communities (Connecting People (Webber et al, 2016)). The programme required students to use these interventions in their practice learning in mental health teams in order to pass their placements and provided training to their supervisors (Consultant Social Workers) to support students to practice safely and competently. Both Consultant Social Workers and students were supported by academic tutors toward MI adherent use.

The teaching and learning of MI involved not just knowing what to teach, but how to teach it; for example, by modeling the spirit and skills of MI in the teaching process to promote the active involvement of students, rather than them being passive learners of the intervention (Hohman, 2021). Two days training was provided to students and Consultant Social Workers by an MI trainer and monthly tutorials were provided by academic tutors to support the integration of learning into practice. This was supported at an organizational level by a lead social worker who worked with team managers to create opportunities for students to use MI in their practice. The holistic approach to training, supervision and support aimed to

ensure the social work students were able to implement MI into their routine practice so that by the time they qualified they would do so with a good level of adherence.

This study aimed to 1) identify students' understanding of MI and concepts and 2) examine how that understanding was related to MI adherent use. The objective was to evaluate the extent to which the social work students were able demonstrate good adherence to MI in their practice, and to explore the barriers and facilitators of the students' use of MI in routine practice. It aims to contribute to the nascent literature in this field which explores the integration of MI into social work curricula (Iachini et al., 2018).

Methods

Design

We undertook a thematic analysis (Braun & Clarke, 2006) of student assignments from the postgraduate qualifying programme in social work at the University in the UK where the Think Ahead programme was developed and piloted. The students were required to critically evaluate their use of social interventions in their placement learning reports in order to meet the learning outcomes for the placements. These reports were accompanied by one provided by their Consultant Social Worker (CSW). Both reports by student and CSW were integrated into one, single report and analyzed together.

Sample

The sample were postgraduate students on a social work qualifying programme who had completed their practice learning placements of 200 days in total. All had been provided with MI training which they were expected to use during their practice learning placements. As students worked in units of four on placement, we randomly selected one student from each unit to participate in order to avoid clustering in the data: as they all had the same Practice Educator their placement learning may be more similar than students from other placements. If a student declined to participate, we invited another from the same unit at random.

Recruitment

The random selection of students was conducted by the programme administrator who contacted potential participants via e-mail to invite them to participate in this study. They were provided with information about the study and asked to give consent for their placement reports to be provided to the research team for analysis. Recruitment continued until a minimum of 10% of students from two cohorts agreed to participate ($n = 16$). From the first cohort, 22 students were contacted of which 7 agreed to take part (31% response rate). From the second cohort, 77 students were contacted of which 9 agreed to take part (8.5% response rate).

Data extraction

Placement reports were anonymous when submitted, with all personally-identifiable details of students or service users already removed. One of the researchers extracted anonymous data pertaining to the students' use of MI using a standard data extraction template. This included the students' critical analysis of their use of MI in their practice; the potential barriers and facilitators of their use of MI in their practice; and descriptions of the context in which they are working as relevant for their use of MI. Data extraction was independently checked by a second researcher for accuracy and consistency across the students' placement reports.

Data analysis

A researcher undertook a thematic analysis (Braun & Clarke, 2006) of each extract to assess the adherence of the described social work practice to MI. This followed the process of (1) reading and familiarizing with the data; (2) coding data into three broad codes of 'good adherence' MI, 'poor adherence' MI and potential barriers to the implementation of MI; (3) searching for themes within these codes; and (4) checking if the themes worked in relation to the three broad areas of the coding framework. Good adherence was characterized by the students using the language of MI; applying it to a clients' wish to make behavioral changes; demonstrating the spirit of MI; and implementing MI skills. We recognized that the students were neither experienced practitioners nor training to be therapists and therefore we classified examples of their understanding of MI and relating of the ideas from the teaching into practice as good adherence. Alongside this, we observed factors which could be potential facilitators of good adherence. Similarly, poor adherence was identified where there was misunderstanding of MI or poor use of the skills in practice. Potential barriers to the implementation of MI were also observed to explore how student social workers could be better supported to use MI in their practice. A second researcher undertook the same process independently and any disagreements in ratings were resolved through discussion. This inter-rater reliability process revealed few differences in the coding of the data, but it helped to enhance the reliability of our analysis. This led to the final part of the process which was (5) confirming the themes and (6) writing this paper. The analysis focused solely on adherence to MI and this paper only reports themes of relevance to the study's aims. The quotes provided below are illustrative of the themes.

Ethical approval

Ethical approval was obtained from the University Department Ethics Committee (ref. SPSW/S/18/14).

Results

16 final placement reports were analyzed for their understanding and application of MI. No clear differences between the two cohorts emerged. As we found good adherence and problems with implementing MI in both cohorts, all reports were analyzed together.

Good adherence to MI was demonstrated where students showed more understanding of it and where the Practice Educator appeared to have a working knowledge of MI. We also found that barriers to good adherence included restrictions due to legislative frameworks; a lack of understanding about what MI is; and a focus on discharge planning, arranging funding for care packages or other process-led or target-led work.

Good adherence

From the 16 final reports reviewed, there were some examples of good adherence to MI. For example, one student commented that:

> I also supported Mr A to explore his ambivalence toward continuing to gamble using techniques learned from Motivational Interviewing such as eliciting and responding to change talk related to desire, ability, reasons and needs (no. 5).

This indicated a good understanding of MI in practice as this student used terms such as 'ambivalence', 'change talk', 'eliciting' and DARN (MI shorthand for desire, ability, reason and need). The student also stated:

> I am increasingly able to recognise ambivalence and DARN talk as well as exceptions and problem-free talk and respond appropriately. I have come to realise that these interventions are communication styles that can be used in any form of communication as opposed to rigid interventions that require intensive input (no. 5).

Several other reports mentioned communication skills that demonstrated an adherence to MI such as skills being 'used to encourage' (no.2) and having confidence in their communication skills (no. 5). Student no.6 received feedback from a direct observation by their Practice Educator that highlighted the use of MI reflections and affirmations whilst student no.10 mentioned feedback from a service user in the form of an INSPIRE (Williams et al., 2015) feedback tool, which indicated that MI had been successful.

Another student produced many examples of good adherence with a range of service users, stating:

> ….we were able to identify clear discrepancies between M's motivations. On the one hand, M identified the reasons why he wished to change his situation, but on the other, had arguments to justify why he could not. Utilising this approach enabled me to work in a more informed way with M, as I was able to develop a clearer understanding about where his motivations stemmed from. M has appeared more aware of his situation through this and the aim is to empower him to take control of his situation (no. 11).

And with a second service user:

> Motivational Interviewing skills to evoke motivation for change and encourage the development of self-efficacy within S (no. 11).

This student demonstrated an awareness of MI terminology and skills, of the spirit of MI and an ability to work collaboratively with service users at their own pace.

Other reports showed detailed descriptions of MI skills (no.8), concepts such as rolling with resistance (no.7) and an awareness of how to use OARS to build a therapeutic relationship (no.15). Student no.8 provided a comprehensive understanding of MI, having used it with nine service users. This student accurately identified (and provided

examples of) sustain talk, change talk, the righting reflex and reflections; the student described MI skills and concepts in detail, all of which were evidenced in examples of their practice. This student captured the spirit of MI, for example:

> ...unsolicited advice and education is reflective of an authoritative and directive approach which can damage rapport and cause further resistance to change. (Miller & Rollnick, 2013) (no. 8)

Feedback from service users confirmed that the student had worked in a collaborative way:

> S valued the collaborative approach underpinning motivational interviewing and was able to identify progress she had made; therefore I was able to ascertain the intervention had been successful and plan to continue to work with S in this way (no. 8).

Poor adherence

There were only two reports that did not mention MI at all (student nos.4 and 9) and a further five reports mentioned MI either in passing or with only basic information about it (students nos.1, 2, 3, 12 and 14). One of these reports did demonstrate knowledge of the Cycle of Change (Prochaska & DiClemente, 1983), a theory that participants were taught about during MI training. This participant (no.1) had tenuously linked the Cycle of Change to their use of MI but no further details were given about MI skills or about the underpinning spirit of MI, thus it was rated as 'poor adherence' to the model.

Several reports made passing references to MI alongside a range of other social and/or psychological interventions. Some of these were interventions that had been taught on the programme such as Solution Focused Brief Therapy (SFBT) and Family Group Conferencing; other interventions mentioned were Cognitive Behavioural Therapy and Narrative Therapy and these reports were considered as poor adherence to MI as no detail was given to convince us that the students had a working knowledge of MI. For example, student no.10 wrote:

> I have been using Cognitive Behavioural Therapy (CBT)/Motivational interviewing (MI) techniques to identify items that he feels comfortable about removing from his home (no. 10).

Whilst this student may have employed MI skillfully and to good effect we were unable to rate the report as having good adherence to MI due to the lack of information contained within it. Some reports made a brief mention of MI when talking about interventions that the participant had used, for example: 'such as MI . . . ' (no. 3) and another said 'I used MI . . . ' (no. 16) but without any further detail these were categorized as poor adherence to MI.

Facilitators of good adherence

When considering what may have facilitated good adherence to MI we found that one of the main facilitators of good practice was the students' knowledge and/or confidence in using MI skills. Where these were present students were likely to try using MI across

a range of settings and with a variety of service users, and this in turn was described in their reports. For example:

> Motivational interviewing is a therapeutic intervention for enhancing motivation to change by exploring and resolving ambivalence. Ambivalence is uncertainty during decision making as a result of having reasons for and against a particular decision or the conflict that arises from trying to achieve two incompatible end goals. (Hohman, 2021; Miller & Rollnick, 2013) (no. 8)

This extract demonstrated a clear understanding of the MI approach and when read as part of the wider report gave confidence that this student developed his or her knowledge and application of MI over the course of the placement. The report went on to talk about the benefits of service user feedback in assessing the appropriateness of MI:

> The feedback received from S on [date] was following the PIP tribunal; S valued the collaborative approach underpinning motivational interviewing and was able to identify progress she had made; therefore I was able to ascertain the intervention had been successful and plan to continue to work with S in this way (no. 8).

Similarly, another student talked about their increased confidence in relation to MI:

> My knowledge and confidence in communicating in different ways dependent on the circumstances and needs of the individual have vastly improved (no. 11).

Additionally, student no. 11 demonstrated a good understanding of their own role in the relationship with the service user:

> My role in MI is to support D to resolve his ambivalence by using evocation to guide him towards identifying his own intrinsic motivations for change. (Rollnick & Miller, 1995) (no. 11)

This clear understanding of responsibility and boundaries, of MI techniques and concepts and of confidence in their ability to try working in this way enhanced adherence to the MI approach in practice, which came through in the strongest reports.

Where students understood the theoretical basis of MI, whether demonstrating the spirit of MI or talking about a person-centered approach more generally, they were more likely to use MI. For example student No.11 wrote:

> I recognise that I have had to review my own incentives in utilising MI, ensuring I am not applying it as a method of manipulation or informal coercion to guide people such as D towards adherence, as to do so taints the very spirit fundamental in the MI approach (PCF 7) (no. 11).

We also found that where MI was used in a direct observation in which the observer appeared to have a good understanding of MI or where it was clear that the Consultant Social Worker (the Practice Educator) had a solid knowledge of MI, students were more likely to use MI and more likely to give accurate details of their MI work in the reports.

Barriers to implementation

We identified the following barriers to the full application of MI: a poor understanding of MI; talking about MI along with several other interventions; and brief mentions of using MI. These examples did not provide enough detail to convince us that the participants

were using MI (although they may have done so in practice, it was not evidenced in their reports).

One student (no.11) talked about restrictions in their use of MI such as legislation:

> This experience made me aware how at times I will be faced with procedures endorsed by legislation that are not only in conflict with the spirit of MI (no. 11).

Funding of care packages and the focus of mental health services on discharge planning were other pertinent issues for student no.11. This student also wrote about falling into the 'expert' trap (not feeling skilled enough to use the training), but s/he reflected on this and had booked onto further training, thus whilst this was poor adherence to MI it was also good practice:

> to ensure my skills were revised from the initial university teaching days on Motivational Interviewing (MI) I signed up to another 2 day workshop run by [agency]. Through the application of skills learnt from Motivational Interviewing teaching days and additional workshops facilitated by my placement, I have worked successfully in eliciting and advocating the views of the people I have supported (no. 11).

Discussion

We have found evidence that it is possible to train social work students to use MI in the course of their final practice placement. The placement reports that were analyzed for this study shows that MI was mentioned by 14 of the 16 students and 9 of them demonstrated good adherence to MI. Whilst the use of MI in social work education is fairly commonplace, the delivery of MI training alongside a requirement for it to be used within mental health practice placements on a qualifying social work programme has not been attempted before. This is surprising given that it is considered a crucial part of increasing the quality and effectiveness of MI as an evidence-based intervention (Madson et al., 2009).

The extent to which students were able to utilize and write about MI varied. Frost et al. (2018) suggested that for MI to be effective adherence needs to be prioritized; this means that training issues are fundamental and that MI requires a good level of competency in order to be effective. Accordingly, this study has shown that the use of MI by the social work students is affected by their understanding of it, the opportunities to use it and the support of the team or practice educator. Where one or more of these factors is present, the students are more able to integrate this approach into their practice.

All students were provided with a 2-day training course in MI and additional reading to enhance their understanding. They received a monthly telephone tutorial and a monthly face to face tutorial from academic staff in which MI, amongst other interventions, was discussed. This study has not considered whether any of the students missed part of the training, though it is acknowledged that barriers such as a lack of skill in understanding and implementing evidence-based approaches can negatively affect their use in practice (Bellamy et al., 2006; Mullen et al., 2008). Conversely, some of the students may have had prior knowledge of, or training in, MI, which could have impacted positively on their knowledge and use of the intervention. This was not measured as part of this study.

Hohman (2021) stressed that it is important that MI trainers do not just know what to teach, but how to teach it, by modeling the spirit and the skills of MI. The evidence obtained in this study indicates that this was achieved during the 2-day training course that students attended. MI training was delivered by two different providers (one per year) and there was no clear difference in the rates of MI use or of adherence to the model across the two cohorts. Both trainers were confident and knowledgeable about MINT guidelines and refreshed their understanding of these prior to delivering the training event for students to maximize their adherence. However, we have not been able to consider to what extent academic tutors varied in their knowledge, experience and encouragement of the use of MI and this is a variable that could have had a significant impact on the students' knowledge, confidence and ability in the use of MI.

The MI training covered not only the more technical aspects of MI such as the OARS skills, but also the spirit of MI. We discovered that student placement reports mentioned different aspects of MI rather than presenting evidence of using the whole approach. This could reflect a varied understanding of the different aspects of MI, differential opportunities to write about MI within their reports (most sections of the report were constrained by word counts) or it could indicate that they approached the report as a tick box exercise, simply mentioning MI to demonstrate that they were aware of it.

Several students mentioned using MI together with other interventions yet without providing evidence of what they had done and, whilst this was categorized as poor adherence to the MI model, Hohman (2021) found that MI aligned well with other types of social work interventions. Therefore, it is possible that students were drawing on relevant aspects of different interventions in order to deliver an appropriate 'tailor made' intervention for service users. Without knowing more about the details of each practice case it is not possible to assess whether students were indeed consciously drawing on different interventions, as suggested by Hohman (2021), or whether they were simply being reactive to the practice situations as they arose. Social work education programmes have long taught theory as part of standard training programmes, though Bledsoe-Mansori et al. (2013) have argued that there has been a need for a better fit between research and the practice setting. This study has identified that students can learn an evidence-based intervention and integrate it into their practice.

The contrasting findings from our analysis must also take into account the pragmatic nature of this study. Students were based in a variety of teams and agencies, and the focus of the teams was not always aligned with students' interests and preferences for working therapeutically. Another important variable is that students were based in a mixture of urban and rural areas, which may have impacted on teams' workloads and students' practice. Additionally, MI was a relatively small component of the social work programme, as students also learnt about policy, legislation, values, professionalism and multi-agency/multi-disciplinary working in accordance with the Professional Capabilities Framework (British Association of Social Workers, 2022) against which they were being assessed. Indeed, as Kelly (2017) highlights, the current practice climate of target setting and tight timescales, along with a simultaneous drive for evidence-based working, poses difficulties for education providers, practitioners and students. This view is supported by our findings with several students reporting difficulties in implementing MI.

A primary focus of MI is on resolving ambivalence in a person-centered way (Rollnick et al., 2008) and we found that a proportion of students had incorporated this idea into their work with service users. These students showed a good understanding of the concepts of ambivalence, rolling with resistance and discrepancies and were able to demonstrate this in their practice. The idea of a person-centered approach may have been a better fit for some students than others. The postgraduate students in this study came from diverse backgrounds including those who had studied law and psychology, those who had extensive experience of working with people and those who had very little. Some preferred procedural tasks such as completing assessment paperwork whilst others preferred service-user focused work at the individual's pace, the latter being an approach that fits well with MI.

A further factor that appears to have affected students' integration of MI is the remit of the team and the experience of the practice educator. For example, in teams that emphasized the value of the therapeutic relationship, service user strengths and self-determination, MI was more likely to be used. This is in contrast to teams whose focus was on discharge planning or implementing legislative duties (e.g. student no.11). It is possible that the students who mentioned frustration at such constraints may have lacked the opportunity to implement therapeutic approaches per se rather than the knowledge or the skills to implement MI.

Students were taught both MI and solution-focused brief therapy (SFBT) and they could choose which to use during their practice learning placement. MI was referred to more frequently than SFBT in the placement reports, suggesting that either MI was more applicable than SFBT in routine mental health social work practice or that students felt more confident in using MI. It is possible that some students may have had prior knowledge of, or training in MI, which could account for this, though this also may be the case for SFBT. It is also possible that students found the skills (OARS) and processes of MI simpler to understand and to implement, thus they favored its use in practice. A further explanation could be that the person-centered approach of MI is more in line with social work values. Miller and Rollnick (2012) outline that the underlying principles of MI are that everyone is capable of achieving positive change, that ambivalence is a normal part of the process, and that people have choice and autonomy in how they live their lives. However, it is also possible that students may have felt overwhelmed by the large amount of learning materials provided on the programme, and that this influenced their choice of preferred intervention resulting in surface rather than deep level learning (Dolmans et al., 2016).

Limitations and recommendations for future research

This was a small secondary analysis of 16 student placement reports on one post-graduate social work qualifying programme, so its findings are indicative rather than definitive. The random selection of one student per unit may have led to the inclusion of outliers, though the likelihood of this was reduced through random sampling. The assessment of adherence to MI in this study is not as robust as, for example, practice observations from practitioners trained in MI. However, although the post-hoc analysis was pragmatic, it was a naturalistic assessment of students' accounts of their practice. Placement reports were signed by practice educators to verify their

accuracy and, as this study was retrospective, it could not have influenced what the students wrote in any way. Purposeful data collection on the use of social interventions in routine practice is required to confirm these findings. Richer data about students' understanding of MI and their implementation of it in their practice could be obtained through semi-structured interviews, for example, but these were not possible in this study. Further, experimental studies are required to explore outcomes of students' use of MI for service users, as our findings are based solely on students' self-reports.

This study was conducted by lecturers involved in teaching on the programme, though they did not deliver the MI training. To minimize the potential for bias, the rating of MI adherent use was conducted independently by two members of the team and utilized procedures which were transparent and replicable. However, future evaluations will benefit from using researchers independent of education providers to further minimize the potential for bias. In addition, this study was unable to evaluate the use of MI by practitioners post-qualification in their routine practice away from the context of practice learning. Studies of the use of MI in children's services indicate that although practitioners' skills can be improved, this does not necessarily translate into improved outcomes for families (Forrester et al., 2018). Future evaluations of the use of MI in mental health services by social workers need to consider the theory of change to ensure all potentially confounding variables are measured to accurately assess the relationship between MI skills and outcomes for people.

Conclusion

This evaluation has found that it is feasible to train social work students in MI and for them to utilize in their practice learning in mental health services. These findings could be applied internationally as well as in the UK as MI has been used by social workers in many different countries. The intention was not to train the students as therapists, and they were trainee social workers at the point of writing their reports; as such they were not expected to demonstrate the level of competence that might be expected of those training to be MI therapists. Some displayed poor adherence to the principles and practice of MI, but most appeared able to adopt them. Further evaluation is required to assess the use of MI in students' post-qualifying practice and the outcomes of this for the people they are working with.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

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