Motivational Interviewing in the Prevention and Treatment of Depression

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The Unexpected Impact of Empathy
All Nine Counselors:

• Were delivering the same manual-guided behavior therapy (behavioral self-control training)

• Were trained both in behavior therapy and accurate empathy

• Had sessions independently observed and rated by three supervisors, including the Truax & Carkhuff scale for accurate empathy

• Were then rank-ordered (1-9) for empathic skill while delivering behavior therapy

• And when we examined 6-month client outcomes . . .

Therapist Empathy

Miller, Taylor & West (1980)
Therapist Empathy

Miller, Taylor & West (1980)
Client Drinking Outcomes Accounted for by Therapist Empathy

6 months: $r = .82$ (67%)
1 year: $r = .71$ (52%)
2 years: $r = .51$ (26%)

Miller & Baca (1983) *Behavior Therapy* 14: 441-448
Counselors’ Interpersonal Skill (Rogers) and Clients’ Drinking Relapse Rates
Basic Concepts

- A person-centered counseling style
- The patient should voice the arguments for change
- Evoke the person’s own concerns and motivations
- Listen with empathic understanding and acceptance
- Minimize resistance; don’t oppose it
- Nurture hope and optimism
- Called it “motivational interviewing”
- Conceived of MI as preparation for treatment

- A “discussion paper”

Trying It Out with Problem Drinkers: Albuquerque 1983-1989

- Problem drinkers randomly assigned to a single session of MI vs. waiting list control; given treatment referral information
- Almost no one went to treatment
- After MI, alcohol use decreased by 70%; no change in waiting list
- Both client “resistance” and lack of change were predicted by a single counselor response: Confront
- Client in-session speech very different in MI vs. more directive counseling

What is MI?

Steve Rollnick

1989

Sydney
MI has evolved through 3 Editions . .  

1991  

2002  

2013
... and Special Applications
The Diffusion of MI

Alcohol ➔ Drug Problems ➔ Health Care ➔ Criminal Justice ➔ Dentistry ➔ Mental Health ➔ Social Work ➔ Education ➔ Coaching ➔ Management ➔ Sport ➔ Spiritual Guidance ➔?
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
Acceptance

Absolute Worth

Accurate Empathy

Affirmation

Autonomy Support
The apple has not fallen very far from the tree

- Acceptance - Unconditional positive regard
- Accurate empathy – Understanding deeply
- Genuineness – Not an expert model
Four Fundamental Processes in Motivational Interviewing
Four Foundational Processes:

- Planning
- Evoking
- Focusing
- Engaging
Developments in MI

- Explosion of MI outcome research
  - >600 controlled clinical trials
- >60,000 citations (Google Scholar)
- Research on treatment process
  - The psycholinguistics of change
- Research on effects of MI training
- Reliable fidelity coding systems (e.g., MISC and MITI)
- MI Network of Trainers: >3000 trainers in 50 languages
- International Conference on MI (ICMI)
Change Talk and Sustain Talk
Opposite Sides of a Coin

Preparatory (DARN)
- Desire
- Ability
- Reasons
- Need

Mobilizing (CATs)
- Commitment
- Activation
- Taking Steps
How Motivational Interviewing is Directional

• Asking particular questions
• Selectively reflecting particular content
• Selective elaborating
• Emphasizing particular content in summaries

PS – Carl Rogers also responded selectively

What MI Research Tells Us

The data are always friendly
1. MI can impact a wide variety of behavior problems

- Small to medium effect size on average across many problem areas

2. MI often yields outcomes comparable to those for more intensive treatments

- MI is an ethically sound “general factor” comparison condition
  - Is Treatment A more effective than MI?
  - Being used as a foundational treatment in pharmacotherapy trials
3. Adding MI to another active treatment can increase efficacy

• Additive vs. “horserace” design
• Synergistic effects – the other treatment works better through improved retention and adherence
• MI works better because beyond its direct impact is the (improved) effect of the other treatment
• The effects of MI tend to endure longer (e.g. 12 months) with this kind of design
4. The efficacy of MI is highly variable

- Variability in effect across studies
- Roughly 60% of clinical trials report efficacy
- Large therapist effects
- Site by treatment interactions in multisite trials
  (MI “works” at some sites and not others)
5. Client in-session speech predicts behavior change

- The ratio of change talk to sustain talk predicts change
6. Clinicians can substantially influence the balance of client change talk and sustain talk

- Average rates in randomized trials
- A-B-A-B within-client design
- At the response level: Sequential coding
Is MI Just Client-Centered Counseling? Comparing MI with Non-directive Listening

• Patients with mild/moderate alcohol dependence
• Randomly assigned to:
  • Non-directive reflective listening (4 sessions)
  • Motivational enhancement therapy (4 sessions)
  • No further counseling
• Same therapists delivered both treatments
• 6-month follow-up (N = 122)

Sellman et al (2001) Outcome

% Patients Drinking Heavily

OR=2.62   OR=2.95

MET    NDRL    Control
7. MI can be reliably measured

- Therapist-only coding systems
  - (e.g. MITI, BECCI)
- Client-only coding systems
  - (e.g., CLAMI)
- Therapist and client coding systems
  - (e.g., MISC)
- Sequential coding systems
  - (e.g., SCOPE)
8. MI fidelity predicts client change talk and behavior change

- Multiple replications of fidelity-outcome link
- Predictors: MI-consistent ratio, empathy, spirit
- Transitional probabilities in sequential analyses
  - MI-consistent counselor response predicts client change talk
  - MI-inconsistent counselor response predicts client sustain talk
9. MI is learnable

• Training research shows significant improvement in MI practice with training
• No relationship found so far between years of education and ability to learn MI
• Reading or workshop alone seldom changes practice behavior
• Feedback and coaching based on observed practice significantly improves acquisition and maintenance of MI skills
10. Predictors of Larger Effect

• Client Characteristics
  • Low readiness for change
    • For clients ready for change, proceed to the Planning process
  • Higher state/trait anger – defensiveness

• Study Characteristics
  • Minority populations
  • No treatment manual
11. Supported Steps in a Causal Chain

MI Training
Feedback + Coaching

Increased MI Fidelity

Change

Client Change Talk
But does it work with depression?
Possible applications

- As a brief stand-alone intervention
- As a motivational pre-treatment
- Combined with other interventions
- As an integrative clinical style

A few early examples of randomized trials:
Comorbid Depression and Alcohol/Cannabis Disorder

Baseline 3 Months 6 Months 12 Months

BI(MI)  Therapy

BDI-II Score

BI = One session brief intervention with MI  Therapy = 10 sessions with therapist trained in MI

Changes in Depression (BSI-D) 1 Year after Traumatic Brain Injury

Intervention: 6 MI-based telephone calls after discharge from inpatient care for TBI

Changes in Depression (BSI-D) in HIV+Youth
All received standard care


TAU = Standard care  
TAU+MI = Standard care delivered by practitioners trained in MI
Treating Major Depressive Disorder in Primary Care

TAU = Standard care  TAU+MI = Standard care delivered by practitioners trained in MI

MI Early After Acute Stroke

12 month outcomes


OR=1.66 (1.08-2.55)  
OR=2.15 (1.06-4.38)
So after 4 decades of research we have a person-centered treatment method that is:

- Evidence-based
- Relatively brief
- Specifiable (but be careful with manuals)
- Verifiable (good fidelity measures)
- With specific mechanisms of action
- Generalizable across problem areas including depression
- Culturally adaptable
- Complementary to other treatment methods
- Learnable by a broad range of providers
and still we’re just getting started