


***Motivational Interviewing:
The “WD-40” of behavior change***

Sean LeNoue, MD, and Rob Reff, PhD

Wednesday, September 14, 2022




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Quick overview of logistics

Our speakers will give a 75-minute presentation.

Following the presentation, there will be a dedicated time to answer your questions.

- Please use the **Q&A feature**, located in the toolbar at the bottom of your screen, to send your question to the moderator.
- The moderator will review all questions submitted and select the most appropriate ones to ask the presenter.



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Disclosures

Sean LeNoue, MD, and Rob Reff, PhD, have each declared that they do not, nor does their family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation.

The presenters have each declared that they do not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Articulate at least three ways MI strategies can be used in a collaborative and client-centered approach in pursuit of behavior change.
2. Identify at least three resources clinicians can use to improve in MI skills and knowledge.

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What we'll cover in this webinar

The scope of the problem

- Brief overview of current mental health needs nationally
- Brief overview of provider burnout concerns nationally
- Review of resistance/apathy/non-engagement level set


Motivational Interviewing: Origins, overview, current state

- Brief history of motivational interviewing and overview of MI approach
- Specific research regarding effectiveness of MI on range of clinical presentations and situations
- Vignettes and case examples

Next steps: Training, assessment, and goal setting


- Overview of training goals and modules for self and others
- Overview of self-assessment tools and how to use with self and others
- Ways to enhance current practice with specific MI tools and ways of thinking about patients

Moderated Q&A



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September is National Recovery Month



National Recovery Month
Every Person. Every Family. Every Community.
SAMHSA
Substance Abuse and Mental Health Services Administration

- Started in 1989 to increase national awareness of those in mental health and addiction recovery
- Focus is on evidence-based treatment and recovery practices and those who make this possible (service providers and recovery communities)

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The scope of the problem

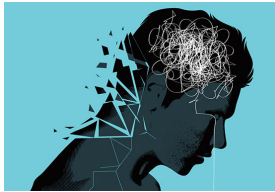


Please use the Q&A feature to send your questions to the moderator.

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Suicide – Current statistics (US)

- “The percentage of adults reporting serious thoughts of suicide is 4.58% (11.4 million) - **an increase of 664,000 people from last year's data set**” (Reinert et al., 2021, p. 22)
- Deaths by suicide and suicide attempts continue to increase among adolescents (SAMHSA, 2021)
- Approximately 10% high school students attempted suicide in 2021 (Jones et al., 2022).




(APA 2022)

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Mental illness - Current statistics (US)

- Approximately 20% of adults (> 50 million) report a mental illness (Reinert et al., 2021)
- 1 in 6 youth experience a mental health disorder (NAMI 2022)



You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

1 in 5 U.S. adults experience mental illness


1 in 20 U.S. adults experience serious mental illness

17% of youth (6-17 years) experience a mental health disorder

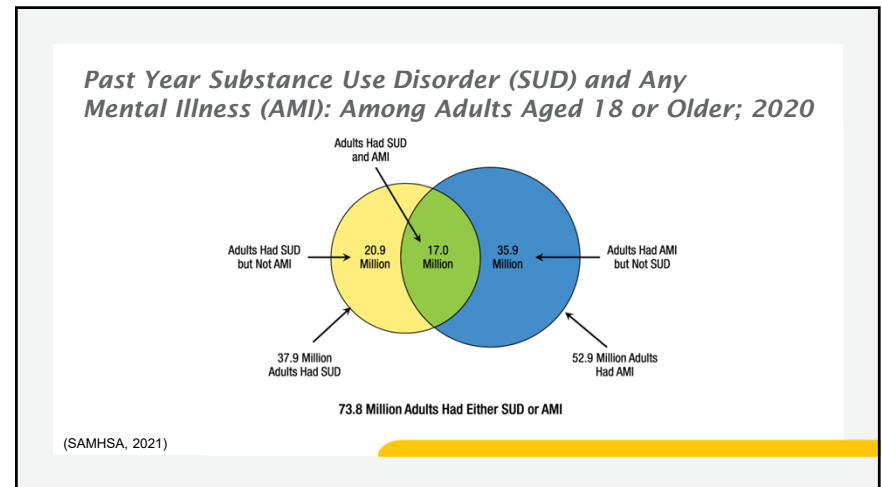
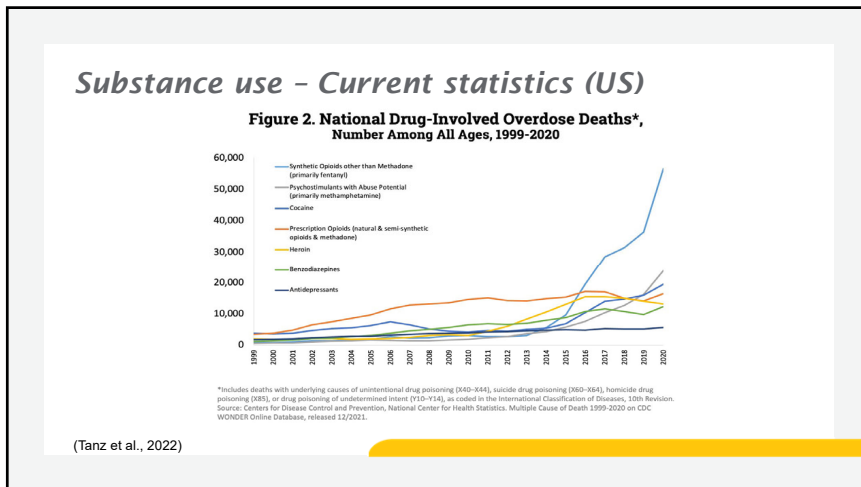
(NAMI 2022)

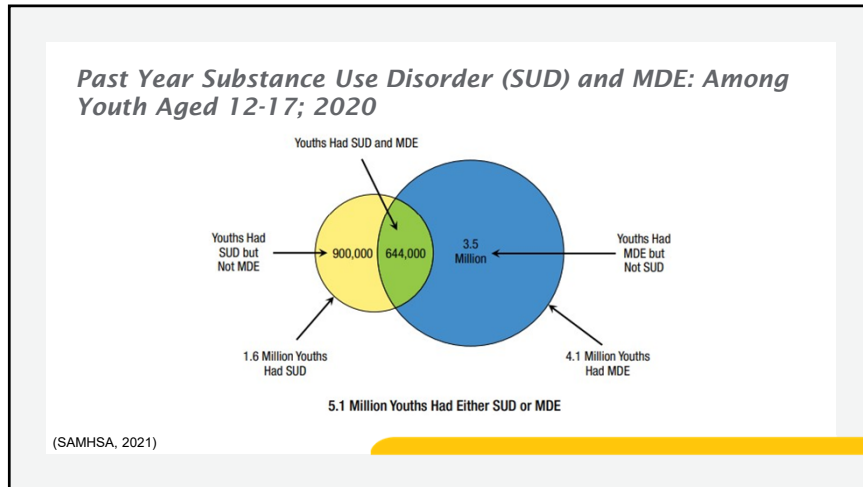
Substance use - Current statistics (US)

- 58.7% (162.5M) Americans >12 years old used tobacco, alcohol, or illicit drug in the past month
- 14.5% (40.3M) Americans >12 years old met criteria for SUD in the past year
- >40M Americans needed SUD treatment in the past year



(SAMHSA, 2021)





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Provider burnout concerns

de Sousa et al. (2021) performed a meta-review to determine impact of COVID-19 on general population and health care workers

- Initial review a total of 372 studies of which they selected 36 based on inclusion criteria
- Psychophysiological stress was found to be higher for health care workers (38%) than the general population (21%)
- Health care workers and general population shared a similar rate of psychopathology

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US Surgeon General Advisory: May 2022

Addressing Health Worker Burnout

Shortage of:

- 3,000,000+ essential low-wage workers by 2028
- 140,000+ Physicians by 2033

Note: An American Psychological Association report projects a shortage of 25-30,000 psychologists (APA, 2018)

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Addressing health worker burnout

Burnout was already high prior to the COVID-19 pandemic

- According to a 2019 report from the National Academies of Sciences, Engineering, and Medicine, symptoms of burnout were reported by:
 - 35-54% nurses and physicians
 - 45-60% medical students and residents

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Resistance/apathy/non-engagement

- Supervisees may comment on a patient’s resistance, apathy and non-engagement as a problem with the patient
- According to the co-founders of Motivational Interviewing (Miller & Rollnick, 2013) this is *not* a problem with the patient but rather a problem with the **therapeutic relationship**
 - Miller & Rollnick reframe these into “**discord**” which requires at least two people
 - Symptoms of discord may include **arguing, interrupting, denying, and ignoring**

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Resistance/apathy/non-engagement

Treat the discord as a “**warning light**” – an indicator to slow down, re-examine, and challenge your assumptions



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Motivational Interviewing: Origins, overview, current state



Please use the Q&A feature to send your questions to the moderator.

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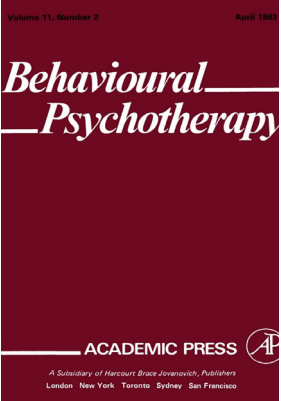
Origins

CLINICAL SECTION *Behavioral Psychology*, 1983, 11, 147-172

Motivational Interviewing with Problem Drinkers

William R. Miller *University of New Mexico*

Motivational interviewing is an approach based upon principles of experimental social psychology, applying processes such as attribution, cognitive dissonance, and self-efficacy. Motivation is conceptualized not as a personality trait but as an interpersonal process. The model de-emphasizes labeling and places heavy emphasis on individual responsibility and internal attribution of change. Cognitive dissonance is created by contrasting the ongoing problem behavior with salient awareness of the behavior's negative consequences. Empathic processes from the methods of Carl Rogers, social psychological principles of



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Origins

When Motivational Interviewing first appeared in the literature, the initial focus was “problem drinkers”

“Thus, all types of failure — failure to become involved in treatment, to remain in treatment, to comply with therapeutic regimen, or to achieve a successful outcome — are attributed to motivational properties of the individual's personality” (Miller, 1983, p.147)

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Origins

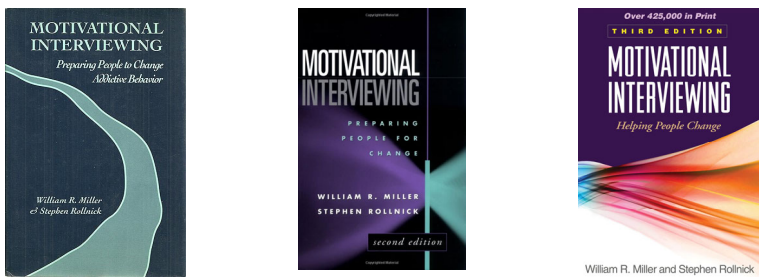
“On the other hand, therapeutic successes are frequently attributed to qualities not of the individual but of the program. Counselors and treatment programs are pleased to take pride in the successes they have ‘produced’” (Miller, 1983, p.147-8).

“All of this is a comfortable attributional system for the therapist. Successes are due to the skill and quality of the counselor or program; failures are due to insufficiency in the client: insufficient motivation or compliance or insight or deterioration or desire” (Miller, 1983, p.148)

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Origins

Made popular and widely available through *Motivational interviewing: Helping people change* (Miller & Rollnick, 1991, 2002 & 2013)



William R. Miller and Stephen Rollnick

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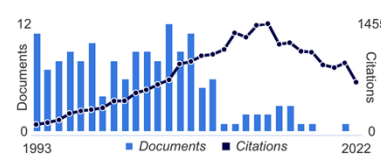
Origins - Impact

Miller, William R.
Author Profile (Scopus, 2022)

Metrics overview

- 198 Documents by author
- 23669 Citations by 15428 documents
- 74 h-index: [View h-graph](#)


Document & citation trends



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Brief overview of MI approach

- A communication style that guides your approach with a patient that fits somewhere between being a good listener (**following**) and providing knowledge/counsel (**directing**)
- Seeks to **empower** patients to change behaviors/thoughts by **collaboratively** finding meaning, importance of that change, and **capacity** for the change
- Based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors client **autonomy**



(Miller & Rollnick 2013)

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Brief overview of MI approach

Especially useful when:

- **Ambivalence is high**
"I'm stuck, I just don't know what to do."
- **Confidence is low**
"It's too hard, I don't think I can."
- **Desire is low**
"Part of me wants to but part of me doesn't."
- **Importance is low**
"How would this benefit me?"



(Miller & Rollnick 2013)

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Brief overview of MI approach

Principles

Empathy	Develop Discrepancy	Rolling with Resistance	Supporting Self-Efficacy
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Techniques

Open Questions	Reflections	Affirmations	Summaries	Eliciting Change Talk
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Spirit

Collaboration	Evocation	Compassion	Acceptance
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(Miller & Rollnick 2013)

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MI effectiveness

Motivational Interviewing Network of Trainers (MINT) maintains a controlled trials list of studies which is regularly updated

- Last update – June 16, 2022 – is 104 pages




https://motivationalinterviewing.org/sites/default/files/mi_controlled_trials_0.pdf

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MI effectiveness

Substance use disorders

- Effective in conjunction with other evidence-based treatments for reduction of alcohol & tobacco use, particularly in youth (Jensen et al., 2011)
- May be helpful in sustaining change behaviors in addition to aiding in initial change process (D'Amico et al., 2015)




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MI effectiveness

Obsessive-compulsive disorder

Meta analysis (Guzick, et al., 2021) found evidence in the current literature to show motivational interviewing in conjunction with exposure and response prevention can:

- Make treatment more effective and efficient
- Increase participation and decrease drop out



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MI effectiveness

Major Depressive Disorder and Alcohol Use Disorder



Meta analysis (Riper, et al., 2014) found evidence that adding MI to CBT show increased effectiveness for treatment for subclinical and clinical major depressive disorder from 12 studies (started with 13,407 references)

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MI effectiveness

Major Depressive Disorder in Primary Care Settings

Keeley, et al. (2016) conducted a randomized control trial comparing providers trained/skilled in MI vs control team of providers

According to the authors:

“MI training for primary care providers resulted in substantial, significant, and clinically meaningful improvements for their patients in depressive symptoms over time” (p.1002).

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MI effectiveness with medication adherence

Papus et al. (2022) analyzed randomized controlled trials that assessed use of MI to increase medication compliance with adults with chronic illnesses

According to the authors:

- Increasing literature base on this topic
- Positive effects have been shown across multiple clinical domains
- Literature is producing more information on how to adapt MI to new settings/treatments/conditions

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MI effectiveness with medication adherence

D'Amico et al. (2018) examined use of brief motivational interviewing in primary care settings to reduce **alcohol** and **marijuana** use with at-risk **adolescents**

Authors conducted a randomized controlled trial in four primary care clinics to determine if a 15-minute MI + alcohol and drug intervention would reduce alcohol and marijuana use and associated negative consequences

Found that intervention had long term positive impacts on consequences from both alcohol and marijuana use

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Multicultural considerations

Motivational interviewing has been demonstrated to have positive results with minoritized peoples* across a wide array of topics and settings

- Addressing alcohol and drug use through use of traditional practices and motivational interviewing with urban American Indian/Alaskan Native youth (Dickerson et al., 2016)
- Medication adherence with cardiac patients (Palacio et al., 2015)
- Heavy alcohol use intervention with Latino individuals (Lee et al., 2011)

* (Sensoy, et. al., (2017) used this term to define a social group that is devalued in society and given less access to its resources

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Multicultural considerations

One recent study (Surace et al., 2022) provides specific recommendations for research and practice when there is a racial mismatch between provider and patient

While positive results (reduced alcohol use) were found with persons of color (POC) there was a tendency to have less MI fidelity with a White provider and a POC

- Less open-ended questions asked
- Fewer reflections that were coded as complex

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Multicultural considerations

When White providers are working with POC, Surace et al., (2022) recommends the following:

- Increased training and fidelity with MI
- In session prioritize the concept of patient autonomy, displaying empathy, active and complex reflection, exploratory questions to acquire a richer sense of patient experience and openness to the experiences of discrimination and oppression
- Training on POC, sexual gender minorities, and other minoritized individuals experience mental health disparities and oppression in the context of medical treatment

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Case example

Patient is a 26-year-old, White female with history of severe major depressive disorder, two suicide attempts, and multiple outpatient therapy attempts with little to no improvement. Patient current lives with her parents and is unemployed. Patient reports that she was admitted to the Depression Recovery partial hospitalization program following a suicide attempt (overdose) after a four-day inpatient stay at a psychiatric hospital.

Upon admission to the partial hospitalization program, she reports high suicidal ideation and hopelessness. She is struggling to engage with the behavioral activation assignments, speaking in group, and is refusing to take her meds. During the first family session, the father of the patient tells the therapist and his daughter that she must go to residential programming as this is not working. The patient refuses the father's request.

The father asks the therapist, "Would she qualify for residential programming?"

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Case example

MI principles:

Rolling with Resistance

- Refusing residential therapy

Empathy

- Focus on patient's struggle with father and being told what to do
- How has this felt to patient?

Develop Discrepancy

- Why is patient in treatment?
- What do they want?

Supporting Self-Efficacy

- What is the patient able/willing to do to achieve their goal?

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Case example

MI techniques:

Elicit Change talk

- Focus on the patient and their words (not parents or yours)

Open questions

- Give space for the patient to talk (ask open-ended questions)

MI spirit:

Collaboration

- Focus on you and the patient working together (not working with father)

Evocation

- Draw out patient's "Why" and how they get there (do not prescribe/impose)

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Next steps: Training, assessment, and goal setting




Please use the Q&A feature to send your questions to the moderator.

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Training

Review of multiple studies that employed a meta-analysis approach...



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Training – Gill et al. (2020): Overview

- Focus on tools to assess motivational interviewing with health care professionals
- 103 studies included in their meta-analysis which examined 12 tools with at least one study covering a tool

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Training – Gill et al. (2020): Overview

Table 3
Summary of the MI fidelity tools.

Tool	Description
BCCS	Developed to assess behaviour change counselling (an adaptation of MI), but limited testing.
BECCI	Developed to assess behaviour change counselling (an adaptation of MI), with more extensive testing and use than the BCCS.
CEMI	Client-rated tool that provides the unique perspective of the client but limits the complexity of skills it can assess.
GROMIT	Limited information on development and administration characteristics but promoted on the MINT site and appears user-friendly.
ITRS	Separates assessment of adherence and competence to create useful feedback for trainees, but no development information and costly administrative characteristics.
MIAS	Initially developed in Spanish, making it adapted to this cultural context and potentially less relevant than English tools.
MIPC	Separates assessment of functional and dysfunctional skills to provide useful feedback, but has not been updated since 2001 and has issues with development process and administration details.
MISC	Oldest tool and therefore used extensively, but high administration burden and questionable psychometric testing.
MITI	Most popular tool with extensive use and psychometric testing, with favourable results. However, it has a moderate administration burden and does not assess advanced skills well.
OnePass	Low administration burden with favourable psychometric data but requires further testing.
YACS	Separates assessment of adherence and competence, has a detailed manual, and has been adapted into a training tool, the MIA-STEP. However, it has a high administration burden and limited psychometric data.

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Training – Gill et al. (2020): Overview

Reviewed multiple variables from each tool/review including:

- Characteristics of administrators
- MI principles/techniques
- Types and adequacy of validity
- Adequacy
- Types of reliability of validity

Training – Gill et al. (2020): Overview

Table 5
Summary of the MI principles and techniques addressed by each MI fidelity tool.

	Principles				Techniques				Spirit				
	Empathy	Developing discrepancy	Rolling with resistance	Supporting self-efficacy	Open questions	Reflections	Affirmations	Summaries	Eliciting change talk	Collaboration	Evocation	Compassion	Acceptance
BECS	✓		✓	✓	✓	✓							
BECCI	✓		✓	✓	✓	✓							
CEMI	✓	✓	✓	✓	✓	✓							
GROMIT	✓		✓	✓	✓	✓				✓			
ITRS	✓	✓	✓	✓	✓	✓					✓		
MIAS	✓	✓	✓	✓	✓	✓							
MIPC	✓	✓	✓	✓	✓	✓							
MISC	✓	✓	✓	✓	✓	✓							
MISTS	✓	✓	✓	✓	✓	✓							
MITI	✓	✓	✓	✓	✓	✓							
OnePass	✓	✓	✓	✓	✓	✓							
YACS-II	✓	✓	✓	✓	✓	✓					✓		✓

Training – Gill et al. (2020): Findings

- ✓ Tools need to be selected on specific needs
- ✓ Some tools focus on one aspect and others cover multiple but less specific foci
- ✓ Feedback can be less meaningful to interviewees with the more general measures
- ✓ Match the tool to the developmental training level; few of the tools can assess for more advanced trainees
- ✓ Tools generally split between less and more demanding to administer

Training – Gill et al. (2020): Findings

Detailed assessment of all MI principles with high administrator burden:

- Yale Adherence and Competence Scale (YACS)
- Motivational Interviewing Treatment Integrity (MITI) code
- Motivational Interviewing Skill Code (MISC)

Training - Gill et al. (2020): Findings

For those with limited resources to dedicate to ongoing assessment (more efficient tools):

- OnePass
- Motivational Interviewing Supervision and Training Scale (MISTS)
- Behavior Change Counselling Index (BECCI)

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Training - Gill et al. (2020): Findings

Needing strong psychometric properties:

- Behavior Change Counselling Index (BECCI)
- Motivational Interviewing Assessment Scale (MIAS)
- Motivational interviewing Treatment Integrity (MITI) code

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Training - Gill et al. (2020): Findings

Unique contributions:

- A. Perspective of the client
 - Client evaluation of motivational interviewing (CEMI)
- B. Functional and dysfunctional skills which helps give trainees useful feedback
 - Motivational Interviewing Process Code (MIPC)
- C. Shorted feedback
 - Motivational Interviewing Process Code (MIPC)

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Training - Gill et al. (2020): Findings

Unique contributions:

- D. Microskills (behavioral counts)
 - Motivational Interviewing Skill Code (MISC)
 - Motivational interviewing Treatment Integrity (MITI) code
 - Motivational Interviewing Supervision and Training Scale (MISTS)
- E. Standard metrics for proficiency
 - Motivational interviewing Treatment Integrity (MITI) code
 - Yale Adherence and Competence Scale (YACS)

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Training – Schwalbe & Oh (2014): Overview

- Motivational interviewing skills decline over time when post training coaching and feedback are not utilized
- Authors sought to understand what is needed to sustain skills
- Reviewed and narrowed down studies from 1,735 to 21 based on inclusion criteria

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Training – Schwalbe & Oh (2014): Findings

- ✓ Amount of post training expert supervision is moderate
- ✓ 3-4 contacts with total duration of about 5 hours was needed over 6-month period to sustain the training effect
- ✓ Recommend dedicated feedback and coaching session by motivational interviewing experts monthly
- ✓ Change focus from only initial training to an ongoing learning model

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Training – Maslowski et al. (2021): Overview

- Reviewed 9,852 articles and 15 remained after inclusion/exclusion criteria
- Those 15 were part of the metaanalysis with a focus on those that assessed students across disciplines (not just mental health/addiction)
- Over 1,000 students included in the metaanalysis
- Training from bachelor's, doctoral, and medical students
- Largest proportion of students were in medical school
- Training duration varied from 2-40 hours

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Training – Maslowski et al. (2021): Overview

Outcome effect size was aggregated based on:

1. Empathy
2. Spirit
3. Adherence
4. Open-ended questions
5. Reflections
6. Reflections-to-questions ratio
7. Change plan
8. Knowledge

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Training – Maslowski et al. (2021): Findings

- ✓ Significant moderating effect was found for training length
- ✓ Most of the trainings were relatively short
- ✓ Longer training did not lead to increase mastery of skills but rather familiarity with the material
- ✓ Empathy and open-ended questions were important contributors to the aggregate effect size but authors caution these are not unique to motivation interviewing
- ✓ MI adherence and reflections-to-questions ratio are items not as widely covered with other approaches and deserve focus

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Training – Maslowski et al. (2021): Findings

- ✓ Phased approach of training
 - 1) Foundational base
 - 2) Applied micro skills
- ✓ After initial training, regular review of foundation and ongoing supervised practice are key

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Summary


- Motivational interviewing is an invaluable tool that can be utilized to treat clients/patients with a variety of needs.
- Given the ever-changing and complex needs of clients/patients, adaptive therapeutic strategies like MI can assist in creating change.
- Training & practice are key. ☺



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Time for questions and answers...

- Please use the Q&A button – not the chat – to submit your question
- If we don't get to your question, please feel free to send an email to webinars@rogersbh.org and we will follow-up with you




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Where to get additional information...




Motivational Interviewing
Assessment
Coaching
Tools for
Enhancing
Autonomy



Case Western Reserve
UNIVERSITY
Jack, Joseph and Morton Mandel
School of Applied Social Sciences
Center for Evidence-Based Practices

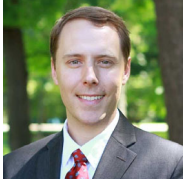
case.edu/socialwork/centerforebp/practices/motivational-interviewing/motivational-interviewing-resources

motivationalinterviewing.org/sites/default/files/mia-step.pdf




MINT
excellence in motivational interviewing

About the presenters...




Sean LeNoue, MD
Associate Medical Director,
Outpatient Services



Rob Reff, PhD
Clinical Director,
Appleton, Wisconsin

Call or visit:
800-767-4411 | rogersbh.org



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