

**MOTIVATIONAL INTERVIEWING (MI)**  
**BRIEF OVERVIEW AND EMPIRICAL STATUS**

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# OVERVIEW OF PRESENTATION

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- **CONCEPTUAL BACKGROUND**
- **KEY FEATURES OF MI**
- **EMPIRICAL EVIDENCE**

# CLINICAL VIGNETTES

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- A 15-year-old boy, Tommy, is sitting in your office with you. He says, “My parents are always on my back. I can’t even go out with my friends without their wanting to know where I’m going, who I’m with, and when I’ll be back. Now they find one joint in my drawer and they’re off the wall. It’s not like nobody else my age does it. Most kids do booze or weed. I wish they’d just leave me alone.” How would you respond to Tommy?
- You listen to a 53-year-old physician, Dr. Thompson, say, “I feel like I’ve been railroaded. My husband’s been after me about my drinking at home, and now this self-righteous ‘Impaired Physician Committee’ tells me I have to come here and see you or lose my license. Well, who are you to tell me about drugs and alcohol? Just what exactly are your qualifications?” What would you say to her?

# MOTIVATIONAL INTERVIEWING

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## **BELIEFS ABOUT MOTIVATION** (*True or False?*)

- Until a person is motivated to change, there is not much a practitioner can do
- The most significant aspects of human motivation are unconscious
- It usually takes a significant shock or crisis to motivate a person to change
- A person's readiness for change fluctuates over time, sometimes rapidly
- Motivation is an interpersonal interaction
- Resistance to change arises from deep-seated defense mechanisms
- People choose whether or not they will change
- Motivation for change requires "hitting bottom"
- Readiness for change involves a balancing of "the pros" and "the cons"
- A person's motivation depends a lot on the situation
- Once a person is motivated to change, it is important to act quickly
- Creating motivation for change usually requires confrontation
- Denial is not a client problem, it is a therapist skill problem

# CONCEPTUAL BACKGROUND

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- **BRIEF INTERVENTIONS**
- **STAGES OF CHANGE**
- **THERAPIST INFLUENCE**
- **CONFLICT THEORY**

# BRIEF INTERVENTIONS

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- **A single treatment session is effective in enhancing motivation and outcome**
- **Brief interventions often yield equivalent outcomes compared to intensive treatment**
- **Common elements**
  - **Personal choice and responsibility**
  - **Positive encounter**
  - **Increase self-efficacy**

# STAGES OF CHANGE

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**Prochaska and DiClemente (1986)** developed a transtheoretical model positing progressive stages of change with the idea that therapeutic interventions should be matched to the client's level of readiness.

**PRECONTEMPLATION.** The person is not considering change, often because he or she does not perceive a problem or a need to change.

**CONTEMPLATION.** The person may seesaw ambivalently between changing and remaining the same, perhaps weighing the costs and benefits as in a decisional balance.

**PREPARATION.** The person is clear that a change is needed and is getting ready or considering what to do.

**ACTION.** The person has identified one or more steps to take and begins implementation.

**MAINTENANCE.** The person sustains change. *Relapse* is also included as a normal part of the change process, in that most people do not maintain change on their first try and cycle through the stages several times before achieving stable change.

# THERAPIST INFLUENCE

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- **Client outcomes differ based on the therapist**
- **Accurate empathy versus confrontation**

# CONFLICT THEORY

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- **Ambivalence is a central feature of the struggle to change**
- **Ambivalence is present even when not apparent**
- **Ambivalence must be engaged rather than overridden**

# WHAT IS MOTIVATIONAL INTERVIEWING?

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- **Brief intervention designed to mobilize client's internal resources for change by enhancing intrinsic motivation**
- **A style of being with people, not just a set of techniques**
- **Combines non-directive and directive approaches**
- **An important goal is to clarify values and amplify discrepancies**

# PRINCIPLES OF MOTIVATIONAL INTERVIEWING

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- **Express empathy**
- **Develop discrepancy**
- **Avoid argumentation**
- **Roll with resistance**
- **Support self-efficacy**

# EMPIRICAL STUDIES OF MI EFFECTIVENESS

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- **29 random assignment clinical trials**
- **17 with alcohol and/or drug users**
- **3 basic types of studies**
  - **MI vs. no treatment control**
  - **MI vs. brief intervention**
  - **MI added to intensive treatment**

# EMPIRICAL SUPPORT FOR MI

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- **73% of studies found MI was more effective than the control condition**
- **Best evidence for effectiveness was when MI was added to intensive treatment**
- **Less is known about how MI works or for whom**
- **Studies were conducted under carefully controlled conditions**

# SUMMARY

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- **MI is a brief intervention designed to enhance motivation to change**
- **MI draws on studies about self-change and motivation**
- **MI has been demonstrated effective in clinical trials**
- **Research is needed to determine whether it works in routine practice**