

Continuing Down The Path:
*Advanced Training in
Motivational Interviewing*

Angela R. Bethea-Walsh, Ph.D.

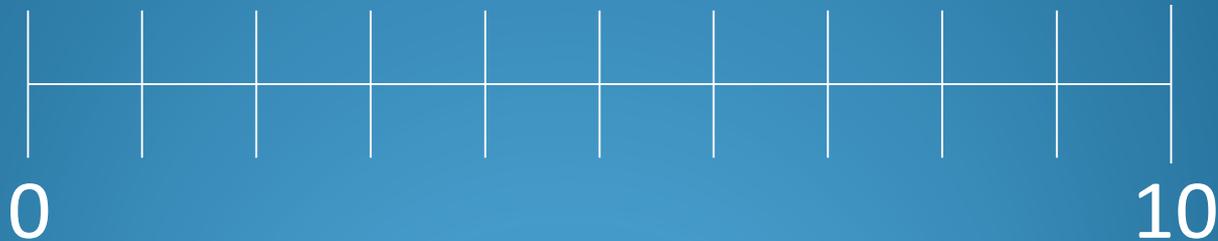
Licensed Psychologist

Bethea Consulting & Psychological Services, P.C.

Motivational Interviewing Network of Trainers
Atlanta, Georgia

MI Satisfaction

*On a scale from 0 to 10, where 0 is “not at all satisfied,”
and 10 is “most satisfied”
where would you say you are?*



Quote

We have two ears and one mouth so that we can listen twice as much as we speak.

-Epictetus, Greek philosopher

Overview: The MI Spirit

Fundamental approach of Motivational Interviewing.

Mirror-image opposite approach to counseling.

Partnership. Build collaboration that honors the client's expertise and perspectives. support the client's agenda, not your own (treatment context).

Confrontation. Counseling involves overriding the client's impaired perspectives by imposing awareness and acceptance of "reality" that the client cannot see or will not admit.

Evocation. Intrinsic motivation for change is enhanced by calling forth the client's own resources, perceptions, strengths, goals and values.

Education. The client is presumed to lack key knowledge, insight, and/or skills that are necessary for change to occur. The helper seeks to address these deficits by providing the requisite enlightenment.

Acceptance. The helper prioritizes the inherent worth of human beings; shows accurate empathy; honors autonomy and capacity of self-direction; and seeks to understand clients' strengths and efforts.

Authority. The helper tells the client what he or she must do.

Compassion. A selfless unconditional form of loving that deliberately seeks the other's well-being, best interests, and growth.

Sympathy or Identification. To build rapport, the helper shares his/her emotional experience (i.e., pity, "I've been there and I know what you're experiencing").

The Method of MI: The 4 Processes of MI

Planning

Commitment and
action plan.

Evoking

Eliciting the client's
motivations for change.

Focusing

Focus on a particular agenda.
Clarifies direction in conversation.

Engaging

The process of establishing a mutually
trusting and respectful helping relationship
(aspect of Bordin's working alliance).

Can it be MI without...

- Engaging? NO
- Focusing? NO (need a sense of direction)
- Evoking? NO (the heart of MI)
- Planning? **YES! (person may just be testing the waters)**

How to Cultivate Change Talk

How do I identify change talk?

**DARN
CATS**



Preparatory Language

DARN: Desire

Miller, Moyers, Amrhein & Rollnick (2006)

- A wanting, wishing or willing. They do not express specific reasons, but express a general level of desire.

CT: I want, I wish, I (would) like, I am motivated to, I (would) enjoy.

ST: I don't want to, etc.

Ex. I want to lose some weight. **Change Talk**

Ex. I don't want to exercise. **Sustain Talk**

Preparatory Language

DARN: Ability

Miller, Moyers, Amrhein & Rollnick (2006)

- Personal perceptions of capability or possibility of change. Generally express a level of ability or inability.

CT: I can, I am able to, it's possible for me, I could, I would be able to.

ST: I can't.

Ex. I could quit smoking. **Change Talk**

Ex. I just can't quit smoking because I don't have the willpower. **Sustain Talk**

Preparatory Language

DARN: Reason

Miller, Moyers, Amhrein & Rollnick (2006)

- Specifies a particular rationale, basis, incentive, justification, or motivation for making (or not making) the target change. CT statements have an “If...then” structure.

Ex. If I exercise more, then I might sleep better.

Change Talk

Ex. Exercise just won't fit into my schedule.

Sustain Talk

Preparatory Language

DARN: Need

Miller, Moyers, Amhrein & Rollnick (2006)

- General importance, urgency, or requirement (for change or non-change). Usually, these statements do not include specific reasons, but express general level of need.

I need, I must, I have to, I've got to, I can't keep on like this, Something has to change...

Ex. I have to stop fighting when I feel threatened.

Change Talk

Ex. I just need to accept that this is how I am.

Sustain Talk

Mobilizing Language

CATS: Commitment

Miller, Moyers, Amhrein & Rollnick (2006)

- Agreement, intention or obligation to future target change.

CT: I promise, I guarantee, I am prepared to, I swear I am going to do it, I believe I will, I intend to**

ST: I don't intend to change, I'm not going to

Ex. I am going to take my medication.

Change Talk

Ex. I am just not going to take my medication anymore.

Sustain Talk

Mobilizing Language

CATS: Action

Miller, Moyers, Amhrein & Rollnick (2006)

- Current movement toward or away from change.
- “Almost there” language. Commitment without stating it.

I am willing to, I am ready to, I am prepared to.

Ex. I am ready to stop smoking marijuana.

Change Talk

Ex. I am not willing to stop smoking marijuana.

Sustain Talk

Mobilizing Language

CATS: Taking Steps Toward Change

Miller, Moyers, Amhrein & Rollnick (2006)

- Describe a particular action that the person has done in the recent past that is clearly linked to moving toward or away from target change.

Ex. This week, I didn't snack after 8:00pm.

Change Talk

Ex. I threw away the diet monitoring sheet.

Sustain Talk

How well can you herd “CATS”?



Do You Swear?

Will you take this person to be your lawfully wedded spouse, and be wholly faithful, for richer or for poorer, in sickness and health, so long as you both shall live?

Person #1

“I want to”.

Person #2

“I could”.

Person #3

“I have good reasons to”.

Person #4

“I need to”.

Person #5

“I will”.

Exercise: Change Talk Statements

* Drum on the desk when you hear *Preparatory* change talk.

Statements

1. I stopped taking work home every night.
2. I've decided to scale back my holiday spending this year.
3. I could cut back to having 3 drinks when I go out with my friends.
4. I'm going to start hiking again.
5. I would like to trust people more.
6. I need to eat healthier because it is a matter of life or death for me.
7. I want to sleep better so I can focus more during class.

Exercise: Change Talk Statements

* Drum on the desk when you hear *Mobilizing* change talk.

Statements

1. I want to feel better, but I just don't know how to get there.
2. I am going to take my medication every day this week.
3. I've got to start using my CPAP machine again.
4. I joined a gym yesterday.
5. I can see myself setting a quit date in January.
6. I'm ready to make a grocery list for meal planning.
7. I've got to work on my relationship with my daughter.

Exercise: Snatching Change Talk from the Jaws of Ambivalence

- Lyrics: “Rehab,” by Amy Winehouse

How to Evoke Change Talk

How do I evoke change talk? 10 Ways

1. Evocative questions
2. Ask for elaboration
3. Ask for examples
4. Looking backward
5. Looking forward
6. Query extremes
7. Use change rulers
8. Explore goals and values
9. Come alongside
10. OARS

Evocative Questions

Miller & Rollnick (2012); Rosengren (2009)

- **Directly ask the individual for change talk.**
 - “Why would you *want* to make this change?”
(Evokes Desire)
 - “How might you *go about it*, in order to succeed?”
(Evokes Ability)
 - “What might be some *reasons* to quit if you were to do so?” (Evokes Reason)

Evocative Questions

Miller & Rollnick (2012); Rosengren (2009)

- **Directly ask the individual for change talk.**
 - “How *important* is it for you to make this change, and why?” (0 – 10; Evokes Need)
 - “So what, if anything, do you think you’ll do?” (Evokes Commitment)
 - “What are you *ready* or *willing* to do?” (Evokes Action)
 - “What have you *already done*?” (Evokes Taking Steps)

Elaboration

Miller & Rollnick (2012); Rosengren (2009)

- **Ask for details.**
 - “Tell me a recent time when you spent money on what you need versus on alcohol.”
 - “Tell me about a time when you decided to stick with a decision despite others’ discouragement.”
 - “You said things might be better for you. Tell me about how you might function better if you were to take your medication regularly.”

Ask for Examples

Miller & Rollnick (2012); Rosengren (2009)

- **When change talk emerges, ask for specific examples.**
 - “What’s an example of when you used your anger management skills?”
 - “When was the last time you used your reality testing skills?”
 - “What does your anger look like when you feel threatened?”

Looking Backward

Miller & Rollnick (2012); Rosengren (2009)

- **Ask the individual to remember how things were before problems emerged. The helper can then guide the individual to contrast those descriptions with how things are now.**
 - “When was a time when things were going well for you? How did things change over time?”
 - “What are the differences between you 10 (or 20 years ago) and you now?”
 - “What did you envision for your life when you were young?”
 - “Before your drinking became a problem, how were things better? Different?”

Looking Forward

Miller & Rollnick (2012); Rosengren (2009)

- **Asks the individual how things will appear if not change happens or how things might look after change.**
 - “How would you like things to be different?”
 - “If nothing changes, what do you see happening in 5 years? If you decide to change what would it be like?”
 - “If you were 100% successful in making changes, what would be different?”
 - “How would you like your life to be different one week from now?”
 - “What might happen if you don’t make any changes?”

Query Extremes

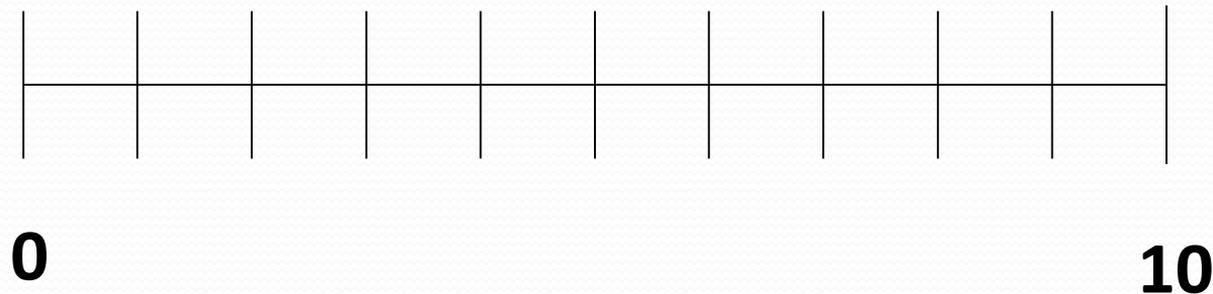
Miller & Rollnick (2012); Rosengren (2009)

- **Help the individual imagine the worst imagined outcomes if the behavior continues, and the best benefits if change occurs.**
 - “What are the best things that might happen if you do make the change?”
“What do you hope for the most?”
 - “What would a perfect outcome look like?”
 - “What concerns you the most?”
 - “What is the worst thing that could happen?”

Change Rulers

Importance
Confidence

On a scale from 0 to 10, where 0 is “not _____,” and 10 is “extremely _____,” where would you say you are?



Exploring Importance, Confidence & Readiness

Miller & Rollnick (2012); Rosengren (2009)

- Why are you at x and not $x-2$? (always start with the higher number to evoke Importance)
- How much do you want to make this change? (Evokes Desire)
- How were you able to make these changes in the past? (Confidence)

Exploring Importance, Confidence & Readiness

Miller & Rollnick (2012); Rosengren (2009)

- How might I help you go from a ____ to a [higher number]? (Confidence)
- How confident are you that you could make this change? (Evokes Ability)
- What would be your first step in making a change? (Readiness)

Explore Values and Goals

Miller & Rollnick (2012); Rosengren (2009)

- **Explore how the target behavior fits in with the values and goals the client holds dearest:**
 - “What things do you regard as most important? How does your drinking fits into this?”
 - “What sort of person [parent, daughter, son, wife, partner] do you want to be?”

Explore Values and Goals

Miller & Rollnick (2012); Rosengren (2009)

- **Explore how the target behavior fits in with the values and goals the client holds dearest:**
 - “What sorts of things would you like to accomplish in your life?”
 - Value Card Sort could be helpful to determine whether the target behavior helps realize a goal/value or interferes with the goal/value.

Come Alongside

Miller & Rollnick (2012); Rosengren (2009)

- **Side with the status quo (sustain talk) side of ambivalence.**
 - “Perhaps drinking is so important to you that you won’t give it up, no matter what the cost.”

**Landing on this side of ambivalence evokes the change talk side of ambivalence.

OARS

Angela R. Bethea, Ph.D.

How to Respond to Change Talk

Responding to Change Talk: OARS

Elaborating with <u>O</u> pen Questions	Asking for elaboration or more detail. Ex. “In what ways will you...?” “Tell me about a time...”
<u>A</u> ffirming	Recognize or prize what the person is saying about change with a positive comment.
<u>R</u> eflecting	Convey understanding with a simple or complex reflection.
<u>S</u> ummarizing	Collect and give back bouquets of change talk.

Quote

A simple reflection...is like an iceberg...it is limited to what shows above the water, the content that has actually been expressed, whereas a complex reflection makes a guess about what lies beneath the surface.

-Miller & Rollnick, MI3, p. 58

Respond to Change Talk

- Offer a reflection for each statement:

Group 1: “I hate these meds. They keep making me sleepy and I can’t function at work the way I used to”.

Target behavior: Medication Adherence

Group 2: “I don’t want to, but need to start exercising again, even if for one day per week”.

Target behavior: Weight Management

Group 3: “I need to be a better role model for my kids. Maybe go back to work”.

Target behavior: Parenting

Group 4: “I can’t keep working like this. It’s costing me my health. I don’t know how, but with time, things are going to have to change”.

Target behavior: Health

Engage: No Fixin'!!!

- **Target behavior: Pain management...**
- Offer a reflection for this statement:

1. “I need to get my pain under control, so I can be active with my kids again”.

Engage: No Fixin'!!!

- **Target behavior: Pain management...**
- Offer a reflection for this statement:

2. “I don’t want to take meds and I hate the side effects, but I can barely work without them”.

Engage: No Fixin'!!!

- **Target behavior: Pain management...**
- Offer a reflection for this statement:

3. “My family worries me when they tell me I’ll ‘get addicted’ to these meds if I keep taking them”.

Engage: No Fixin'!!!

- **Target behavior: Pain management...**
- Offer a reflection for this statement:

4. “You guys are pushing these pills. If it were up to me, I wouldn’t take these at all!”

Engage: No Fixin'!!!

- **Target behavior: Pain management...**
- Offer a transitional summary statement.
 - Without looking at each statement, start your summary with 1 ST statement and follow with 2 CT statements.

****Write one key transition question.**

- Where does this leave you now?
- What happens next?
- What's the next step, if any?
- What are you thinking at this point?
- What changes, if any, do you think you might make?

Exercise: A penny for your thoughts...questions will cost more!

1. Work in groups of 2.
2. Speaker: "If you were not doing your job, what would you be doing?"
3. Helper: Be present. Use OARS to convey understanding.
 - Have a limited amount of coins (12 pennies, 4 quarters)
 1. Give 1 penny for each Reflection or Affirmation
 2. Give 1 quarter for each Question
 3. Summaries are free!
 4. The first question is a freebie!
4. Switch roles after 5 minute cycles.

Quote

If you want to go fast, go alone. If you want to go far, go together.

-African proverb

How to Respond to Sustain Talk

Sustain Talk

- One side of ambivalence.
- It cannot be recognized unless you know the change target(s) or focus of treatment.
- ST is not discordant, although the helper's response can quickly make it so.
- The more people verbalize and explore ST, the more they talk themselves out of change.
- CT statements should counterbalance ST by a 2:1 or 3:1 ratio.

Sustain Talk

- I know lots of people who smoke weed while taking Risperdal.
- There's no way I can do everything that the treatment team is asking me to do, it's just too much.
- My father smoked cigarettes for 60 years and he's still living, so why should I stop?
- There's nothing wrong with me drinking a case of beer at a football game. This IS the South and the South IS football. Time to get wasted!
- I like living under the bridge, it's my home.

Reflective Responses to Sustain Talk: Straight Reflection

Client: I don't think that anger is really my problem.

Helper: Your anger hasn't caused any difficulties for you.

Client: Well, sure it has. It's ruined my relationship with my mom.

Reflective Responses to Sustain Talk: Amplified Reflection

Adds intensity in an overstatement to evoke the other side of ambivalence: CT

Client: I think things are just fine living with my mom.

Helper: There's really no room for improvement.

Client: Well, things aren't perfect, but I'm happy living there. My mom isn't, I guess.

Reflective Responses to Sustain Talk: Double-Sided Reflection

Helper: It's so easy to keep things as they are. At the same time, you're trying to figure out how you can become more active in getting your independence back, living on your own and getting back to work.

Strategic Responses to Sustain Talk: Emphasizing Autonomy

Client: I really don't want to take my medication.

Helper: I hear you loud and clear, and it's certainly your choice whether you take your medication or not. No one can make you do it.

Other Examples:

"It's really up to you"; "I wonder what you'll decide to do!";
"What you choose to do is your business"; "Even if I wanted to decide for you, I can't".

Strategic Responses to Sustain Talk: Reframing

Client: My girlfriend is always nagging me about this.

Helper: She must really care about you.

Client: Everybody I know smokes as much weed as I do.

Helper: You really smoke with the best of them!

Client: I've been through so much lately, I'm not sure I can take this on too.

Helper: You're quite a survivor.

Strategic Responses to Sustain Talk: Agreeing with a Twist

A reframe.

Client: I can really hold my liquor and drink folks under the table. It just doesn't affect me the way it does other people. I'm still standing while others are passed out.

Helper: You don't show or feel the effects of alcohol the way other people do. That's how you operate. I can see how that would be a concern.

Strategic Responses to Sustain Talk: Running Head Start

For ambivalent clients: Get a running head start toward arguments for change by listening to the cons. Hear out the motivations for status quo first, especially when CT is scarce.

Client: I need to get a job.

Helper: Yes, but what have you really enjoyed about being unemployed?

**Follow-up with asking about the downside of the status quo and the advantages of change.

**If you have a good amount of CT, there's no need to go fishing for ST.

Strategic Responses to Sustain Talk: Come Alongside

Agreement without a twist

Client: I've tried this AA thing a million times and it doesn't work for me. How can other people with drinking problems tell me what to do? Plus, I just get too nervous. I get too scared to open up, then I just clam up. It's not for me".

Helper: It really may be too difficult for you. AA is not the best fit for everyone, even though it's effective. Being a part of a group means making your contribution and it might not be worth the discomfort. Perhaps it's better to stay as-is.

How to Respond to Discord

Discord: What are the signs of a fire in your working alliance?

Smoke Alarms

Defending (Feel threatened or attacked):

- Blaming: “It’s not my fault”.
- Minimizing: “It’s not that bad”.
- Justifying: “What I’m doing makes sense”.

Squaring off (The helper is perceived as an adversary. An invitation to a power struggle, to argue—Client holds the power):

- “You don’t care about me”.
- “You have no idea what it’s like for me”.

Discord: What are the signs of a fire in your working alliance?

Smoke Alarms

Interrupting: This may communicate...

- “You don’t understand”.
- “You’re not hearing me”.
- “You’re talking to much, listen to me”.
- “I don’t agree”.

Discord: What are the signs of a fire in your working alliance?

Smoke Alarms

Disengagement

- Seems inattentive, distracted or ignores you.
- May change the subject and go off on a tangent.
- Eyes glaze over and glance at the clock.

Discord and the 4 Processes: Engaging

- Some people walk through the door angry and defensive.
- In response to multiple closed questions.
- May surface when the helper falls into Labeling or Blaming Traps.

Discord and the 4 Processes: Focusing

- Disagreement about what to discuss and the targets for change.
- When the helper falls into the Premature Focus Trap—pushing too soon for a change target that the client does not yet share.

Discord and the 4 Processes: Evoking

- Sustain talk emerges, even for clients who are well-engaged and who have found a treatment focus. This is a normal part of ambivalence.
- If the helper pushes the conversation in a direction that the client is not ready for OR moves past evoking to planning, discord can emerge.

Helper: You've told me several reasons why taking your medication could be a good idea. So, what are you going to *do* about it?

Discord and the 4 Processes: Planning

- It's tempting for helpers to think, "Ok, I can take it from here. Now let me tell you what to do". That's the Righting Reflex.
- Planning needs to be a collaborative process. A helper's Righting Reflex and a client's ambivalence creates wrestling (not dancing) in the relationship.

Responding to Discord: Reflections

Client: Who are *you*? And, *how* old are you? You can't understand me.

Helper:

- SR: You're wondering if I can really be able to help you.
- CR (Amplified): It seems to you there's no chance at all I could help you.
- CR (Double-Sided): You're looking for some help and you're not sure I'm the best fit for you.

Responding to Discord: Emphasizing Autonomy

Client: I'm not going to take my meds (*Sustain Talk*) and you can't make me (*Discord*).

Helper: That's right. I can't make any choice for you even if I wanted to!

Responding to Discord: Apologizing

- When you've stepped on someone's toes, it's polite to say, "Sorry".
- This costs you nothing and immediately acknowledges that this is a collaborative and respectful relationship.

Responding to Discord: Affirming

- Can help to diminish defensiveness.

Client: I can do this on my own without your help!

Helper: Once you make up your mind about something you can get it done.

Responding to Discord: Shifting Focus

- Shift focus away from the hot topic or sore spot rather than continue to exacerbate it.

Client: Are you saying that the reason why my boyfriend sent me to the hospital is my fault?

Helper: Not at all. I'm not interested in placing blame or name-calling. What matters to me is how you would like your relationship to be better and how you might get there.

Sustain Talk or Discord?

- Smoking cigarettes quiets my mind.
- How can you help me? You don't know anything about me!
- You don't care about anybody here. This is just a paycheck for you.
- I have other things to do right now, but instead I'm stuck here with you.
- No one has ever died from smoking too much weed!
- Have you ever smoked weed?
- I've already given up carbs. I can't give up sugar too.
- Being here sucks. Are we done?
- I'm not going to take depot medication!
- You're not listening to me!
- Whatever.

Exercise: A penny for your thoughts...questions will cost more!

1. Work in groups of 2.
2. Speaker: “If you could leave your legacy or your imprint for the next generation, what would it be?”
3. Helper: Be present. Use OARS to convey understanding.
 - Have a limited amount of coins (12 pennies, 4 quarters)
 1. Give 1 penny for each Reflection or Affirmation
 2. Give 1 quarter for each Question
 3. Summaries are free!
 4. The first question is a freebie!
4. Switch roles after 5 minute cycles.

Quote

Agenda mapping is like...examining a map at the outset of a journey.

-Miller &

Rollnick, MI3, p. 106

Exercise: Agenda Mapping

1. Groups of 2 (Interviewer/Client)
2. Client: Pass the sheet to the helper.
3. Interviewer:
 - See the pg. 2 of the Agenda Mapping exercise.
 - Strive for MI benchmarks:
 - 2:1 Reflection-to-Question ratio
 - 70% of all questions to be open-ended

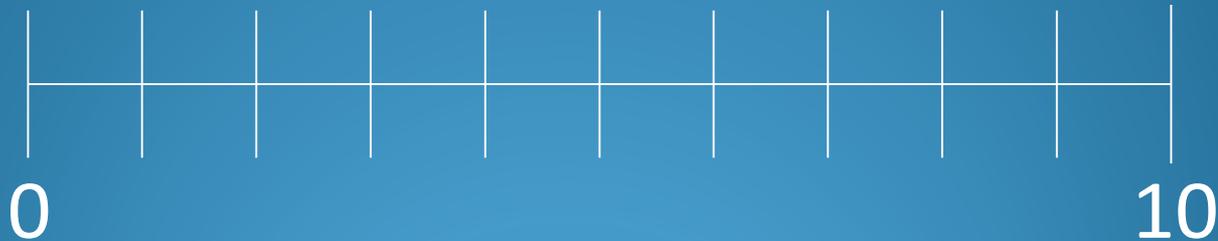
Quote

If the client's life is like a forest, agenda mapping involves soaring over it for a moment with the perspective of an eagle.

-Miller & Rollnick, MI3, p. 107

MI Satisfaction

*On a scale from 0 to 10, where 0 is “not at all satisfied,”
and 10 is “most satisfied”
where would you say you are?*



Thank You!!!

**Angela R. Bethea-Walsh, Ph.D.
Licensed Psychologist**

Bethea Consulting & Psychological Services, P.C.
6 Concourse Parkway, NE
Suite 1650
Atlanta, GA 30328

E: angela.bethea@gmail.com

O: (404) 654-3614

W: www.betheacps.com

Facebook: <https://www.facebook.com/betheacps>

Twitter: @DrBsPsychblurbs

LinkedIn: www.linkedin.com/in/angelabethea/

References

- Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., and Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*, 862-878.
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11-39). Heidelberg: Springer.
- Baker, A. L., Kavanagh, D. J., Kay-Lambkin, F. J., Hunt, S. A., Lewin, T. J., Carr, V. J., & McElduff, P. (2014). Randomized controlled trial of MICBT for co-existing alcohol misuse and depression: Outcomes at 36 months. *Journal of Substance Abuse Treatment, 46*, 281-290.
- Barkhof, E., Meijer, C. J., de Sonnevile, L. M. J., Linszen, D. H., & de Haan, L. (2013). The effect of motivational interviewing on medication adherence and hospitalization rates in nonadherent patients with multi-episode schizophrenia. *Schizophrenia Bulletin, 39*, 1242-1251.
- Barnett, E., Sussman, S., Smith, C., Rohrbach, L. A., & Metz-Sprujit, D. (2012). Motivational interviewing for adolescent substance use: A review of the literature. *Addictive Behaviors, 37*, 1325-1334.
- Barrowclough, C., Haddock, G., Tarrier, N., Lewis, S. W., Moring, J., O'Brien, R., Schofield, N., & McGovern, J. (2001). Randomized controlled trial of motivational interviewing, cognitive behavior therapy, and family intervention for patients with comorbid schizophrenia and substance use disorders. *American Journal of Psychiatry, 158*, 1706-1713.
- Bem, D. J. (1972). *Self-perception theory*. Advances in Experimental Social Psychology.
- Brodie, D.A., & Inoue, A. (2005). Motivational interviewing to promote physical activity for people with chronic heart failure. *Journal of Advanced Nursing, 50*, 518-527.
- Clair, M., Stein, L. A. R., Soenksen, S., Martin, R. A., Lebeau, R., & Golembeske, C. (2013). Ethnicity as a moderator of motivational interviewing for incarcerated adolescents after release. *Journal of Substance Abuse Treatment, 45*, 370-375.
- D'Amico, E. J., Hunter, S. B., Miles, J. N. V., Ewing, B. A., & Osila, K. C. (2013). A randomized controlled trial of a group motivational interviewing intervention for adolescents with a first-time alcohol or drug offense. *Journal of Substance Abuse Treatment, 45*, 400-408.
- Dawson, A. W., Brown, D. A., Cox, A., Williams, S. M., Treacy, L., Haszard, J., Meredith-Jones, K., Hargreaves, E., Taylor, B., Ross, J., & Taylor, R. W., (2014). Using motivational interviewing for weight feedback to parents of young children. *Journal of Pediatrics and Child Health, 50*, 461-470.
- Golin, C., E., Earp, J., Tien, H., Stewart, P., Porter, C., & Howie, L (2006). A 2-Arm, randomized, controlled trial of a motivational interviewing based intervention to improve adherence to antiretroviral therapy (ART) among patients failing or initiating ART. *Journal of the Acquired Immune Deficiency Syndrome, 42*, 42-51.
- Jones, S. H., Barrowclough, C., Allott, R., Day, C., Earnshaw, P., & Wilson, I. (2011). Integrated motivational interviewing and cognitive-behavioural therapy for bipolar disorder and comorbid substance use. *Clinical Psychology & Psychotherapy, 18*, 426-437.

References

- Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education and Counseling, 93*, 157-168.
- McCracken, S. G., & Corrigan, P. W. (2008). Motivational interviewing for medication adherence in individuals with schizophrenia. In H. Arkowitz, H.A. Westra, W.R. Miller, S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems* (pp. 249-276). New York: The Guilford Press.
- Markland, D., Ryan, R. M., Tobin, V. J., & Rollnick, S. (2005). Motivational interviewing and self-determination theory. *Journal of Social and Clinical Psychology, 24*, 811-831.
- Martino, S. (2007). Contemplating the use of motivational interviewing with patients who have schizophrenia and substance use disorders. *Clinical Psychology: Science and Practice, 14*, 58-63.
- Martino, S., & T. B. Moyers (2008). Motivational interviewing with dually diagnosed patients. In H. Arkowitz, H.A. Westra, W.R. Miller, S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems* (pp. 277-303). New York: The Guilford Press.
- Miller, W. R., & Baca, L. M. (1983). Two-year follow-up of bibliotherapy and therapist-directed controlled drinking training for problem drinkers. *Behavior Therapy, 14*, 441-448.
- Miller, W. R., Benefield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology, 61*, 455-461.
- Miller, W.R., Hendrick, K. E., & Orlosfsky, D. R. (1991). The Helpful Responses Questionnaire: A procedure for measuring therapeutic empathy. *Journal of Clinical Psychology, 47*, 444-448
- Miller, W. R., Moyers, T. B., Amrhein, P., & Rollnick, S. (2006). A consensus statement on defining change talk. *MINT Bulletin, 13*(2), 6-7.
- Miller, W. R., & Rollnick, S. *Motivational interviewing: Helping people change (3rd ed.)*. New York: The Guildford Press, 2012.

References

- Miller, W. R., & Rollnick, S. (2014). The effectiveness and ineffectiveness of complex behavioral interventions: Impact of treatment fidelity. *Contemporary Clinical Trials, 37*, 234-241.
- Miller, W.R., & Rose, G.S. (2009). Toward a theory of motivational interviewing. *The American Psychologist, 64*, 527-537.
- Moyers, T. B., Martin, T. (2006). Therapist influence on client language during motivational interviewing sessions. *Journal of Substance Abuse Treatment, 30*, 245-251.
- Moyers, T. B., Miller, W. R., & Hendrickson, S. M. (2005). How does motivational interviewing work?: Therapist interpersonal skill predicts client involvement within motivational interviewing sessions. *Journal of Consulting and Clinical Psychology, 73*, 590-598.
- Naar-King, S., Outlaw, A., Green-Jones, M., & Wright, K. (2010). Motivational interviewing by peer outreach workers: a pilot randomized clinical trial to retain adolescents and young adults in HIV care. *AIDS Care, 21*, 868–873.
- Resnicow, K., Jackson, A., Wang, T., De, A. K., McCarty, F., Dudley, W. N., & Baranowski, T. (2001). A motivational interviewing intervention to increase fruit and vegetable intake through Black churches: Results of the Eat for Life Trial. *American Journal of Public Health, 91*, 1686-1693.
- Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York: The Guilford Press.
- Sandoval, B. E., Wood, S. C., Neumann, C. A., & Spray, B. (2010). Motivational Interviewing to improve exercise attitudes and behavior: Implications for antihypertensive therapy. *Annals of Behavioral Medicine, 39*, 64.
- Villanueva, M., Tonigan, J. S., & Miller, M. R. (2007). Response of Native American clients to three treatment methods for alcohol dependence. *Journal of Ethnicity in Substance Abuse, 6*, 41-48.

References

- Welch, G., Rose, G., Ernst, D. (2006). Motivational interviewing and diabetes: what is it, how is it used, and does it work? *Diabetes Spectrum*, 19, 5-11.
- West D.S., DiLillo, V., Bursac, Z., Gore, S.A., Greene, P.G. (2007). Motivational interviewing improves weight loss in women with type 2 diabetes. *Diabetes Care*, 30, 1081-1087.
- Winhausen, T., Kropp, F., Babcock, D., Hague, D., Erickson, S. J., Renz, C., Rau, L., Lewis, D., Leimberger, J., & Somoza, E. (2008). Motivational enhancement therapy to improve treatment utilization and outcome in pregnant substance users. *Journal of Substance Abuse Treatment*, 35, 161-173.