

Developments in Motivational Interviewing – how have these affected practice?

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History of MI

- Emerged initially from William Miller's interactions with Norwegian psychologists specialising in alcohol problems
- First appearance of MI within academic literature in 1983
- Miller then collaborated with Stephen Rollnick to produce Motivational Interview: Preparing People to Change Addictive Behaviour









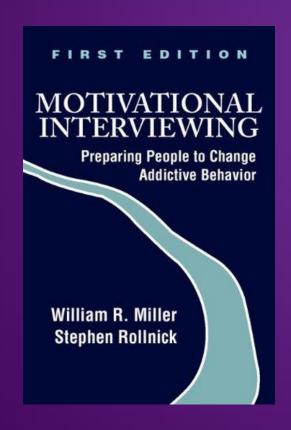
"Motivational Interviewing is a person-centred counselling style for addressing the common problem of ambivalence about change"

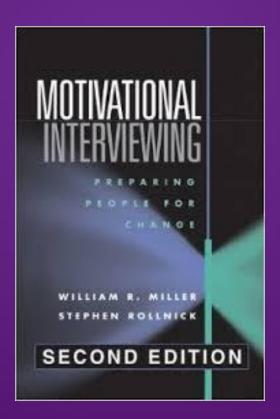
(Miller & Rollnick, 2012, p.29)

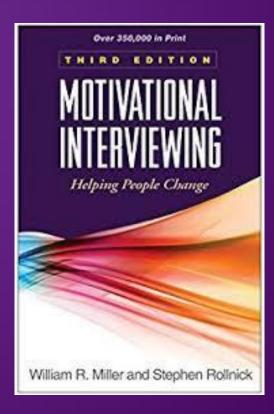


* SSSSSS

The evolution of MI (Miller & Rollnick 1991, 2002, 2012)





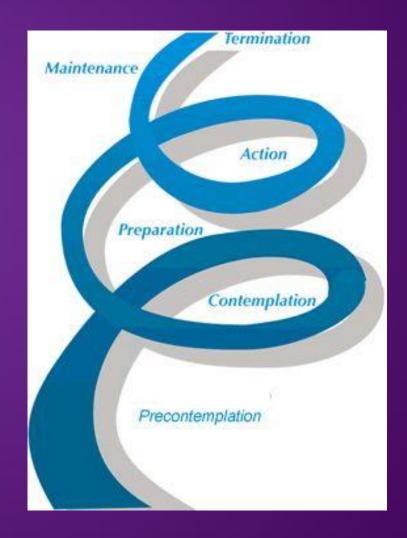




The Transtheoretical Model (TTM)

The University of Manchester





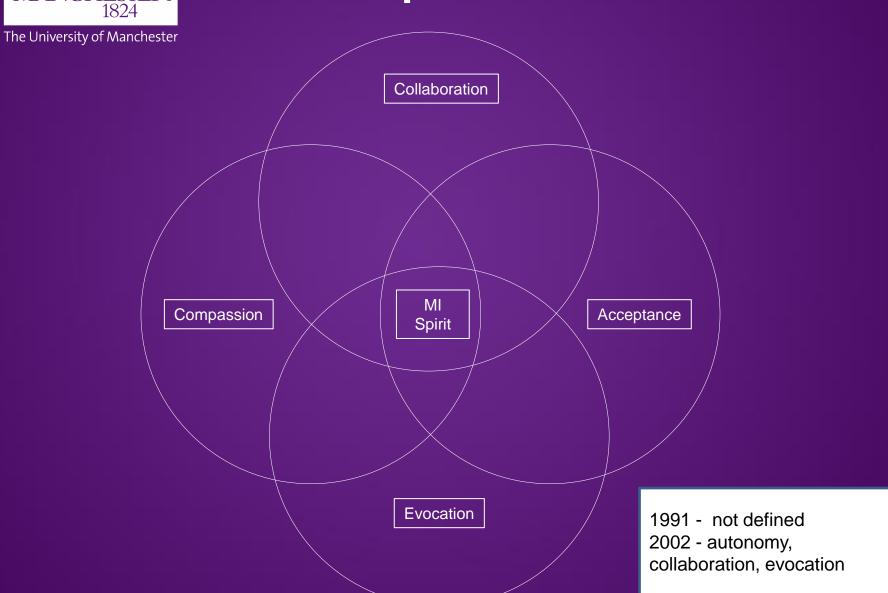


Ten things that MI is not (Miller & Rollnick, 2009)

- Distanced MI from the TTM
- "TTM is intended to provide a comprehensive conceptual model of how and why changes occur, whereas MI is a specific clinical method to enhance personal motivation for change" (p.130)
- Placed much greater focus on the spirit of MI



The Spirit of MI





Processes of MI

Planning

Evoking

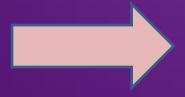
Focusing

Engaging



Skills of MI - OARS

- Open-ended questions
- Affirmations
- Reflections
- Summaries





Change talk

(statements by the client revealing consideration of, or motivation for change)



Effectiveness/efficacy of MI

- Number of randomised trials approaching 750
- Evidence of efficacy across wide range of domains
- Lots of evidence that it works... attention beginning to focus on how



Mechanisms for change

Therapist behaviours

- Empathy
- MI Spirit
- Reflections
- Open questions
- MI consistent/ inconsistent practice

Client behaviours

- Change talk
- Sustain talk
- Self-efficacy
- Self-monitoring
- Stage of change
- Motivation
- Planning

Client behaviours

- Therapeutic alliance
- Commitment strength
- Perceived behavioural control



Assessing proficiency and the Motivational Interviewing Treatment Integrity (MITI) scale

- Allows robust judgements about proficient practice
- Provides opportunities for practitioner development

Global ratings

- · Cultivating Change Talk
 - · Softening Sustain Talk
 - Partnership
- · Empathy

Cultivating Change Talk				
Low				High
1	2	3	4	5
Clinician shows no explicit attention to, or preference for, the client's language in favor of changing	Clinician sporadically attends to client language in favor of change – frequently misses opportunities to encourage change talk	Clinician often attends to the client's language in favor of change, but misses some opportunities to encourage change talk	Clinician consistently attends to the client's language about change and makes efforts to encourage it	Clinician shows a marked and consistent effort to increase the depth, strength, or momentum of the client's language in favor of change



But...

- Hard to assess
- Hard to achieve proficient practice ("MI is not easy" – Miller & Rollnick, 2009)
- Proficiency on MITI not significantly correlated with client evaluations (Madson et al, 2016)
- Constantly changing developments to MITI reflect theoretical instability



So where does this leave us as practitioners?



- How are we understanding and using MI within an range of diverse applied contexts?
- Which aspects and elements of MI guide our practice?
- Is there anything which would help us understand or use MI more effectively?



Survey link:

 https://mmu.eu.qualtrics.com/jfe/form/SV_7TL3Pfd mFBS2CRT