

# Motivational Interviewing in Treating Alcohol Problems

William R. Miller, Ph.D.

The University of New Mexico (USA)

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A photograph of a sunset over a mountain range. The sun is a bright yellow-orange orb on the horizon, casting a glow across the sky. The mountains are silhouetted against the bright light. The sky is a gradient of orange and yellow, with some wispy clouds. The overall mood is serene and hopeful.

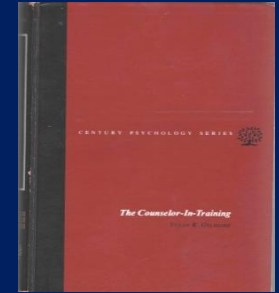
# How Motivational Interviewing Began



# A Second-Year Practicum 1972



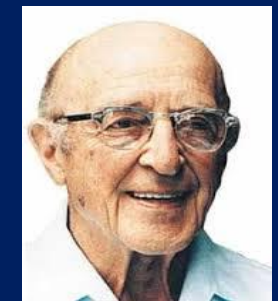
Susan  
Gilmore



Leona  
Tyler



Carl  
Rogers





Milwaukee, Wisconsin 1973

Uncommon alcoholics





Eugene, Oregon  
1975

Why did the control  
group get better?

# Study Design

Miller, Gribskov & Mortell, 1981

*International Journal of the Addictions*, 16:1247-54

Problem drinkers randomly assigned to:

Counselor-Delivered  
Behavioral Self-Control Training (10  
Weeks)

or

Self-Help Advice  
+ "Bibliotherapy"  
(1 Session)

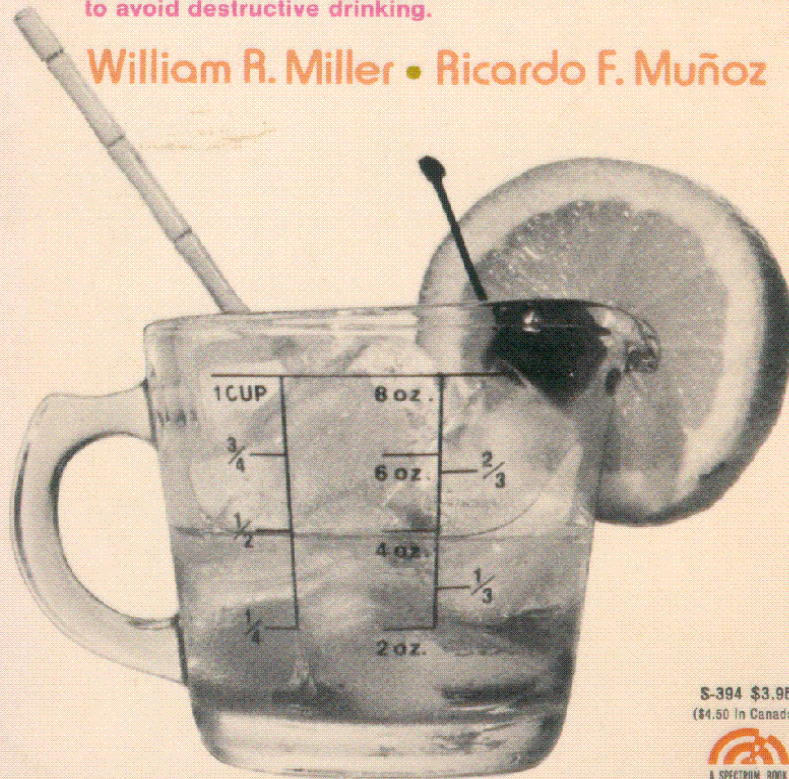
Both groups self-monitored with weekly drinking diary



# HOW TO CONTROL YOUR DRINKING

For some people there can be an alternative to quitting. This book teaches you a step-by-step moderation method to avoid destructive drinking.

William R. Miller • Ricardo F. Muñoz



S-394 \$3.95  
(\$4.50 in Canada)



1976

## Bibliotherapy

*From Leading Researchers*

# CONTROLLING YOUR DRINKING

TOOLS TO MAKE MODERATION WORK FOR YOU

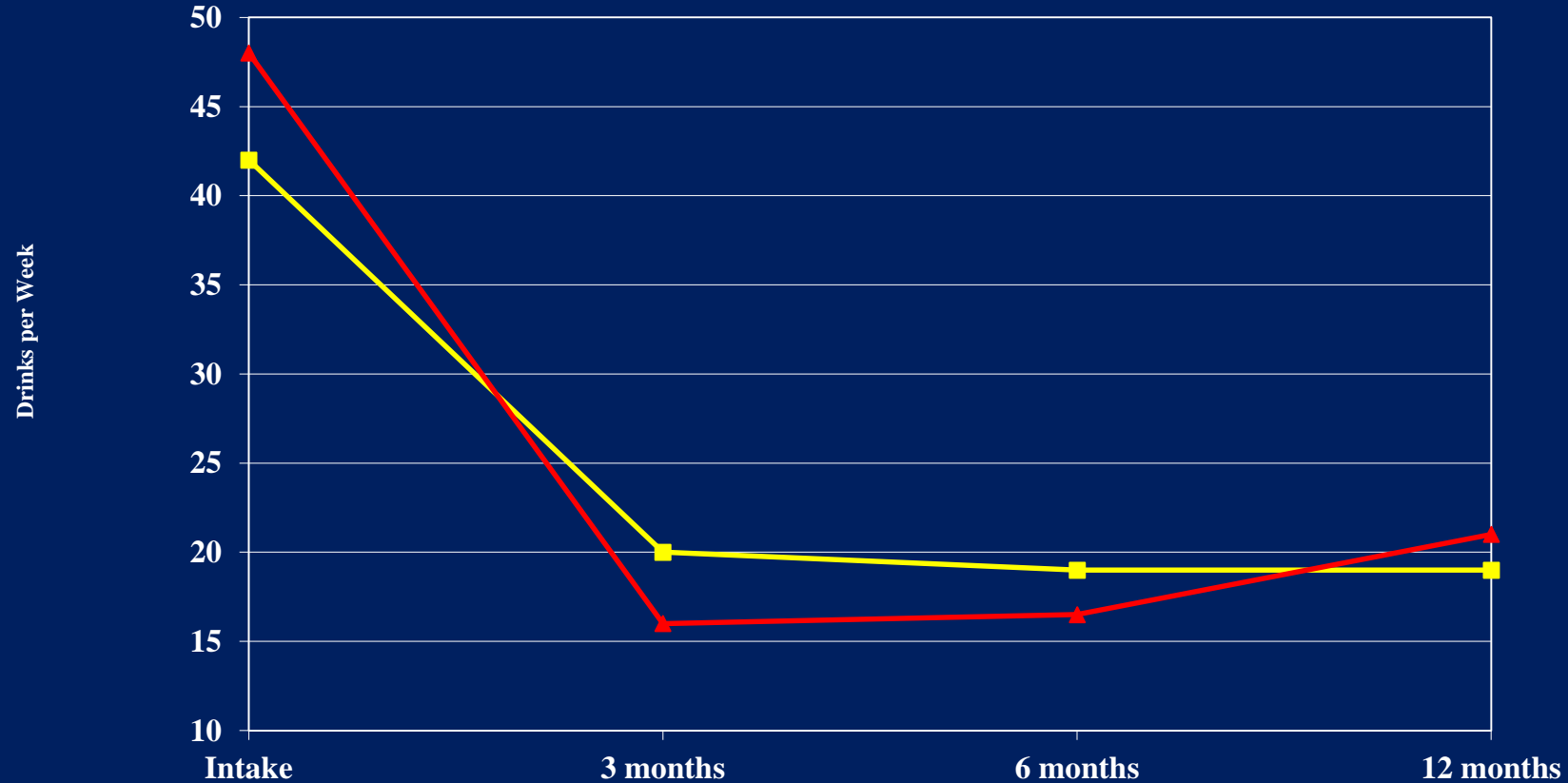
**PROVEN  
ALTERNATIVES  
TO ALL OR NOTHING**

- Learn how much is too much for you.
- Set realistic goals.
- Change what, when, and where you drink.
- Refuse drinks without rejecting friends.

William R. Miller, PhD, and Ricardo F. Muñoz, PhD

2005

# Drinking Outcomes



—■— Therapist-Directed

—▲— Self-Directed





**Albuquerque, New Mexico 1976**

# Replicated in New Mexico:

- 1978
- 1979
- 1980







Was it just an artifact of time or self-monitoring?

# Study Design

Harris & Miller, 1990

Psychology of Addictive Behaviors, 4, 82-90

Problem drinkers randomly assigned to:

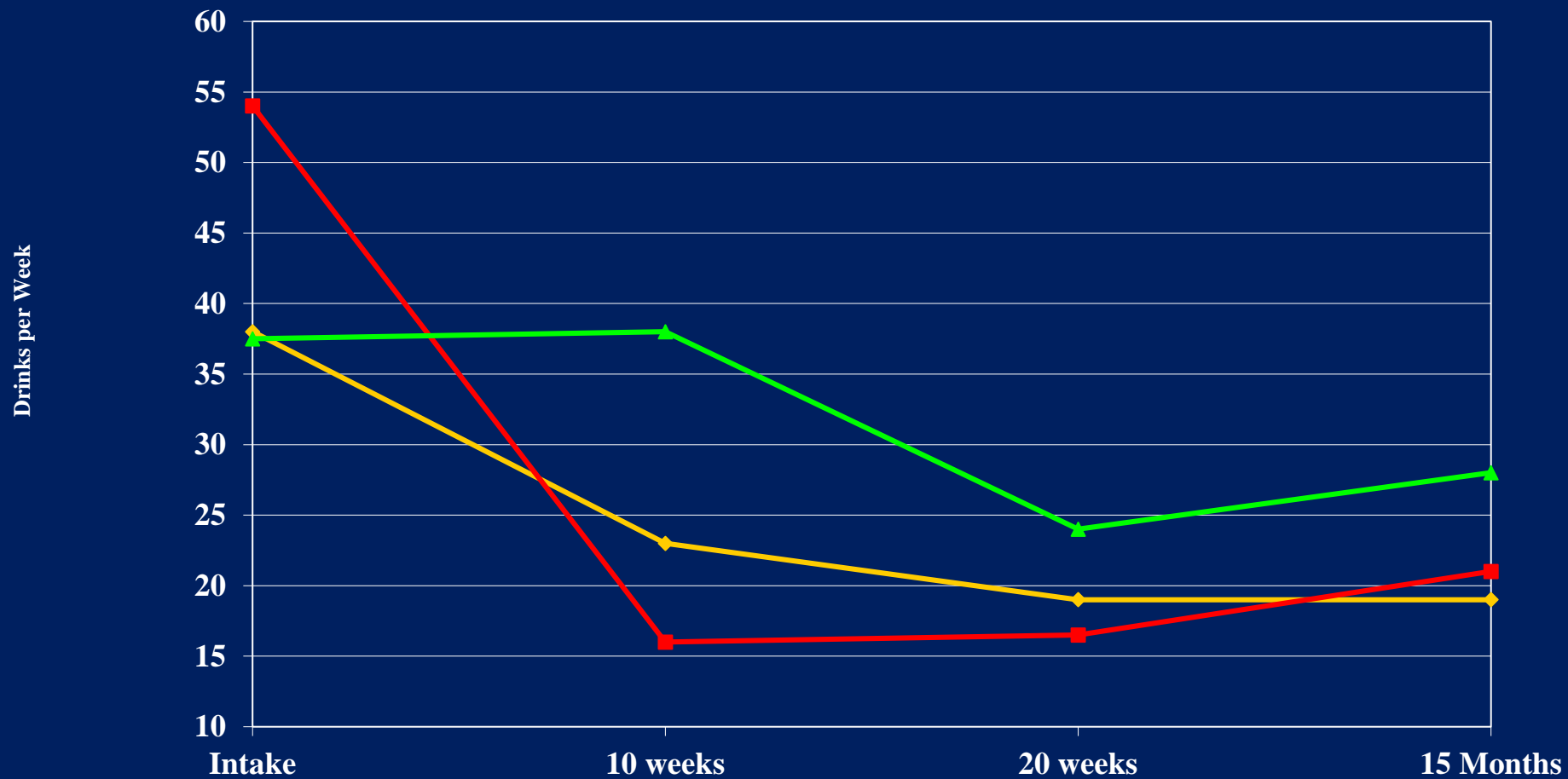
**Counselor-  
Delivered  
(10 Weeks)**

**Self-Help  
Manual  
(1 Session)**

**Waiting List  
(10 Weeks)**



# Drinking Outcomes



—◆— Therapist-Directed

—■— Self-Directed

—▲— Waiting List (2 groups)



Many controlled trials now show that relatively brief interventions can be effective in reducing problem drinking





And why do counselors' clients have such different outcomes when receiving the same treatment?

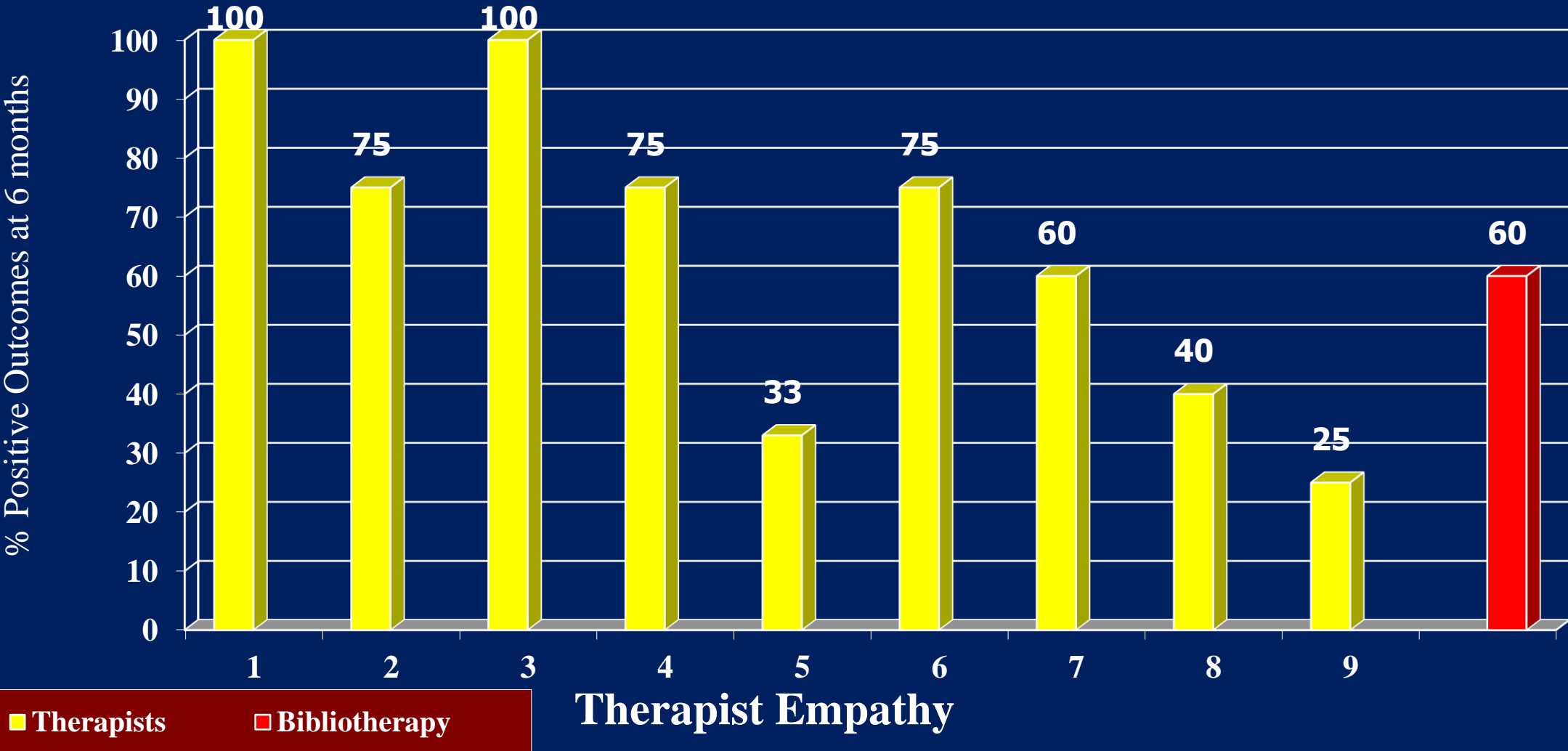
# Miller, Taylor & West, 1980

*Journal of Consulting and Clinical Psychology* 48:590-601

- Problem drinkers were randomly assigned to bibliotherapy or to one of nine outpatient counselors, all delivering the same treatment: behavioral self-control training
- 3 supervisors rated counselors' levels of accurate empathy (Truax & Carkhuff scale) with high inter-rater reliability



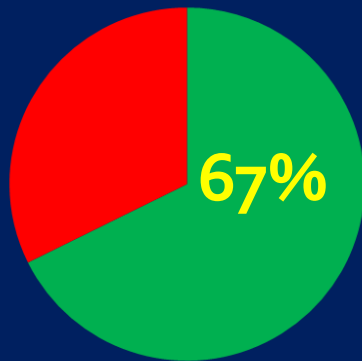
# Counselor Empathy and Client Outcomes



# Client Drinking Outcomes Accounted for by Therapist Empathy

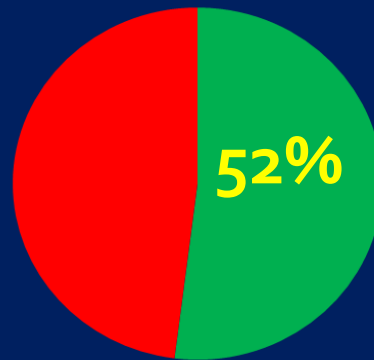
6 months

$r = .82$



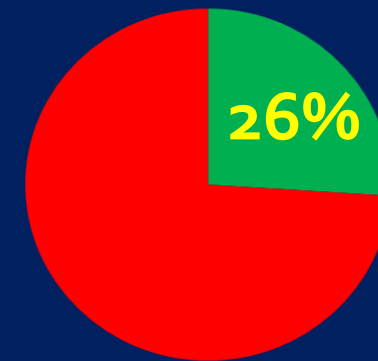
1 year

$r = .71$



2 years

$r = .51$



Miller & Baca (1983) *Behavior Therapy* 14: 441-448





1982 - A barbershop in Norway

# Basic Concepts

- The person, rather than the clinician, should be making the arguments for change
- Evoke the *person's* own concerns and motivations
- Listen with empathy
- Minimize resistance; don't oppose it
- Nurture hope and optimism
- Called it "motivational interviewing" (MI)
- Thought of MI as preparation for treatment



Back in New Mexico



# Testing Motivational Interviewing

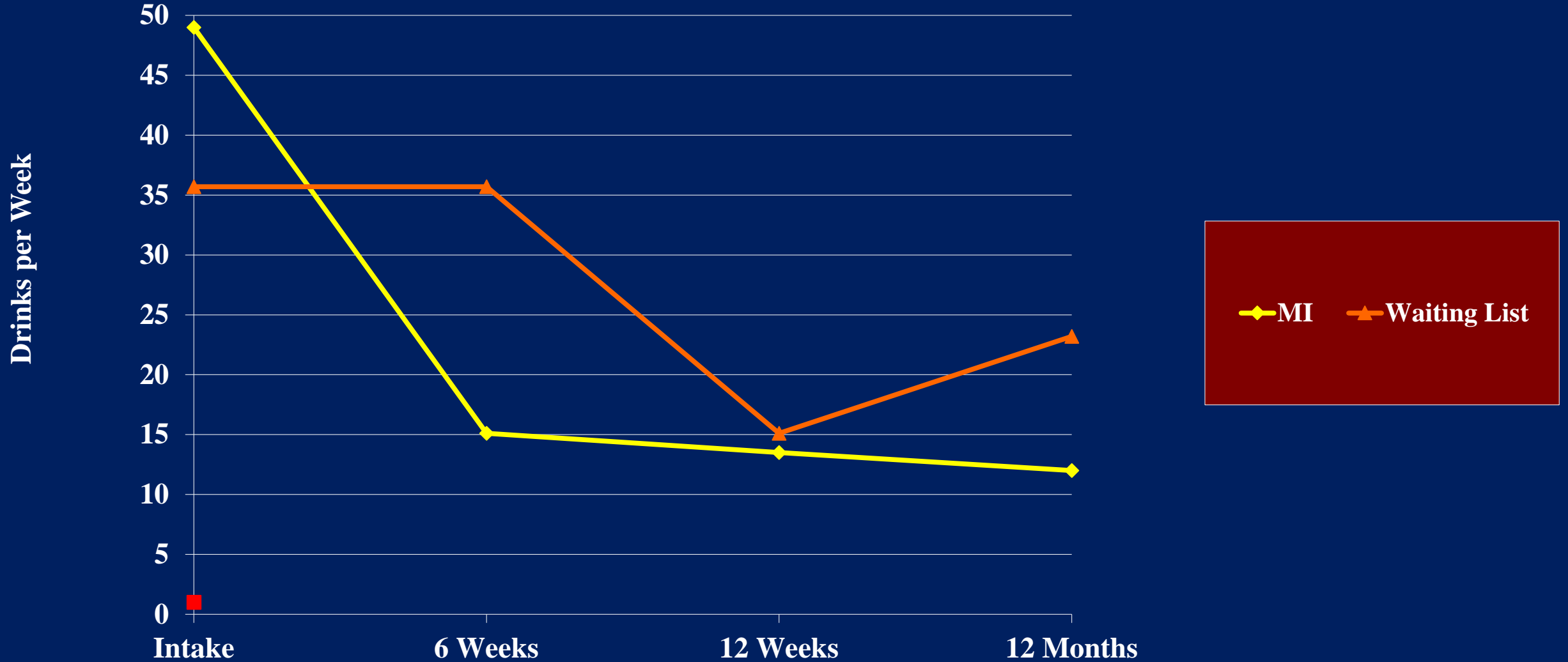
Problem drinkers were randomly assigned to:

Immediate motivational interview

or a 6-week waiting list group

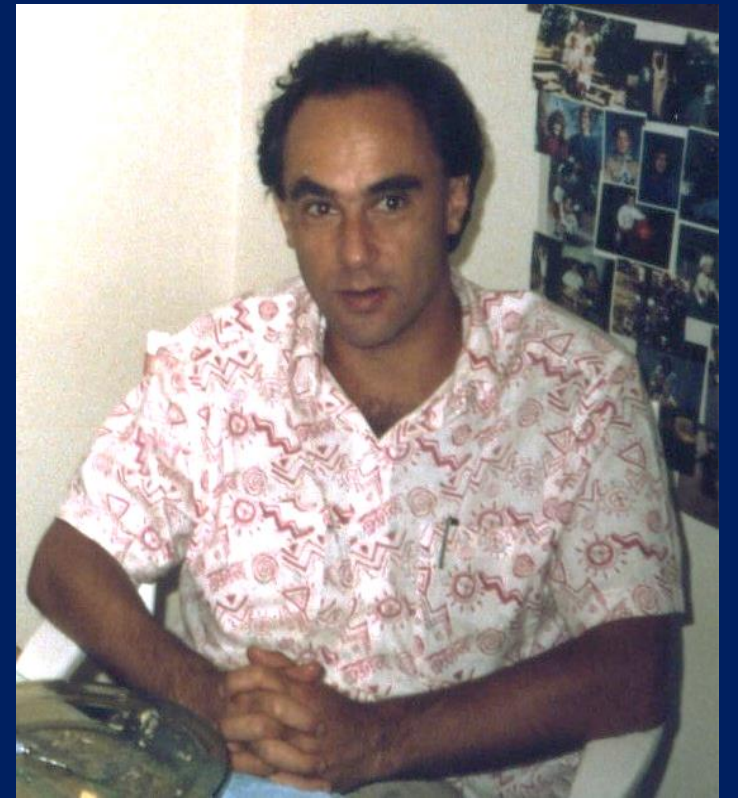
Miller, W. R., Benefield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology, 61*, 455-461.

# And again without further treatment . .



Steve Rollnick

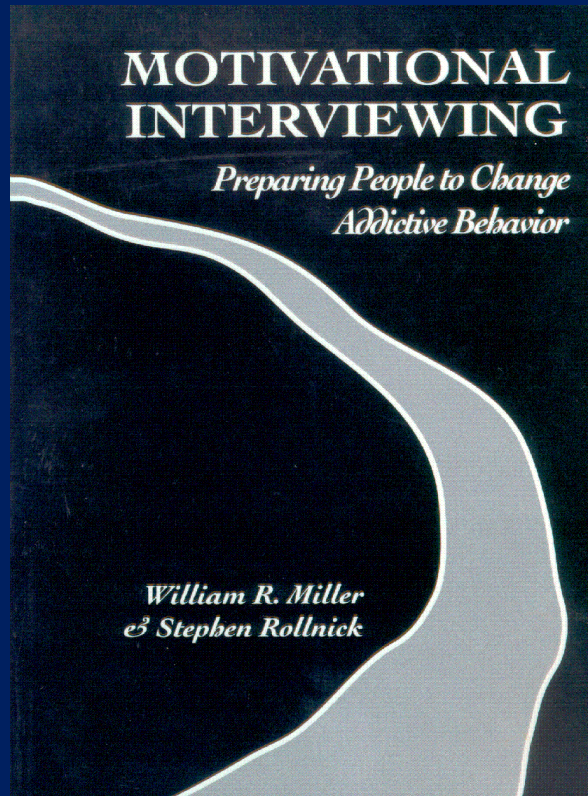
1989



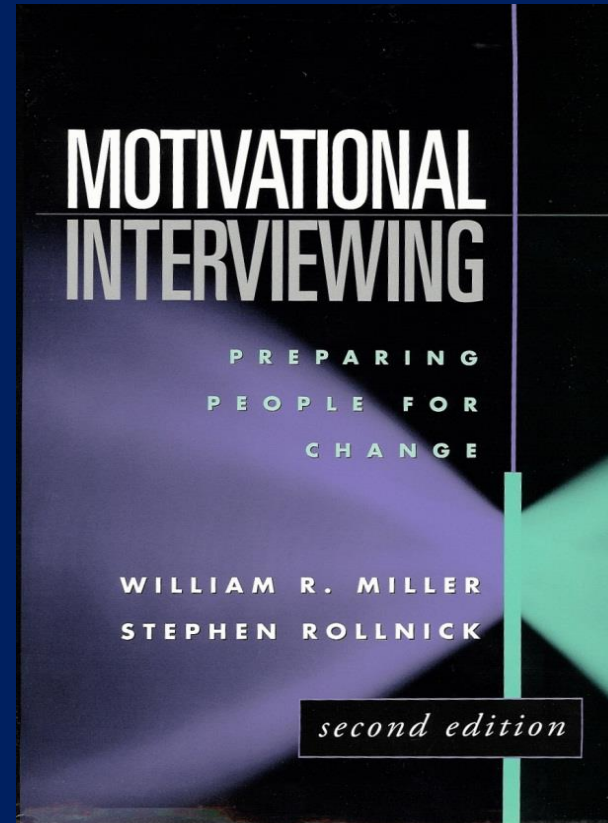
Sydney, Australia



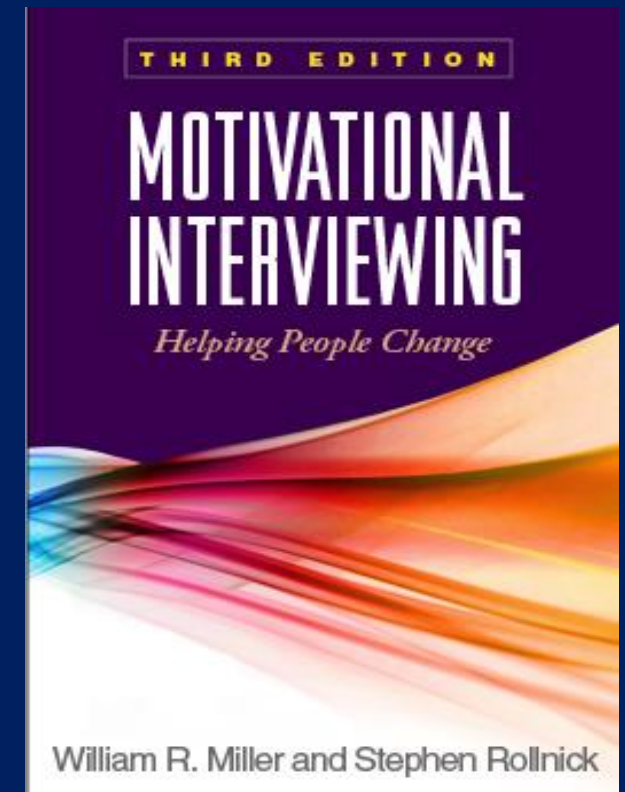
1991



2002



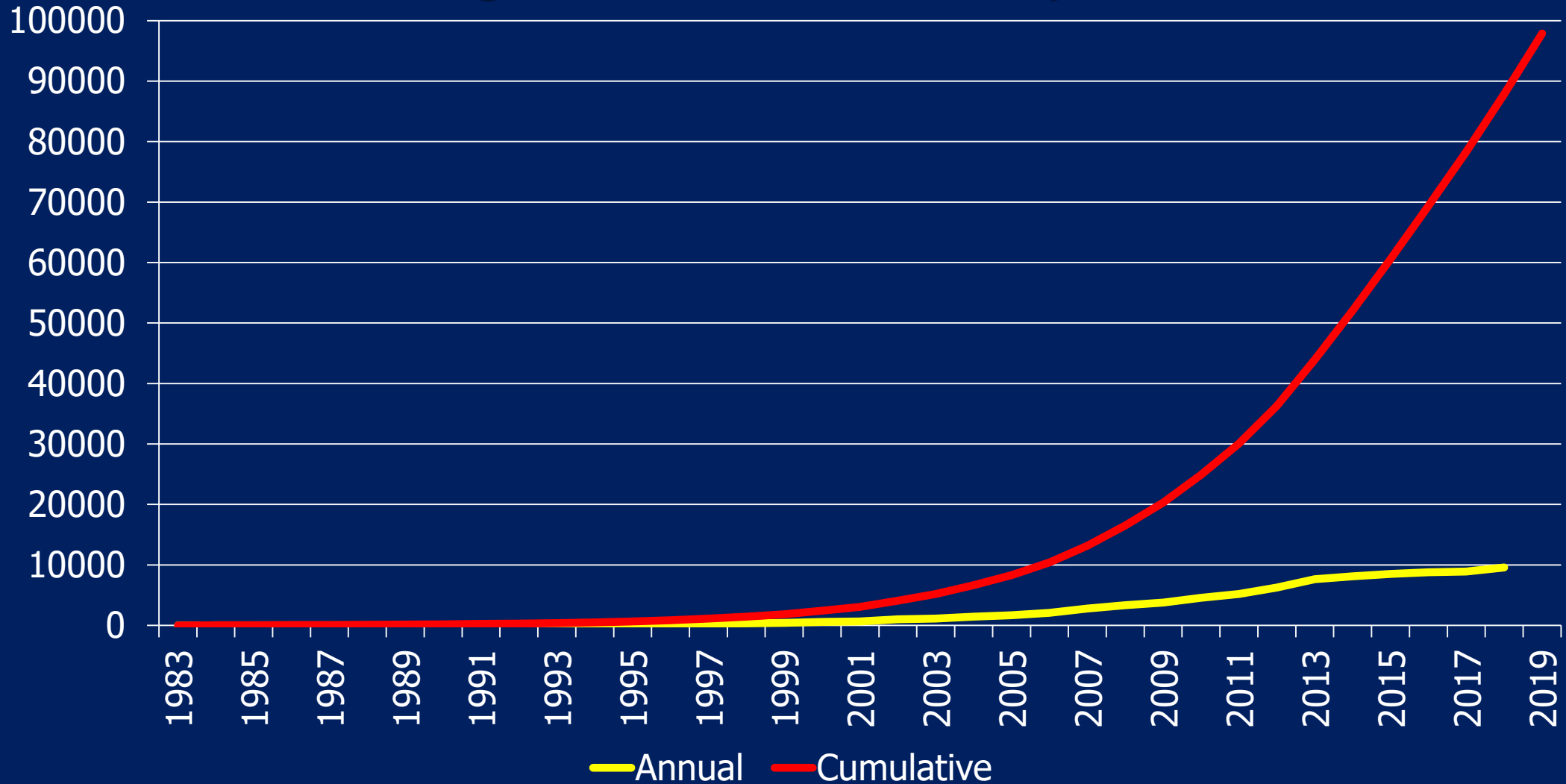
2013



**And motivational interviewing took off**

# Diffusion of MI

## Google Scholar Articles by Year



# Current Status of Motivational Interviewing

- More than 1,200 controlled clinical trials
- Over 100 meta-analyses and systematic reviews
- Being used in many professional fields
- >3,000 trainers through the MI Network of Trainers
- In at least 55 languages around the globe
  
- But it *started* in treating alcohol problems



# Motivational Interviewing

## What is it?

A person-centered counseling style for strengthening a person's own motivation and commitment to change

Four processes: Engaging, Focusing, Evoking, Planning

# **The Underlying Spirit of MI**







# Ambivalence

## A central issue in substance use disorders

- People are *normally* ambivalent about change
- They have inside them arguments *for* and *against* change
- If you tell/advise/argue *for* change, the client's *normal* response is to defend the status quo ("Yes, but . . .")
- MI helps people to *talk themselves into* change

# Research on MI with Alcohol Problems

- 1. MI is more effective than advice or no intervention**

# Controlled trials: MI vs. Control/Comparison

- 26 systematic reviews and meta-analyses
- Typically one MI session
- Significant, small to medium effect size
- Odds ratio 2.0 (twice as likely to reduce alcohol use)
- In primary care, emergency departments, with college students, adolescents and adults
- Also effective with smoking and gambling
- **Two examples:**



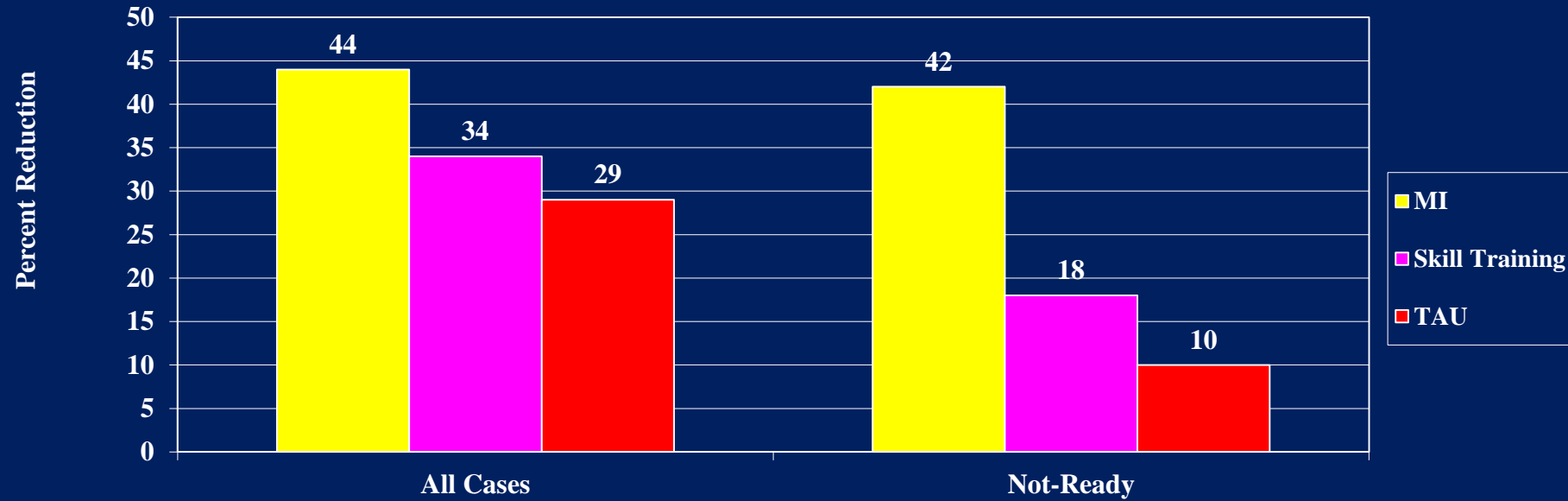
# Heather et al., 1996

Drug & Alcohol Review, 15:29-38

- Design           Block assignment
- Population       General hospital inpatients
- Nation           Australia
- N                 174 adult heavy drinkers
- MI                1 30-40 minute session
- Comparison     Skills training or usual treatment
- Follow-up       6 months

# Heather et al., 1996

Percent Reduction in Drinking



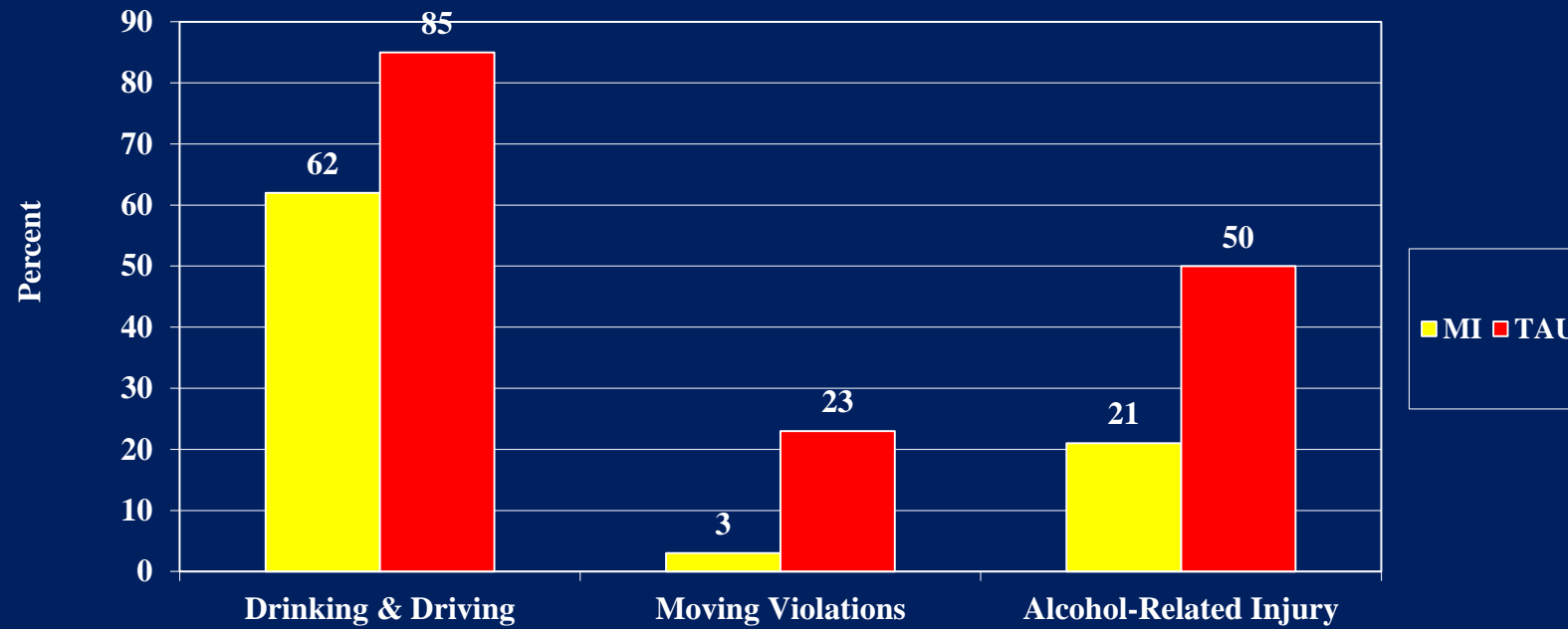
# Monti et al., 1999

Journal of Consulting and Clinical Psychology, 67:989-994

- Design Randomized clinical trial
- Population Emergency room
- Nation US (Providence, RI)
- N 94 adolescents (18-19)
- MI 1 session (35-40 min)
- Comparison Standard care
- Follow-up 6 months

# Monti et al., 1999

## Outcomes Over 6 Months



$p < .05$

$p < .05$

$p < .01$



# Research on MI with Alcohol Problems

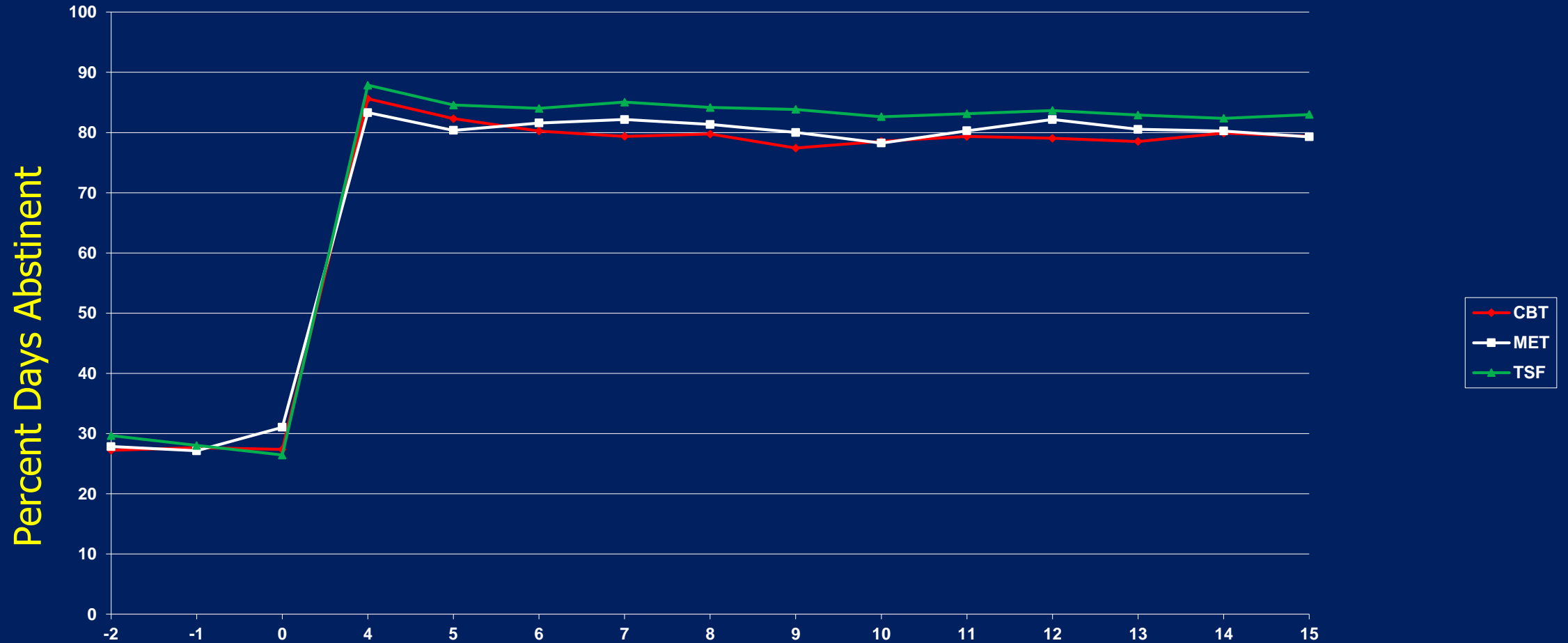
1. MI is more effective than advice or no intervention
2. **When compared with other/longer interventions, MI is often just as effective on average**

# Project MATCH, 1997

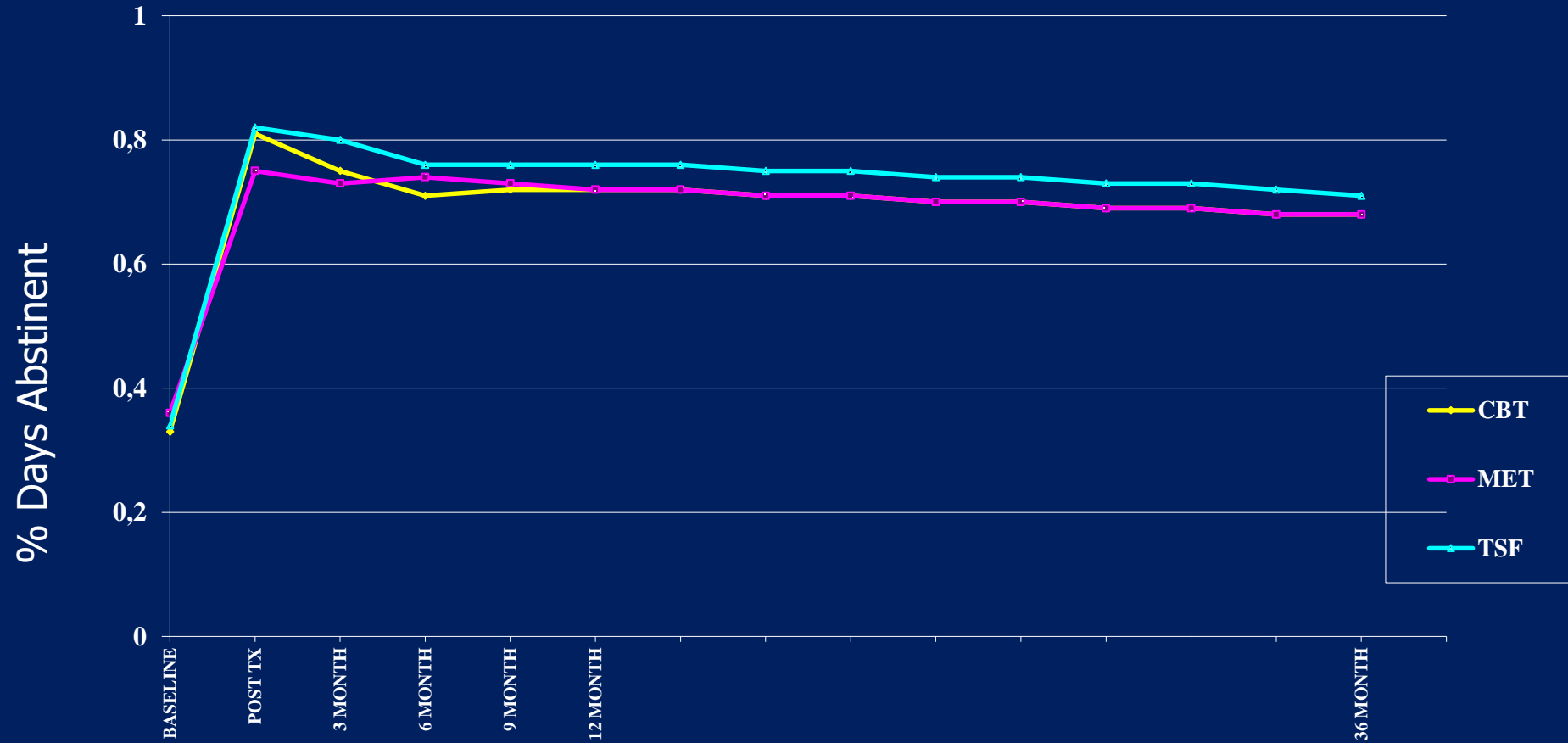
Journal of Studies on Alcohol, 58:7-29

- Design Randomized clinical trial
- Population Outpatient and aftercare
- Nation US (9 sites)
- N 1,726 adults
- MI 4 session MET
- Comparison 12 session CBT or TSF
- Follow-up 15 months post-treatment

# Project MATCH Outcomes over 15 Months



# MATCH: 3 Year Follow-up

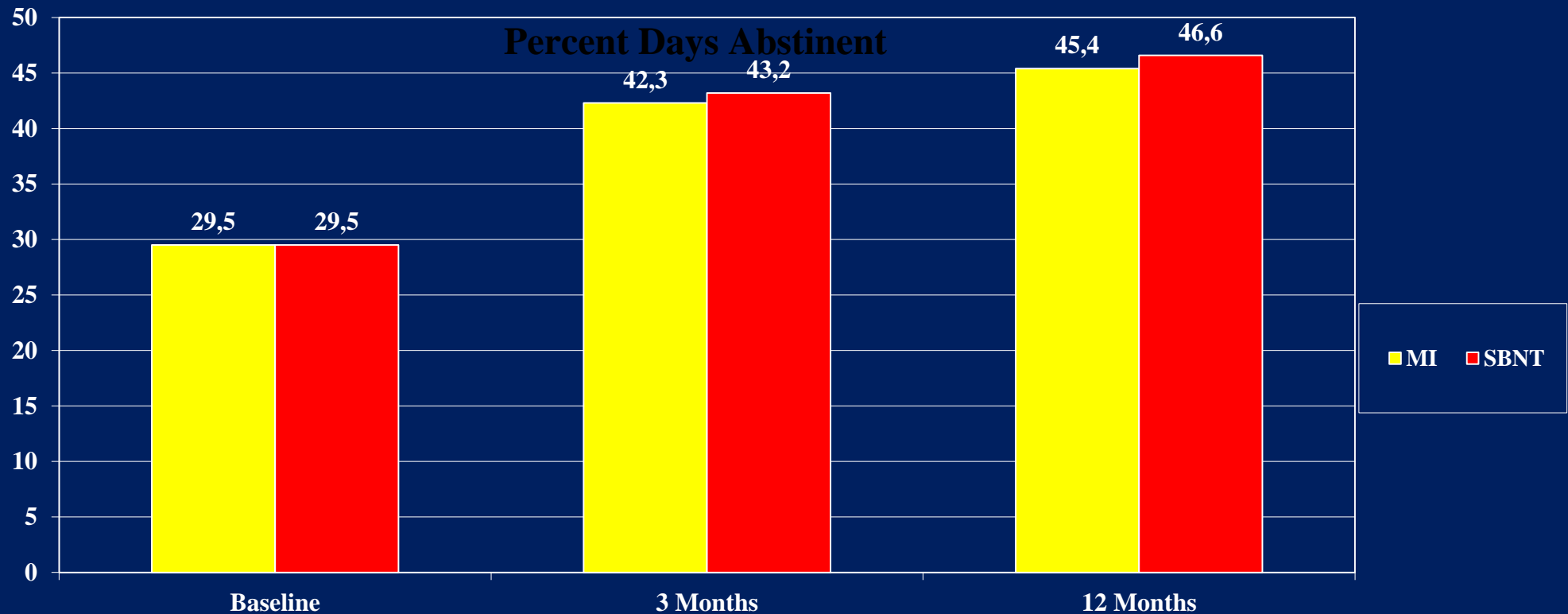




# U.K. Alcohol Treatment Trial

## MET vs. Cognitive-Behavioral/Family Therapy

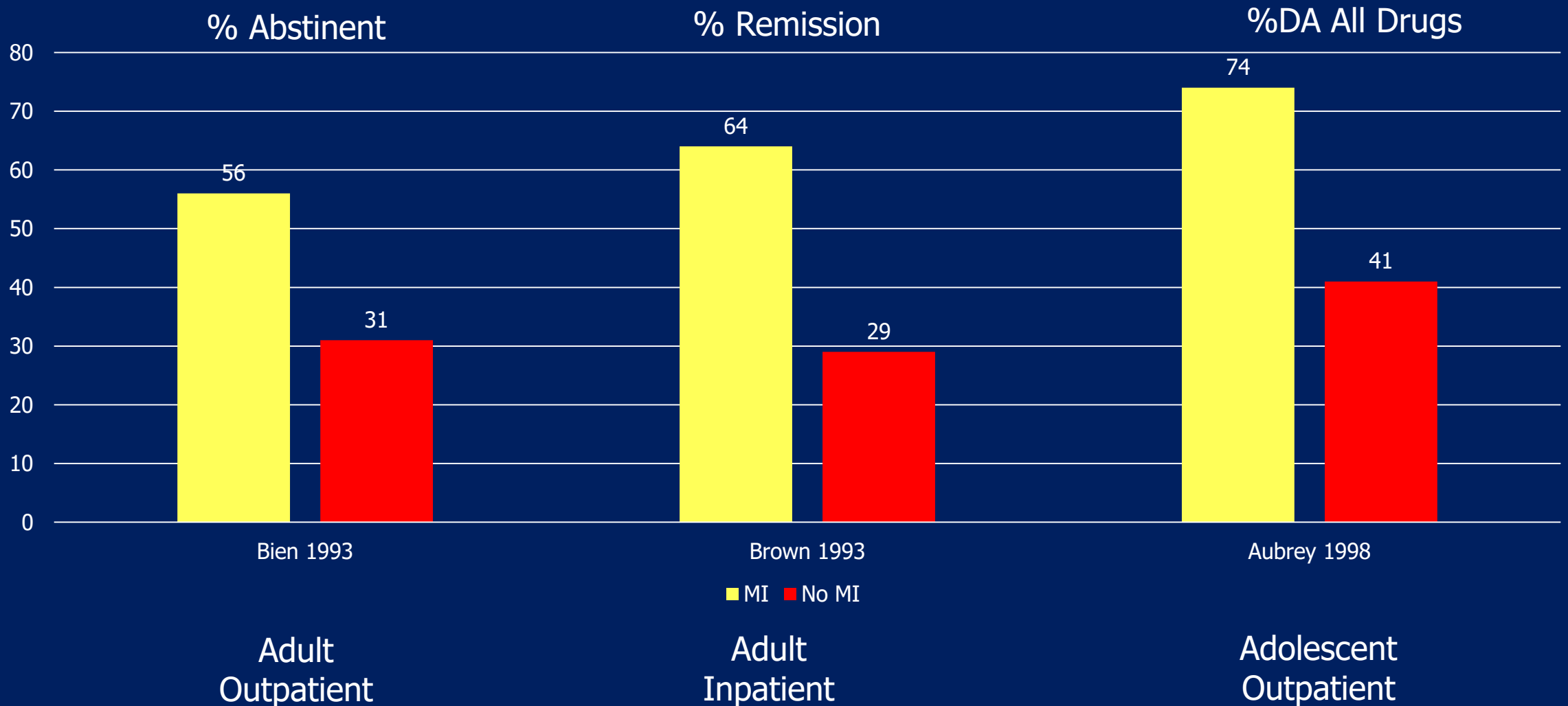
### Percent Days Abstinent



# Research on MI with Alcohol Problems

1. MI is more effective than advice or no intervention
2. When compared with other/longer interventions, MI is often just as effective on average
3. **When delivered early in treatment, MI can substantially improve client outcomes**

# Three Randomized Trials of MI at Intake



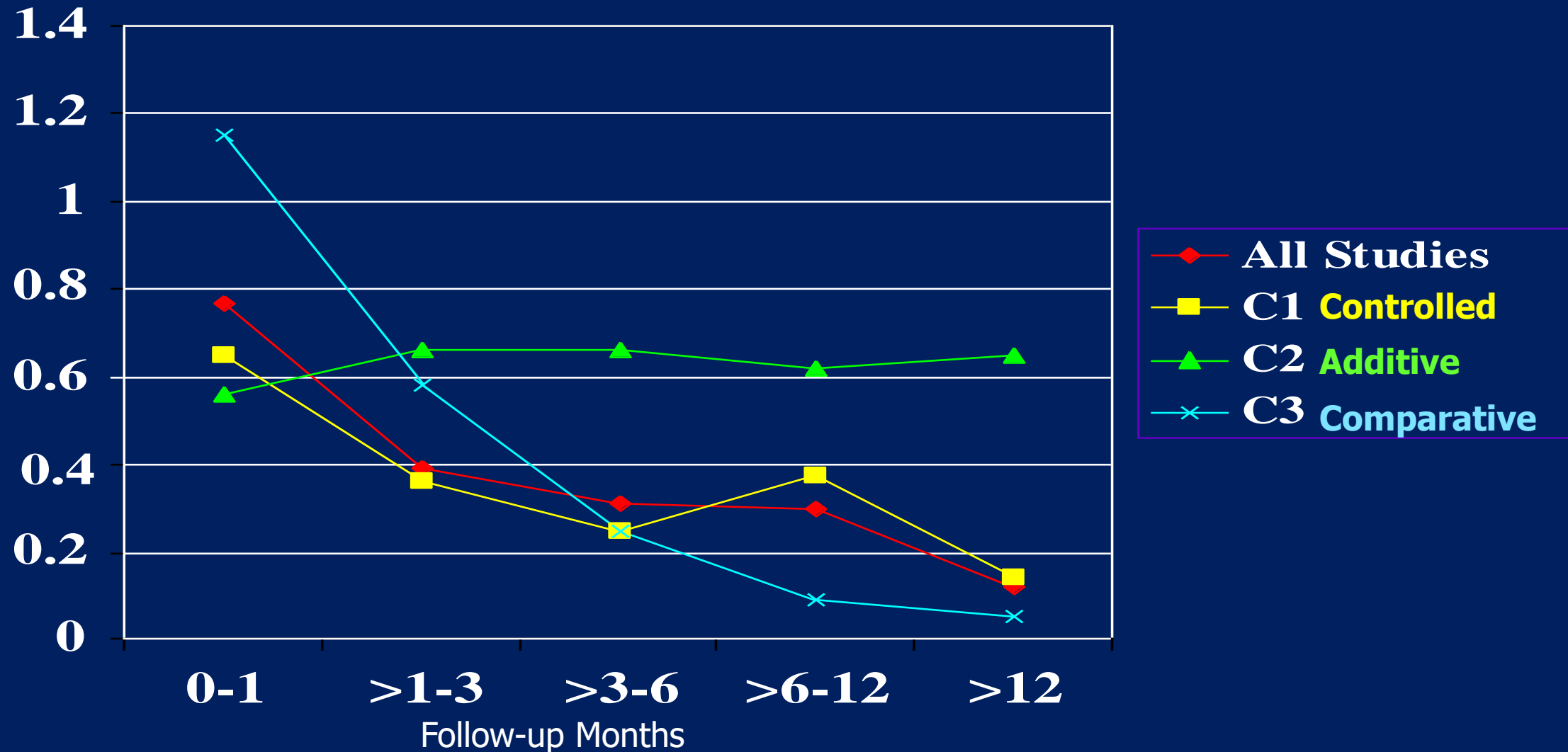
# Research on MI with Alcohol Problems

1. MI is more effective than advice or no intervention
2. When compared with other/longer interventions, MI is often just as effective on average
3. When delivered early in treatment, MI can substantially improve client outcomes
4. **When MI is added to another active intervention, the impact of both is larger and longer-lasting**



# Effect Size of MI Over Time

(Hettema et al, 2005, *Annual Review of Clinical Psychology*, 1, 91-111)



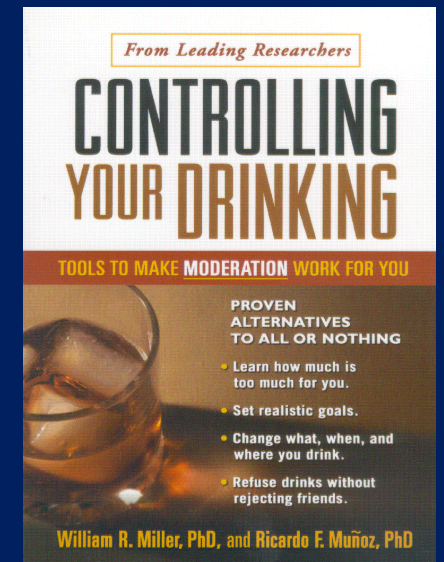
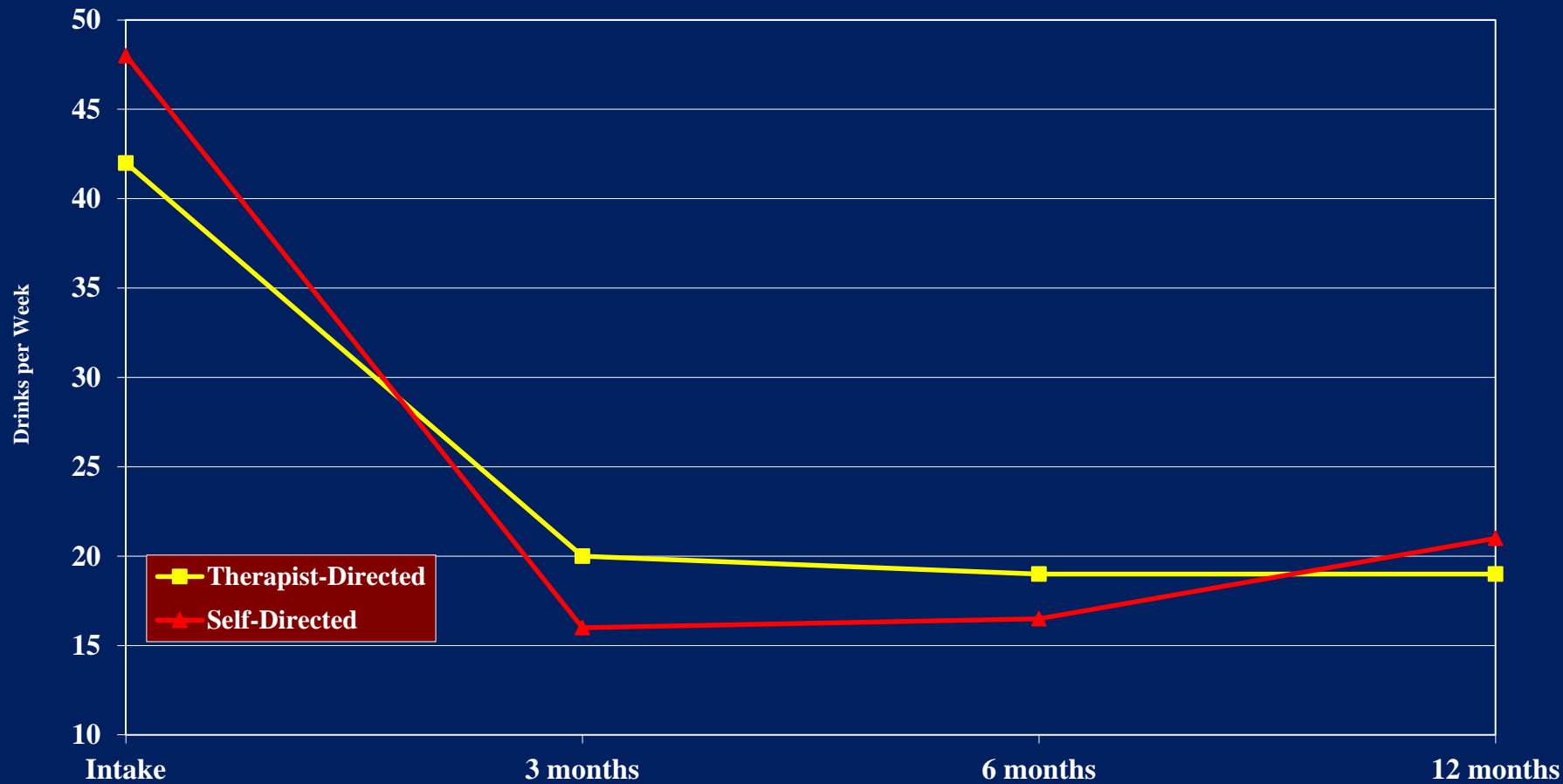
The most common use of MI in recent trials has been in *combination* with other evidence-based treatment methods

MI as a *way of doing* what else you do.

# Treating Less Severe Alcohol Use Disorders

- A common source of conflict in American treatment programs is insistence on lifelong abstinence
- People with lower-severity alcohol problems/dependence are more likely to drink moderately than abstain
- People with higher-severity alcohol dependence are most likely to succeed with abstinence
  - Many discovered that they preferred abstinence!

# Remember: Clients were successful working on their own with one session + self-help guidance



Miller, Gribskov & Mortell (1981). *International Journal of the Addictions*, 16:1247-54



# In summary, motivational interviewing:

- Was originally developed to treat alcohol problem
- Evidence-based: 26 systematic/meta-analytic reviews
- Is typically brief: 1-3 sessions
- Is more effective than advice, confrontation, no treatment
- Is as effective, on average, as longer treatments
- Significantly improves outcomes when added to a program
- Combines well with many other treatment methods as “a way of doing what else you do” and increases efficacy
- Can be used to treat less severe alcohol use disorders

# And a few cautions:

- Effectiveness varies widely across studies, sites, and therapists
- The method is simple and learnable, but not easy
- As with any complex skill, proficiency requires more than reading and workshop training
- Self-perceived competence is unreliable
- There is extensive research on learning, training, and quality assurance of MI

