

Application for an Evidence-Based Practice Review

Practice Title	Motivational Interviewing
Author	William R. Miller Dept of Psychology and Psychiatry, University of New Mexico
Author's Contact Information	wrmiller@unm.edu
Population by sub-categories: Age, ethnicity, gender	Dr Miller introduced the initial concept paper in 1982 as a technique for working with problem drinkers. Miller, W.R. (1983). Motivational interviewing with problem drinkers. Behavioral Psychotherapy, 11, 147-172 Since then M. I. Principles have been applied to a vast Array of populations such as: MI with Adolescents Presenting for Outpatient Substance Abuse Treatment, Lauren Aubrey Lawendowski, 1998, Eating Disorders, Janet Treasure, Ulrike Schmidt, Removing Barriers: Dual Diagnosis Treatment and M. I. Kathleen Sciacca, Professional Counselor, Application of M. I. To Prenatal Smoking Cessation training and Implementation Issues, Mary M. Velasquez, Jaklyn Hecht, Carlo Di Clemente, ...and others.
Practice Type (behavioral/prevention)	Behavioral
Training/TA (Experts in and out of state and contact information)	Kathy Tomlin (kmtsioux@aol.com), William R Miller & Stephen Rollnick www.unm.edu/~psych/faculty/miller.html
Brief Description (Include essential components)	<i>Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.</i> Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.
Limitations of Practice (Related to particular populations or diagnoses)	It appears that the only limitations of this practice are to be found in the expertise of the person(s) who try to incorporate M. I. Techniques into their counseling activities. Because the practice appears to be non-directive and lacking in required skill sets many people think they are practicing Motivational Interviewing when in reality they cannot document actual M.I. skills that are being used.

The practice will be reviewed based on operational criteria from the OMHAS Operational Definition for Evidence-based Practices. Please describe the practice in terms of each of the following attributes. See the following page for definitions.

Transparency:	There is an overwhelming body of research which supports the efficacy of this practice. Much of this research has been published in peer-reviewed journals
Research: (Attach relevant information to the application or list literature)	Probably thousands of references are readily available which reference this practice. Many websites are found which talk only of Motivational Interviewing Techniques. An excellent site with multiple links is:

references)	http://www.motivationalinterview.org/library/abstractsemp.html .
Standardization	<p><i>Motivational Interviewing: Professional Training Videotape Series, 1998</i> William R. Miller & Stephen Rollnick Directed by Theresa B. Moyers</p> <p>Miller, W.R., Zweben, A., DiClemente, C.C., & Rychtarik, R.G. (1995). Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. NIH/NIAAA: Rockville, MD.</p> <p>Obert, J. L., Rawson, R. A., Miotto, K. (1997). Substance Abuse Treatment for "Hazardous Users": An Early Intervention Journal of Psychoactive Drugs, July-September 1997, Vol. 29(3).</p>
Replication:	Hundreds of studies, vast majority of them show positive outcomes.
Fidelity Tool	Motivational Interviewing Treatment Integrity Code (MITI), Theresa B. Moyers, Tim Martin, Jennifer K. Manuel & William R. Miller, University of New Mexico
Meaningful Outcomes:	When the therapist uses the techniques of M. I. , (1) Open-ended questions, (2) Affirmations, (3) Reflective listening and (4) Summaries, the outcomes are well documented to be extremely positive in just about all populations. Using the techniques of M. I. Is also easier on the therapist as evidenced by the lower burnout that seems to occur when M.I. is used by a treatment staff.