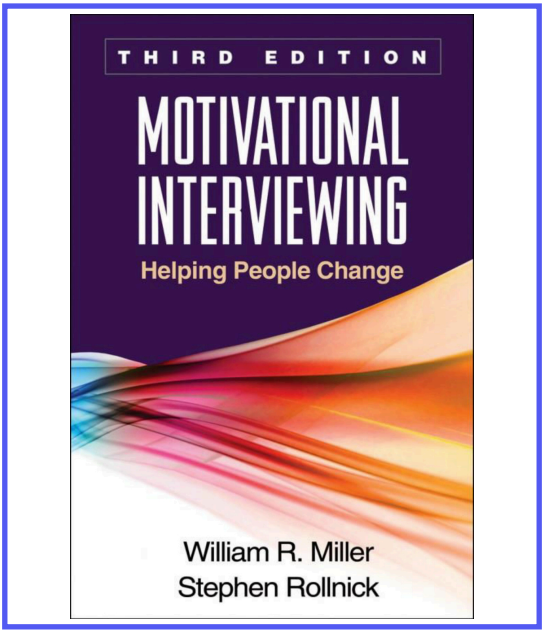


ebookbig.com

or scan the QR code to access the digital study portal.

Preface to the Third Edition

This edition appears 30 years after motivational interviewing (MI) first emerged. The concept of MI grew out of conversations in Norway in 1982, which led to the 1983 journal article in which MI was originally described. The first edition of this book, which focused primarily on addictions, was published in 1991. The second edition, published in 2002, was quite a different book, addressed to preparing people for change across a broad range of problem areas. Another decade later, this third edition is as different from the second as the second was from the first. More than 25,000 articles citing MI and 200 randomized clinical trials of MI have appeared in print, most of them published since the second edition. Research has provided important new knowledge on MI processes and outcomes, the psycholinguistics of change, and how practitioners learn MI.

With all these developments, it became clear that it was time to write a new edition. How we conceptualize and teach MI has evolved substantially. Like the second edition, this edition is about facilitating change across a wide range of topics and settings. It offers our most complete explication of MI to date, beyond its more specific applications in particular settings that are addressed elsewhere (Arkowitz, Westra, Miller, & Rollnick, 2008; Hohman, 2012; Naar-King & Suarez, 2011; Rollnick, Miller, & Butler, 2008; Westra, 2012).

Quite a lot is different in this edition, and more than 90% of the writing is new. Instead of proposing phases and principles of MI, in this edition we describe four broad processes that this approach comprises—engaging, focusing, evoking, and planning—and have organized this book around them. We hope this four-process model helps to clarify how MI unfolds in actual practice. We explore how the processes of MI may be used throughout the course of change, and not only in behavior change. Important new knowledge on the underlying processes and training of MI has been incorporated. We have explicated sustain talk as the opposite of change talk and differentiated it from signs of discord in the counseling relationship, abandoning our earlier reliance on the concept of resistance. We also address

two special counseling situations that differ somewhat from mainstream MI, but nevertheless make use of its conceptual framework and methods: counseling with neutrality (Chapter 17) and developing discrepancy with people who are not (yet) ambivalent (Chapter 18). There are new case examples, a glossary of MI terms, and an updated bibliography. Additional resources are available at *www.guilford.com/p/miller2*. We have intentionally given priority to the practical core and application of MI, placing our discussion of the history, theory, evidence base, and fidelity assessment at the end of the book.

While we know much more than we did a decade ago about the methodology of MI, what has not changed (and must not) is the underlying spirit of MI, the mind-set and heart-set with which it is practiced. Like a musical theme and variations, there is a consistent motif running through these three editions, even though the particular descriptions of MI evolve over time. We continue to emphasize that MI involves a collaborative partnership with clients, a respectful evoking of their own motivation and wisdom, and a radical acceptance recognizing that ultimately whether change happens is each person's own choice, an autonomy that cannot be taken away no matter how much one might wish to at times. To this we have added an emphasis on *compassion* as a fourth element of the fundamentally humane spirit with which we wish MI to be practiced. Erich Fromm has described a selfless unconditional form of loving that seeks the other's well-being and growth. In medical ethics it is called beneficence, in Buddhism *metta*, in Judaism *hesed* (a characteristic of a mensch), in Islam *rahmah*, and in first-century Christianity *agape* (Lewis, 1960; Miller, 2000; Richardson, 2012). Whatever the name, it involves relating to those we serve in what Buber (1971) described as an *I–Thou* valuing manner and never as objects to be manipulated (*I–It*). Some of the interpersonal influence processes described in MI occur (often without awareness) in everyday discourse, and some are intentionally applied in contexts such as sales, marketing, and politics, where compassion may not be at the heart (although it is possible). In spirit, MI overlaps with millennia-old wisdom on compassion that crosses time and cultures and on how people negotiate with each other about change. Perhaps this is why clinicians who encounter MI sometimes have a feeling of

recognizing it, as if it were something they had known all along. In a way, it is. What we have sought to do with MI is to make it specifiable, learnable, observable, and useful.

ABOUT LANGUAGE

MI is now applied in quite a wide variety of settings. Depending on the context, the recipients of MI might be referred to as clients, patients, students, supervisees, consumers, offenders, or residents. Similarly, the providers of MI might be counselors, educators, therapists, coaches, practitioners, clinicians, or nurses. In this text we have sometimes used a specific contextual term, but most of our discussion of MI is generic and could apply across many settings. As a writing convention, we have usually used the terms *counselor*, *clinician*, or *practitioner* to refer to generic providers and *client*, or simply *person,* as general terms for those served by MI. For consistency in the many examples of clinical dialogue provided throughout this book, we have marked them as exchanges between an interviewer and a client, regardless of the setting.

The term *motivational interviewing* occurs more than a thousand times throughout this book, and we have chosen to use the simple abbreviation "MI" rather than spell the term out each time, although we recognize that this abbreviation has other specific meanings as well. A variety of other terms that occur in everyday language have particular meanings within the context of MI. Most readers will readily understand these meanings from our initial explanation and subsequently from context and can consult the glossary of MI terms in Appendix A when in doubt.

ACKNOWLEDGMENTS

We are indebted to the remarkable community of colleagues known as MINT—the Motivational Interviewing Network of Trainers—for stimulating discussions that have informed us over the years as we developed the second and third editions of *Motivational Interviewing*. Jeff Allison has been a flowing fountain of inspiration and creative thinking about MI,

contributing metaphors, conceptual clarity, and so many good ideas about how to convey MI to others. The psycholinguist Paul Amrhein has contributed key insights regarding the language processes underlying MI, substantially influencing how we now understand change talk. Professor Theresa Moyers has been at the forefront of MI process and training research, advancing our understanding of how MI works by applying the scientific method while also clearly recognizing its limitations.

This is the ninth book that we have personally authored or edited with The Guilford Press, in addition to serving as series editors for other Guilford books on MI. Having worked with many other publishers, we continue to be impressed with and grateful for the outstanding level of care, quality editing, and attention to detail that has been our consistent experience with Guilford. It has been a great pleasure over the years to work with editors like Jim Nageotte and Kitty Moore—not necessarily when in the midst of yet another rewrite, but always in the quality of the final product. As before, the copy editor for this book, Jennifer DePrima, was greatly helpful in getting the language just right. Finally, we are grateful again to Theresa Moyers for her careful review of the manuscript, offering suggestions to improve its flow and clarity.

Contents

Cover

Series Page
Title Page
Copyright Page
Dedication
About the Authors
Preface to the Third Edition

PART I. WHAT IS MOTIVATIONAL INTERVIEWING?
CHAPTER 1. Conversations about Change
CHAPTER 2. The Spirit of Motivational Interviewing
CHAPTER 3. The Method of Motivational Interviewing
PART II. ENGAGING: The Relational Foundation
CHAPTER 4. Engagement and Disengagement
CHAPTER 5. Listening: Understanding the Person's Dilemma
CHAPTER 6. Core Interviewing Skills: OARS
CHAPTER 7. Exploring Values and Goals
PART III. FOCUSING: The Strategic Direction
CHAPTER 8. Why Focus?
CHAPTER 9. Finding the Horizon
CHAPTER 10. When Goals Differ
CHAPTER 11. Exchanging Information
PART IV. EVOKING: Preparation for Change
CHAPTER 12. Ambivalence: Change Talk and Sustain Talk
CHAPTER 13. Evoking the Person's Own Motivation
CHAPTER 14. Responding to Change Talk
CHAPTER 15. Responding to Sustain Talk and Discord
CHAPTER 16. Evoking Hope and Confidence
CHAPTER 17. Counseling with Neutrality
CHAPTER 18. Developing Discrepancy
PART V. PLANNING: The Bridge to Change
CHAPTER 19. From Evoking to Planning
CHAPTER 20. Developing a Change Plan
CHAPTER 21. Strengthening Commitment
CHAPTER 22. Supporting Change
PART VI. MOTIVATIONAL INTERVIEWING IN EVERYDAY PRACTICE
CHAPTER 23. Experiencing Motivational Interviewing
CHAPTER 24. Learning Motivational Interviewing
CHAPTER 25. Applying Motivational Interviewing
CHAPTER 26. Integrating Motivational Interviewing
PART VII. EVALUATING MOTIVATIONAL INTERVIEWING
CHAPTER 27. Research Evidence and the Evolution of Motivational Interviewing
CHAPTER 28. Evaluating Motivational Conversations
APPENDIX A. Glossary of Motivational Interviewing Terms

APPENDIX B. Reflection Questions
APPENDIX C. The Case of Julia
APPENDIX D. Is That Motivational Interviewing?
APPENDIX E. A Bibliography of Motivational Interviewing
References
Index
About Guilford Press
Discover Related Guilford Titles

A bibliography of MI, two annotated case examples, reflection questions for each chapter, and a glossary of MI terms are available as Appendices A through E at the end of this book. This material and the personal values card sort are also available at *www.guilford.com/p/miller2*.

PART I

WHAT IS MOTIVATIONAL INTERVIEWING?

Our discussion begins at the broadest level by defining, delimiting, and describing the clinical method of motivational interviewing (MI). Within the context of these chapters we offer not one but three definitions of increasing complexity. In Chapter 1 we provide a layman's definition to address the question "What is it for?" Chapter 2 describes the underlying spirit or mindset of MI, which we regard to be essential to good practice. Here we offer a pragmatic practitioner's definition of MI that is pertinent to the question "Why would I want to learn this and how would I use it?" Then in Chapter 3 we give an overview of the clinical method itself, describing a new framework for understanding MI and offering a technical therapeutic definition that addresses how it works.

CHAPTER 1
Conversations about Change

> Things do not change: We change.
> —HENRY DAVID THOREAU

> A fool takes no pleasure in understanding, but only in expressing personal opinion.
> —PROVERBS 18:2

They happen naturally every day: conversations about change. We ask things of each other and are keenly attuned to the aspects of natural language that signal reluctance, willingness, and commitment. In fact, a primary function of language, besides conveying information, is to motivate, to influence each other's behavior. It can be as simple as asking someone to pass the salt or as complex as negotiating an international treaty.

There are also particular conversations about change that occur as consultations with a professional, where one person seeks to help another to make changes. Counselors, social workers, clergy, psychologists, coaches, probation officers, and teachers all regularly engage in such conversations. A large proportion of health care is concerned with managing chronic conditions for which people's own behavior and lifestyle determine their future health, quality of life, and longevity. Thus physicians, dentists, nurses, dietitians, and health educators are also regularly engaged in conversations about behavior and lifestyle change (Rollnick, Miller, & Butler, 2008).

Other professional conversations focus on change that is not so directly about behavior, unless "behavior" is defined in so broad a manner as to encompass all of human experience. Forgiveness, for example, is a significant psychological issue with broad health implications (Worthington, 2003, 2005). The focus of forgiveness may be someone who has died, and its impact more on internal mental and emotional health than on overt behavior. Self-concept, decisions, chosen attitudes, grief, and acceptance are all common clinical issues that can influence behavior, but are themselves more matters of internal resolution.

In this edition we explicitly include such change as a worthy potential focus of MI (Wagner & Ingersoll, 2009).

MI involves attention to natural language about change, with implications for how to have more effective conversations about it, particularly in contexts where one person is acting as a helping professional for another. Our experience is that many such conversations occur in a rather dysfunctional way, albeit with the best of intentions. MI is designed to find a constructive way through the challenges that often arise when a helper ventures into someone else's motivation for change. In particular, MI is about arranging conversations so that people talk themselves into change, based on their own values and interests. Attitudes are not only reflected in but are actively shaped by speech.

A CONTINUUM OF STYLES

It is possible to think about helping conversations as lying along a continuum (see Box 1.1). At one end is a *directing* style, in which the helper is providing information, instruction, and advice. A director is someone who tells people what to do and how to proceed. The implicit communication in directing is "I know what you should do, and here's how to do it." A directing style has complementary roles for the recipient of direction, such as obeying, adhering, and complying. Common examples of directing are a physician explaining how to take a medication properly, or a probation officer explaining the contingencies and consequences imposed by the court.

At the opposite end of this continuum is a *following* style. Good listeners take an interest in what the other person has to say, seek to understand, and respectfully refrain (at least temporarily) from inserting their own material. The implicit communication of a helper in a following style is "I trust your own wisdom, will stay with you, and will let you work this out in your own way." Some complementary roles to a following style are taking the lead, going ahead, and exploring. There are times in most practices when following is appropriate—simply to listen as a human companion, for example, with a dying patient for