

### Some Seeds of MI (1970s)



- Training in client-centered approach of Carl Rogers
- Brief interventions yield change
- Similar effect to longer outpatient treatment
- Therapist empathy predicts client outcome



### Basic Concepts

- The person, rather than the clinician, should make the arguments for change
- Evoke the *person's* own concerns and motivations
- Listen with empathy
- Minimize resistance; don't oppose it
- Nurture hope and optimism
- Called it "motivational interviewing"
- Thought of MI as *preparation* for treatment

Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy*, 11, 147-172.

### Comparing Counseling Styles

Problem drinkers receiving the drinker's check-up were randomly assigned to a single session in which:

Counselor delivers feedback in  
a confrontive-directive style

or Counselor delivers feedback in  
a supportive-reflective MI style

or a 6-week waiting list group

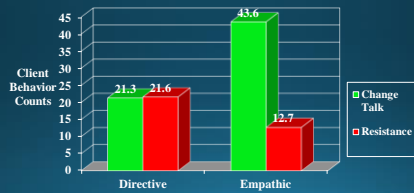
The same counselors delivered both styles.

Miller, W. R., Benfield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A comparison of two therapist styles. *Journal of Consulting and Clinical Psychology*, 61, 455-461.

### Again without further treatment . .



### More clues: Counselor Style and Client Response



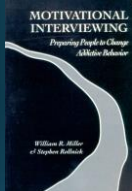
Steve  
Rollnick

1989

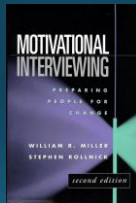


Sydney

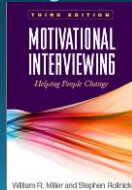
1991



2002



2013



### Layperson's definition (What's it for?)

Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change

### Practitioner's definition (How would I use it?)

Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change

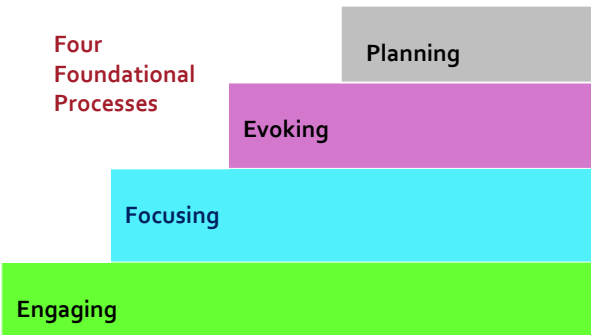
### The Underlying Spirit of MI



## Four Fundamental Processes in Motivational Interviewing



### Four Foundational Processes



## Change talk and sustain talk

Opposite Sides of a Coin

### Preparatory (DARN)

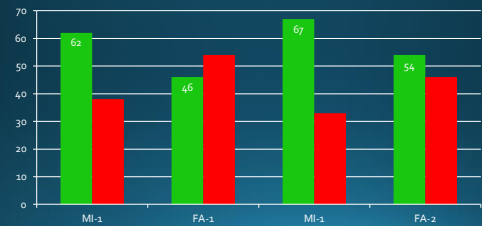
Desire  
Ability  
Reasons  
Need

### Mobilizing (CATs)

Commitment  
Activation  
Taking Steps



Counselors can influence the balance of change talk and sustain talk, which in turn predicts subsequent change



## Pieces of a Puzzle



## Unexpected Dissemination

- 1983 First concept paper on treating alcohol problems
- 1988 First outcome studies published
- 1991 First edition of *Motivational Interviewing* focused on addiction

Began spreading rapidly into other fields including:

Health Care Social Work Corrections Other Drug Problems  
Gambling Dentistry Mental Health Nutrition & Fitness  
Leadership Education Public Health Infection Control

- 1993 Began training MI trainers
- 2002 Second edition — No longer limited to addiction
- 2013 Third edition — About change more broadly



- | Controlled clinical trials of MI have been published from: |           |                       |             |               |                          |
|--|-----------|-----------------------|-------------|---------------|--------------------------|
| OCEANIA  |           | EUROPE                |             | NORTH AMERICA |                          |
| Australia  |           | Austria               | Belgium     | Canada        |                          |
| New Zealand  |           | Czech Republic        | Denmark     | Cherokee*     |                          |
|  |           | Germany               | Greece      | Chicksaw*     |                          |
|  |           | Italy                 | Netherlands | U.S.          | *Native American nations |
| ASIA   |           | Norway                | Portugal    | Zuni*         |                          |
| China  | Hong Kong | Romania               | Russia      |               |                          |
| India  | Iran      | Spain                 | Sweden      |               |                          |
| Korea  | Malaysia  | Switzerland           | U.K.        |               |                          |
| Marshall Islands   |           |                       |             |               |                          |
| Pakistan   | Singapore | CENTRAL/SOUTH AMERICA |             |               |                          |
| Taiwan   | Turkey    | Brazil                | Chile       |               |                          |
|  |           | Mexico                |             |               |                          |
|  |           |                       |             | AFRICA        |                          |
|  |           |                       |             | Egypt         | Kenya                    |
|  |           |                       |             | Madagascar    | Nigeria                  |
|  |           |                       |             | South Africa  | Tanzania                 |
|  |           |                       |             | Uganda        |                          |
|  |           |                       |             | Zambia        | Zimbabwe                 |

➤ Afrikaans	➤ Gaelic	➤ Romanian
➤ Albanian	➤ Georgian	➤ Russian
➤ Arabic	➤ German	➤ Serbian
➤ Bengali	➤ Greek	➤ Sesotho
➤ Bulgarian	➤ Greenlandic	➤ Sign (U.S.)
➤ Cantonese	➤ Hebrew	➤ Slovenian
➤ Catalan	➤ Hindi	➤ Sotho
➤ Chinese (simplified)	➤ Icelandic	➤ Spanish
➤ Chinese (traditional)	➤ Italian	➤ Swedish
➤ Creole (Haiti)	➤ Japanese	➤ Tamil
➤ Croatian	➤ Korean	➤ Thai
➤ Czech	➤ Mandarin	➤ Tswana
➤ Danish	➤ Māori	➤ Turkish
➤ Dutch	➤ Norwegian	➤ Urdu
➤ English	➤ Persian/Farsi	➤ Ukrainian
➤ Estonian	➤ Polish	➤ Xhosa
➤ Finnish	➤ Portuguese	➤ Yoruba
➤ Fon	➤ Punjabi	➤ Zulu
➤ Flemish		
➤ French		

## Why Does MI Cross Cultures?



## Reason 1. MI has a large evidence base

- Over 1,200 controlled clinical trials worldwide, and
- Over 100 meta-analyses and systematic reviews
- But what explains *that*?
- And dissemination into a new nation or field usually happens *before* there is a specific evidence base

## Reason 2. MI has characteristics that generally favor dissemination of an innovation:

1. **Relative advantage:** cost, convenience, effectiveness, satisfaction; solves a common problem
  - Relatively brief
  - > 1,200 controlled trials across many problems and professions
  - Addresses client reluctance/resistance/ambivalence about change
  - Enjoyable to practice

Source: Everett M. Rogers *Diffusion of Innovations*



## 2. MI has characteristics that generally favor dissemination of an innovation:

1. **Relative advantage:** cost, convenience, effectiveness, satisfaction; solves a common problem
2. **Compatibility:** with current values, beliefs, practices, needs
  - Can be combined with other treatments
  - When combined, improves outcomes of other treatments
  - A way of doing what else you do

Source: Everett M. Rogers *Diffusion of Innovations*

## 2. MI has characteristics that generally favor dissemination of an innovation:

1. **Relative advantage:** cost, convenience, effectiveness, satisfaction; solves a common problem
2. **Compatibility:** with current values, beliefs, practices, needs
3. **Simplicity:** how easy to understand, learn, and use?
  - Simple, but not as easy as it looks

Source: Everett M. Rogers *Diffusion of Innovations*

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3. **Simplicity:** how easy to understand, learn, and use?
4. **Trialability:** can be tried without large initial commitment
  - Free to try: Not trademarked, licensed, restricted

Source: Everett M. Rogers *Diffusion of Innovations*

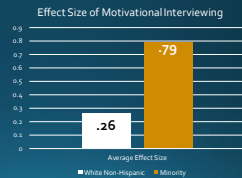
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3. **Simplicity:** how easy to understand, learn, and use?
4. **Trialability:** can be tried without large initial commitment
5. **Observability:** positive results can be seen readily
  - Changes in client in-session response immediately observable
  - Brief intervention—results quickly measurable

Source: Everett M. Rogers *Diffusion of Innovations*

### Reason 3. MI works well when serving people from disadvantaged populations

- Effect size in clinical trials of MI with populations that were predominantly:
  - White non-Hispanic or
  - "Minority"



Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, 1, 91-111.

### MI works *better* for disadvantaged groups

- African-American males** showed the largest effect of SBIRT, an MI-style intervention in U.S. federal health

Sahker, E., Jones, D. L., Lancianese, D. A., Pro, G., & Arndt, S. (2019 in press). Racial/ethnic differences in alcohol and drug use outcomes following screening, brief intervention, and referral to treatment (SBIRT) in federally qualified health centers. *Journal of Racial and Ethnic Health Disparities*.

- Low-income families** showed the largest effect of MI in reducing children's dental cavities

Faustino-Silva, D. D., Colvara, B. C., Meyer, E., Hugo, F. N., Celeste, R. K., & Hilgert, J. B. (2019 in press). Motivational interviewing effects on caries prevention in children differ by income: A randomized cluster trial. *Community Dentistry and Oral Epidemiology*.

### Outcomes for Native American Clients

- In Project MATCH, people with alcohol dependence were randomly assigned to:

Twelve-Step Facilitation Therapy (12 sessions)

Motivational Enhancement Therapy (4 sessions)

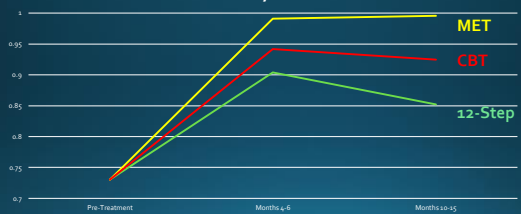
or

Cognitive-Behavior Therapy (12 sessions)

All three treatments were equally effective overall (N = 1,726) but for Native American clients:

### Outcomes for Native American Clients

Percent Days Abstinent



Villanueva, M., Tonigan, J. S., & Miller, W. R. (2007). Response of Native American clients to three treatment methods for alcohol dependence. *Journal of Ethnicity in Substance Abuse*, 6(2), 41-48.

### Outcomes for Native American Clients

Drinks per Drinking Day



Villanueva, M., Tonigan, J. S., & Miller, W. R. (2007). Response of Native American clients to three treatment methods for alcohol dependence. *Journal of Ethnicity in Substance Abuse*, 6(2), 41-48.

### Why would MI work *better* with disadvantaged/marginalized groups?

even though most of the providers in these studies were themselves White, not from "minority" groups

#### Contrast effect

- Privileged people are accustomed to being respected and privileged; others are not
- MI explicitly privileges clients:
  - Affirmation, Empathic Listening, Autonomy Support
  - Partnership, Acceptance, Compassion, Evocation
- Positive impact of acceptance increased with the proportion of racial/ethnic minorities in the study sample (Orlinsky et al, 1994)

Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy: Noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 270-376). New York: John Wiley & Sons.

## Why would MI work *better* with disadvantaged/marginalized groups?

Contrast effect

MI is particularly useful in working with people who are different from the counselor

- Clients are the experts on themselves
- Counselor's "beginner's mind" – Not assuming you know
- Collaborative, not prescriptive

## Reason 4. MI is intuitive: It fits what we know about human nature

### 1. Ambivalence is human nature.

## Ambivalence in Music

I'm so miserable without you,  
it's almost like you're here

*Billy Ray Cyrus*



How can I miss you when you won't  
go away?

*Dan Hicks (1969)*



My sweet tooth says I want to,  
but my wisdom tooth says no.

*Fletcher Henderson (1931)*



It is normal, not pathological to both want and not want something *at the same time*

In fact it's a normal part of change



Janus, Roman god of beginnings, doorways and transitions

## Reason 4. MI is intuitive: It fits what we know about human nature

1. Ambivalence is human nature.
2. So is push-back when someone tells you what to do.

## Advice as a Power Hierarchy

- No one likes to feel one-down – Power dominance in evolution
- If someone tells you what to do and you obey, you're one-down
- A natural response to being told what to do, is not to do it, even if you agree - "Psychological Reactance"
- Behavior change is the perfect situation for psychological reactance
- Power dominance is a losing strategy in changing behavior
- Motivational interviewing "begins by yielding"
  - Empathic listening and affirmation privilege the client
  - Acknowledging clients' autonomy is just telling the truth

de Almeida Neto, A. C. (2017). Understanding motivational interviewing: An evolutionary perspective. *Evolutionary Psychological Science*, 3(4), 379-389.



#### Reason 4. MI is intuitive: It fits what we know about human nature

1. Ambivalence is human nature.
2. So is push-back when someone tells you what to do.
3. **Across cultures, people seem to *recognize* the dynamics of MI, as if it were something that they already knew, and of course it is, from their experience of living in community.**

#### Reason 5. Is there perhaps a broader emerging human consciousness?

- to seek collaboration rather than domination
- to see others as people of value with unique experience and gifts, rather than degrading those who differ from us
- to listen more than tell
- to heal rather than punish and exclude

