Co-occurring Disorder s Conference Yakima Convention Center - Yakima, WA

Quit Your Job. Get on the Bus and Go Fishing: Motivational Interviewing

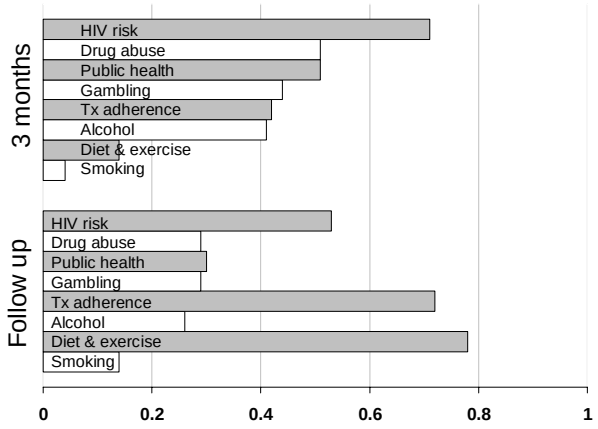
Sep 29, 2008 8:30am – 10:00 am Plenary I

Robert Rhode, Ph.D. rrhode@u.arizona.edu

Psychologists, counselors, physicians and other health care providers often encourage clients to do health promoting behaviors (i.e., try this way of thinking, journal, take your Rx as prescribed, exercise, stop smoking, decrease substance use, make appointments for care, follow a diet). Many times, this encouragement takes the form of advice. Clients may respond silently or explicitly to this well intended and accurate advice with, "Yes, but..." describing reasons not to change. Instead of this advising and directing style, motivational interviewing uses a guiding style. It is an approach for supporting client's health by helping them access their own reasons and desires to do the health promoting behavior. A health care provider who has tools in addition to giving information or advice will likely see more client improvement.

If you arrange the consultation with your client so that she finds and hears herself say her own reasons to do the healthy alternative, she will likely increase her motivation to do the behavior. This healthy alternative can also be called the target behavior and it is what you are hoping the client does more often. You will have an easier time helping your client find her internal motivation if you focus on a specific and even narrow target behavior.

The more you can help the client describe her reasons to choose the healthy alternative the more likely the client will be to move in that direction. Conversely the more the client describes why she can't change, or why it isn't worth the effort to change, or what's right about the health risky behavior, the less likely the client will be to make a change. So, it is useful to help the client say more words about doing the healthy behavior and avoiding the unhealthy behavior. If the client is saying why she can't change or doesn't want to change, it is useful to move the conversation somewhere else.



Several meta-analyses have found that a motivational interviewing approach increases health promoting behaviors by 15 to 78% over a more directive approach.

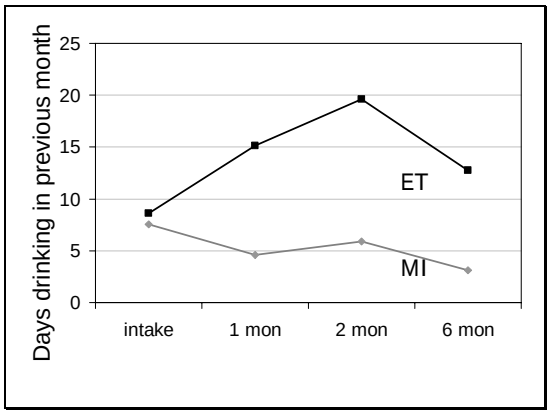
Hettema, J., Steele, J. & Miller, W. (2005). A meta-analysis of research on motivational interviewing treatment effectiveness (MARMITE). *Annual Review of Clinical Psychology, 1*, 91-111.

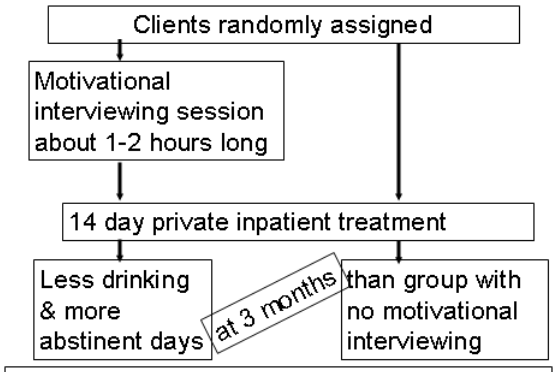
Target behavior: decreased drinking

- 30 adults with alcohol disorder & schizophrenic disorder.
- 44yo, 96% male, 20% African American, 40% Hispanic, 96% unemployed, 47% mj &/or cocaine use.
- 3 individual sessions across 3 weeks.
- MI or Education treatments.

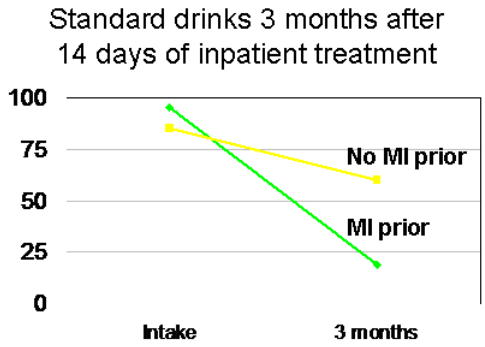
Graeber, D., Moyers, T., Griffith, G., Guajardo, E., & Tonigan, S. (2003). A pilot study comparing motivational interviewing and education intervention in patients with schizophrenia and alcohol use disorders. *Community Mental Health Journal, 39(3)*, 189-202.

MI	Education treatment
1. Emphasis on personal choice, de-emphasized labeling. Feedback on personal risk.	1. Phases & signs of alcoholism.
2. Value card sort. Decisional balance.	2. Drink refusal skills.
3. Review and possible change plan.	3. Tools for increasing self-esteem, decreasing risk of relapse.





Brown, J. & Miller, W. (1993). Impact of motivational interviewing on participation and outcome in residential alcoholism treatment. Psychology of Addictive Behaviors, 7, 211-218.



"Adding 1 MI session at intake doubled the abstinence rate at follow-up. This is also the program that decided not to implement MI despite the data from their own site."

Target behavior: Attending aftercare appointments

- 121, initially involuntary admits to inpatient treatment (12 days) with substance disorder &/ or mood or psychotic disorder.
- 35yo, 36% female, 47% African American, 45% Hispanic.
- 15 minute readiness assessment and feedback early in inpt stay. 60 min MI prior to discharge.
- TAU standard intake, discharge.

Swanson, A., Pantalon, M. & Cohen, K. (1999). Motivational interviewing and treatment adherence among psychiatric and dually diagnosed patients. Journal of Nervous and Mental Disease, 187(10), 630-635.

Nursing intervention to increase adherence.

20 clients of clinic, HIV+, HAART.

42yo, 88% Black, 38% high school.

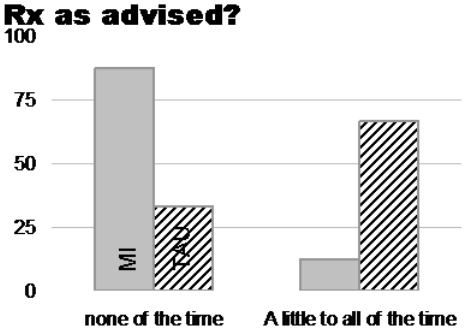
0% married or committed relationship.

12 yr since HIV diagnosis.

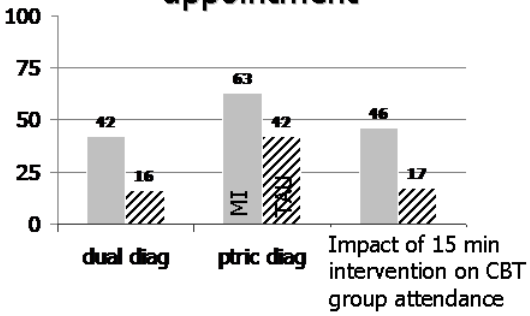
3 Rx

Dilorio, C., Resnicow, K., McDonnell, M., Soet, J., McCarty, F. & Yeager, K. (2003). Using Motivational Interviewing to Promote Adherence to Antiretroviral Medications: A Pilot Study. Journal Of The Association Of Nurses In Aids Care, 14(2), 52-62.

How often in past month were you unable to take your Rx as advised?



% attending first outpatient appointment



Impact of 15 min intervention on CBT group attendance

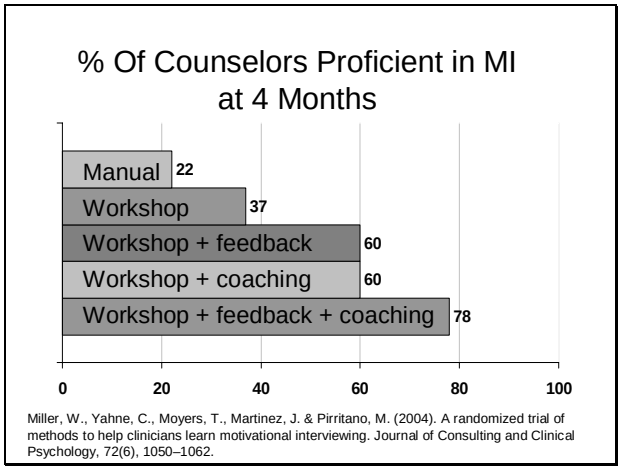
Nursing intervention to increase adherence.

- Get Busy Living
  - 3 individual sessions using motivational interviewing, 2 weeks apart.
  - Also received videotape, journal for describing experiences of taking Rx, info re their Rx.
- Usual care at clinic

Experiment with bringing these elements to your consultations or interactions:

a) **Collaboration**: coming along side, joining up, looking at the client's life or situation with the client, partnering with the client to consider a difficult situation.
b) **Respecting the client's autonomy**: it's the client who has to do the health promoting behavior, supporting that the client can decide to change now, or later, or not at all.
c) **Curiosity**: mining for, fishing for, nurturing change talk, acting "as if" you don't know and soliciting what the client knows.

Instead of doing this:	Try this and see if you like the results:
Explaining why he or she should do the health promoting behavior.	Listen with the goal of understanding the client's dilemma of doing the health promoting behavior. Give NO advice.
Describing specific benefits that would result from doing the health promoting behavior.	Ask, "What might be the benefit of doing this health promoting behavior?"
Telling him or her how to do the health promoting behavior.	Ask, "How might you do this health promoting behavior so it fits in your life?"
Emphasizing how important it is for the client to do the health promoting behavior.	Ask, "Why is it important to you to think about or do this health promoting behavior?
Telling or inspiring the client to do the health promoting behavior.	Ask, "Why would you want to enhance your health?



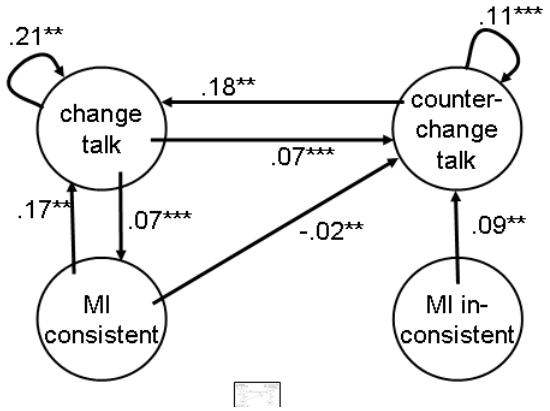
Miller, W., Yahne, C., Moyers, T., Martinez, J. & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. Journal of Consulting and Clinical Psychology, 72(6), 1050–1062.

- 22% of participants who read the book demonstrated MI skills with clients.
- 37% who attended a 2-day training demonstrated MI.
- 60% who attended the training and received feedback OR coaching on using motivational interviewing with specific situations occurring with their clients used MI.
- 78% who attended a training & received feedback & coaching demonstrated MI.

Listen for the "dancr steps":

Desire to change
Ability to change
Need to change
Commitment to change
Reasons to change
Steps - behavioral steps, not the target behavior, but steps that go in the direction of the target behavior or desired change.

These are categories of client change talk you are hoping to hear. When you hear them you want to reinforce them. If you are not hearing them, you want to do something to solicit them.



If a clinician uses motivational interviewing consistent skills (affirm, emphasize personal choice, elicit permission to give advice, & support)

- Change talk follows 17% of the time, significantly above base rate.
- Counterchange talk follows only 2% of the time, significantly below base rate.
- Change talk follows change talk 21% of the time, again significantly above the base rate.

If a clinician uses motivational interviewing inconsistent skills (advice or raise concern without permission, confront, direct, warn)

- Counterchange talk follows 9% of the time, significantly above base rate.
- Change talk follows 0% of the time.
- Counterchange talk follows counterchange talk 11% of the time, again significantly above the base rate.

Why are researchers and clinicians interested in change talk?

- 16% of the percent of days abstinent 9 to 15 months after treatment is predicted by the percent of days abstinent at the start of treatment.
- 19% of the percent of days abstinent 9 to 15 months after treatment is predicted by the amount of change talk and counterchange talk in the first session of treatment.
- 34% of the number of drinks on a drinking day 9 to 15 months after treatment is predicted by the amount of change talk and counterchange talk in the first session of treatment.

Moyers, T., Martin, T., Christopher, P., Houck, J., Tonigan, S. & Amrhein, P. (2007). Language as a mediator of motivational interviewing efficacy: Where is the evidence. *Alcoholism: Clinical and Experimental Research, 31(S3)*, 40S-47S.

When the client has few thoughts or statements about doing the health promoting behavior and perhaps wants to continue with the health risk behavior keep in mind OARS:

Open ended questions about the client's experience - learn the details of how the client has the health risky behavior as part of her life. Open ended questions are those kinds of questions that facilitate more words from the client.

a. Ask where the health risky behavior fits in with lifestyle, health, or stress.
   "Where does _____ {health risky behavior} fit in with the trouble falling asleep?"
   "So _____ {health risky behavior}helps you unwind at the end of the day. What else does it help with?"
   "How does _____ {health risky behavior} relate to your weight?"
b. Ask the client to describe her typical day, from morning to evening, so you can hear the context in which the health risky behavior occurs. The information you need to help the client is in the details.
c. Ask the client why she stops, or changes even temporarily, the health risky behavior when she does as opposed to continuing doing it.
d. Other examples
   "You partner has some concerns but you tell me how you see things."
   "What have you noticed about your _____ {health risky behavior} in the last years?"
   "What do you like or enjoy about _____ {health risky behavior}?"

Affirm - comment favorably on a trait, attribute, or strength of the client. The reference should be to something positive that refers to an aspect of the client that would endure across time or situations (smart, resourceful, patient, strong, etc.), although it may also be for effort ("I appreciate your willingness . . ." "I appreciate your getting here today."). This characteristic might be something that would be behind the health promoting behavior ("You really want to be the best mother you can be." would be a characteristic that could be associated with any number of health promoting behaviors).

Reflect or paraphrase is one of the primary ways a client is likely to register that you are listening. It is a key part of empathy which is central to facilitating change. One way to create some simple reflections is to take your question about the client's health risky behavior that you have in your thoughts and say it as a statement. That is, turn your voice tone or inflection down, rather than up, at the end of the statement. Another way is to continue the paragraph the client is saying. That is, add some additional meaning or clarification.

Summarize several things that the client has said so as to help him or her hear a pattern that you might be hearing. Collect the instances of change talk the client has said over several minutes and offer them back to the client. This allows the client to hear again his or her motivation to change. You can also use a summary to capture the ambivalence the client may have described. Summaries are also useful when you are intending to make a transition to another part of the interview or a different focus.

Reflective listening is central and foundational to motivational interviewing.

Closed ended question (answered with few or one word): Do you think you are an alcoholic?
Open ended question (pulls for more words in the answer): How do you describe or make sense of your drinking pattern?
Reflect (no question, just a statement): You have been thinking about your drinking pattern and wondering if you are an alcoholic.

- If you can't easily and reliably use reflective listening you are unlikely to be using motivational interviewing.
- Most counselors believe they are frequently using reflective listening. The data does not support that view.

- At minimum you want 50% of your questions to be OEQ.
- Experts of MI have 70% or more of their questions as OEQ.

- To increase a client's internal motivation you want to use reflective listening at least as often as you ask questions.
- Experts of MI use reflective listening twice as often as they as ask questions.

What happens with a question & answer pattern
If counselor asks closed ended questions or too many questions, client is inadvertently trained to:

- Provide short answers.
- Wait for next question rather than use his experience to learn or explore ambivalence.
- Reduce self-motivational statements.

Why not just ask?
- A question pulls the client out of his or her experience and into observing him or herself.
- Your goal is to have the client experience the ambivalence not just talk about it.

Turn your Questions into Reflections
1) Think of the question you want to ask.
2) Guess how the client might answer.
3) Say your answer out loud.
    a) Don't emphasize it as definite and don't ask if you are correct.
    b) Don't let your voice tone go up at the end.
    c) Use a tone of voice like asking about the weather.

Responding to Resistance Talk
Sep 29, 2008 3:30am – 5:00 pm Workshop Session 2

Whenever the client describes why she can't change, or why it isn't worth the effort to change, or what's right about the health risky behavior you want to do something to move the conversation away from that. The client is more likely to change his or her thinking and behavior based on what he or she says or feels rather than on what you say.

You will have an easier time doing motivational interviewing if you think about resistance as:
- An observable behavior during the session & not as a trait or something the client has.
- Something the client does possibly in response to what you are doing.

Resistance talk is the opposite of change talk. The client might be saying she has,

No or low Desire to change.
No or low Ability to change.
No or low Need to change
No or low Commitment to change.
Few or no Reasons to change, and/or is
Taking Steps that move away from the health promoting behavior.

Arguing & wrestling decreases rapport with the client. But more importantly, resistance talk is a signal to change how you are talking to the client.At such times it is useful to roll with resistance talk rather than confront, advise, direct, or otherwise resist back.

Maybe remember this as "SAD RIFT."

Simple reflection: demonstrating that you understand the meaning of the client's statements.

client: I don't really have a problem. I just have to manage all this anxiety when I am at work.
counselor: The real reason you drink has to do with the anxiety you often feel.

client: I had thought I might be drinking too much, but I haven't missed drinking in the last several days since being here.
counselor: So from the viewpoint of missing alcohol you don't think you have been drinking too much.

client: I drink because I drink. There is no particular mood or events that led to drinking for me.
counselor: You don't see a pattern other than you choose to drink.

Amplified reflection: reflecting back what the client has said about no or low desire, ability, need, commitment, or reasons in a more intense or extreme form so as to facilitate the client taking note of her desire, ability, need, commitment, or reasons for change.

client: I don't have a problem unless my friends come by to party. They don't have to work so they can stay out all night.
counselor: You can make your own choices except when these friends make you party.

client: I doubt if there is a problem. I don't have difficulties doing my work.
counselor: As long as the work is getting done everything is OK.

Double-sided reflection: reflecting back what the client is saying now and some other things the client has said previously that might highlight his desire, ability, need, commitment, or reasons for change.

client: I don't see how my liver enzymes can be that high. My doctor just 2 months ago said that I was fine.
counselor: It doesn't seem possible that your liver could have changed so quickly even though you recognize your drinking has increased some in the last months.

client: I'd hate to have to never drink again. You know, stop all together.
counselor: You don't want to have to avoid drinking but you don't want to be causing yourself any undue risks either.

Reframing: using the same observations the client has described to provide a meaning that is likely more consistent with the target behavior or health promoting behavior.

Observation the client has made	Attendance at several AA meetings, promises to self and others to stop drinking, inpatient treatment several years ago, antidepressants, and individual therapy has not produced abstinence.
Meaning client might give this observation	Nothing works; I can't stop or be helped.
Meaning you might want the client to have	You have been motivated enough to try a variety of possibilities. Some things produced some change.

Individual choice emphasis: emphasizing the client's personal choice and control by explicitly and implicitly stating that the client is response able and is the one to make and carry out decisions. You are available to provide guidance but not "the truth" or "the answer" or "the one right way." This explicitly respects the reality that it is the client who will do or not to the target behavior.

client: I don't know if I have a drinking problem or not. I don't want to go to AA.

counselor: You are not sure what you want to or need to do about your drinking. You're hoping there are things you could choose to do other than AA.

Focus change: moving away from an issue about which the client has said a number of words that seem to indicate little possibility of changing now, and focusing on something about which you and the client already agree or are more likely to agree.

client: I am bored. I am bored with my life. I can't see going on for another five years, so what does it matter whether I drink or not.

counselor: There is no incentive to do much of anything anymore. Tell me how your days go; you know what you actually have to do in the morning, afternoon, and evenings.

Ways To Help the Client Access Additional Reasons to Change
Sep 30, 2008 10:15am – 11:45 am Workshop Session 3

When the client has some thoughts about doing the health promoting behavior and is considering changing, think of increasing the client's sense of

DISCREPANCY. This is the discrepancy between where he is now and where he intended to be. There are at least six ways that are often used in the process of motivational interviewing to help the client experience this discrepancy. With all the developing discrepancy strategies your tone of voice has to be even and without implication that there is a particular answer. You should sound like you are talking about the weather with no investment in the listener liking or not liking the current weather.

Good and not-so good things.

1. Ask, "What are some of the good things about _____ {the unwanted or problem behavior like not exercising, eating high calorie or high fat foods, or not checking blood levels, etc.}?"

    Facilitate a comfortable but quick pace.

    Elicit what you think are all of the reasons then summarize to make the transition to the question you will ask in #2.

2. Ask, "What are some of the less good things (or things you like less) about _____ {the unwanted or problem behavior like not exercising, eating high calorie or high fat foods, or not checking blood levels, etc.}?"

    Do not ask for "problems" or "concerns."

    Elicit these 1 by 1 & slower, paraphrasing each maybe.

3. Maybe ask after each one, "How does this affect you?" or "Does this concern you?"

4. Summarize & wait for the client's response or summarize & ask what the client is thinking she will do now?

Outlook on the future. Open ended questions about what the client is imagining for the future, both with and without the health risky behavior.

"How do you think this _____ {health risky behavior} is going to get worse?"
"What are you worried about the most with this _____ {health risky behavior}?"
"What do you imagine will happen if you don't make a change now?"
"What things might go away or not happen if you continue to _____ {health risky behavior}?"
"How do you see yourself in 5 years?"
"What does somebody who you think is successful at your work do in that situation?"
"How will it be when your son is 15?"

Open ended questions that pull for the client to express his DANCR steps to change:

"Tell me more about your desire to see this change."

"What other things have you changed like this one?"
"How do you think you would do at changing this now?"
"What reasons to you have now to make this change?"
"What do you think the next step is?"
"What plan of action do you have for next time?"

Anxieties with the health risky behavior. Open ended questions about anxieties, specific events, or concerns.

"In your daily activities how does your concern about _____ {health risky behavior} come up?"
"What things during the day don't you do because of your _____ {health risky behavior}?"
"When is it that you don't like how you feel because of _____ {health risky behavior}?"
"What things have been happening that you have been thinking about your _____ {health risky behavior}?"
"What makes you think this is a problem?"
"What isn't working anymore about your _____ {health risky behavior}?"
"What don't you like about your _____ {health risky behavior} regularly?"
"How does your _____ {health risky behavior} and _____ {other health symptom} concern you?"

Values that go with the health promoting behavior. Connecting things the client values with the _____ {health promoting behavior}. Here, and with all the developing discrepancy strategies, you want to demonstrate your curiosity: what values or reasons does the client have?

"How does the _____ {health risky behavior} help or hurt your work?"
"What are the things that matter the most to you now? What do you do each day to make those things happen?"
"If 100 stands for how you would like to be or how you would like your life to be, where are you today? When have you been closest to 100?"

Elicit-Provide-Elicit

1. Elicit whether the client is interested in learning something you think might be helpful or relevant. If the client declines, stop. Providing information now is apt to make change less likely.
2. If the client is interested, provide the information or concern you have.
3. Elicit the client's interpretation of that information, how she thinks it applies to her, what sense she makes out of it, or otherwise emphasize that the client is the one to decide what to do with the information or your concern.

Before you start a session with a client whom you have seen before, imagine some of the experiences this client might describe that he or she may see as reasons for not reducing his or her drug use or for not accepting treatment recommendations. If you want to consider new clients, think of the most frequent experiences reported by clients who are starting to receive services in your agency that they may see as reasons for not reducing their drug use or for not accepting treatment recommendations. Write these here:

Write how you might respond to these reasons using any of the SAD RIFT ways:
Amplified reflection

Double sided reflection

Reframing

Emphasizing individual choice & control.

Write how you might facilitate the client experiencing discrepancy using any of the GO AVE ways:
Looking at his life earlier

Describing his outlook on the future

After you have finished a session with a client, write the instances of "sustain talk" that you can recall:

What, if any thing do you think you might have done to create this "sustain talk?"

What would you consider saying next time you hear this kind of "sustain talk?"

Another way to enhance your practice

Audiotape a session with a client. By yourself or with someone else:
Count the number of open ended questions and closed ended questions. To be consistent with a motivational interviewing style you want at least 50% of your questions to be open ended.

Count the number of reflections you make. To be consistent with a motivational interviewing style you want at least twice as many reflections as questions, & you want at least one reflection every minute.

Did you talk less than the client? To be consistent with a motivational interviewing style you want the client to talk about twice as much as you.

Listen for where you did or could have solicited or reinforced any client DANCR step statements toward the healthy alternative.

Look at each instance where you gave the client advice. Did you use the elicit – provide – elicit format or in some other way ask for permission and ask the client to consider how the advice fit for him?

Did you warn the client of any possible consequences, confront the client regarding his behavior, or raise concerns without using elicit – provide – elicit? To be consistent with a motivational interviewing style you want none of these behaviors.

Receiving feedback and coaching on your consultations with your clients is one of the fastest ways to enhance your skills for increasing client motivation. Such can be arranged with Robert Rhode [rrhode@u.arizona.edu] or other motivational interviewing trainers.

Steps your staff might use on the way to enhancing their motivational interviewing skills.

1. Experiment with curiosity or MI spirit.
2. Recognize change and resistance talk.
3. Use client centered skills.
4. Roll with resistance talk.
5. Elicit change talk or develop the client's experience of discrepancy.

- Steps could be used to structure learning.
- Each step is foundation for next step.
- Evaluation of steps can be part of supervision.

Miller, W. & Moyers, T. (2006). The eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions, 5(1),* 3-17.

1. Experiment with curiosity or MI spirit
    - Does not need to be present initially in order for staff to start experimenting with using a motivational interviewing style or approach.
    - MI spirit may be learned from the therapist-client dance as much as the therapist having it as a trait.

2. Recognizing change and resistance talk.
    - Strength of commitment talk may predict behavior change.
    - Commitment talk in particular, and change talk, is very important to monitor when the client is receiving feedback on the impact of his health risky behavior or a change plan is being developed.
    - Practice recognizing change and resistance talk:
        - In a transcript.
        - In an audio tape with a transcript.
        - In an audio tape.
        - Supervisors might do well to be generous in reinforcing the identification of change talk. Better too over recognize than under-recognize.

3. Practice using client centered skills.
    - Take a list of closed questions and make them open.
    - Take a list of open questions and make them into reflections.
    - Do intakes with no questions until the end.
    - Conduct lunch or meetings with no questions.

4. Roll with resistance talk.
    - Without ability to respond to resistance talk, staff may not hear much change talk.
    - Train, “Hear resistance talk, think ambivalence.”
    - Train reflection to the point that it can be done easily without using up all the time and capacity for thinking about what’s next.
    - Staff that are having difficulty rolling with resistance may have reasons not to:
        - Desire to be the expert.
        - Belief that a certain change model is best.
        - How can you let client win?
        - What would happen if you…

Hiring new staff
- Have candidate talk with another staff member.
    - Staff member talks about what it was like growing up or something he or she feels two ways about.
- Candidate doesn’t have to change anything. Just listen. Staff member talks in response.
- About 10 min. Candidate summarizes at end.
- Make observations of
    - frequency & quality of reflections.
    - MI spirit.

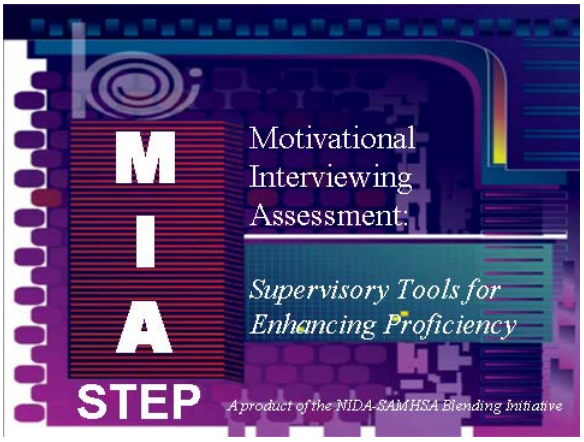
Tips for making recordings of counseling sessions to be used for coaching:

1. Use an external microphone, boundary microphone, or 2 tie clip microphones.
    - The microphone on the cassette recorder picks up the tape recorder noise as much as voices.
2. Use regular size cassettes, not those used in dictation machines.
    - Dictation recorders are designed to pick up someone who is speaking about 6 inches from the microphone.
    - Olympus VN-4100PC About $50
3. The counselor and client have to be clearly audible on playback.
    - With the volume control on playback turned up no more than 1/3 to ½ of the maximum volume both client and counselor should be clearly heard.
4. Do NOT use any voice activated recording setting. This starts and stops the tape based on whether someone is talking.
    - In order to rate the quality of motivational interviewing skills the silence has to be included.
    - Any individual session that is 20-minutes or longer can be used.
5. Intakes where the counselor is just completing paperwork or asking questions based solely on some standardized intake form are not a representative sample of interviewing. However, intakes where the counselor is learning about the client and his or her substance use, and his or her goals, without following some predetermined form are useful.

Peer practice group recommendations from Bill Miller

1. Schedule regular meetings for the sole purpose of working together to strengthen MI skills. Don't let administrative details or other agenda fill the time. An hour meeting twice a month would be one possibility.
2. In early meetings, it may be helpful to discuss specific readings that the participants have done between meetings. There is a list of books and articles at www.motivationalinterviewing.org. A "journal club" of 20 minutes or so might be added.
3. A key learning tool: listen to and discuss tapes of participants' MI sessions. A rotation schedule can be arranged so that participants take turns bringing in new tapes. A 20-minute or less segment of tape is probably about right.
4. Written permission should be obtained from clients for this use of recording, explaining how the tapes will be used, who will hear them, and how and when the tape will be destroyed.
5. Rather than simply listening to a tape, make use of some structured coding tools. Some examples are:
   Counting questions and reflections
   More generally coding OARS
   Coding depth of reflections (simple vs. complex)
   Counting client change talk, and noting what preceded it
   Tracking client readiness for change during the session, and key moments of shift.
6. In introducing a session to be heard by the group, indicate what target(s) for behavior change were being pursued. Without this, it is not possible to identify change talk, which is goal-specific.

7. The person who did the interview might comment first on its strengths and areas for improvement.
8. The group may also watch "expert" tapes, coding and discussing the skills being demonstrated in them.
9. The group may focus on practicing and strengthening specific component skills of MI. Generating responses based on SAD RIFT or GO AVE.



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MI strategies and spirit were integrated into the clinics' existing intake process.
MI Sandwich concept:
MI strategies during opening 20 min.
Transition to intake assessment.
MI strategies for closing 20 min.
Used with diverse substance problems.
Appropriate for "all comers."

People receiving MI / intake / MI completed more sessions in first 28 days than those receiving standard intake.
More clients remained in treatment if they had a motivational interviewing style used in their initial intake.

Some additional resources you might use to further your learning

Several readings, each about 2-3 pages, are found on the web site http://motivationalinterview.org/clinical/index.html

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Ingersoll, K., Wagner, C., & Gharib, S. (2000). *Motivational Groups for Community Substance Abuse Programs*. Richmond, VA: Mid-Atlantic Addiction Technology Transfer Center. http://www.mid-attc.org (800) 828-9910 Mid-Atlantic Addiction Technology Transfer Center, PO Box 980205, Richmond, VA 23298-0205, $17.50 About 125 pages.

Martino, S., Carroll, K., Kostas, D., Perkins, J. & Rounsaville, B. (2002). Dual Diagnosis Motivational Interviewing: a modification of Motivational Interviewing for substance-

abusing patients with psychotic disorders. *Journal of Substance Abuse Treatment, 23,* 297– 308.

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Miller, W., Yahne, C., Moyers, T., Martinez, J. & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology, 72(6),* 1050–1062.

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TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment http://www.tnclearinghouse.com/WebOrderForms/TIPTAPOrderForm.htm or http://www.treatment.org/Externals/tips.html About 240 pages.

Velasquez, M., Maure, G, Crouch, C, & DiClemente, C. (2001). *Group treatment for substance abuse. A stages-of-change therapy manual.* NY:Guilford. About 220 pages.

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