



# A Motivational Interviewing Failure: Hazards of a Therapy Manual?

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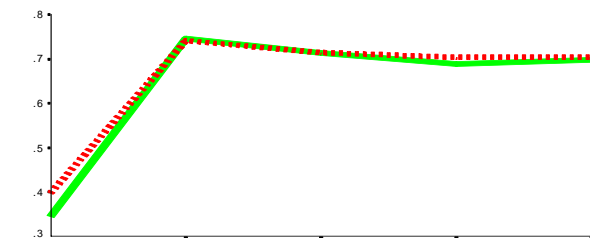
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## Abstract

Motivational interviewing (MI) is a directive, client-centered brief intervention to elicit behavior change by helping clients explore and resolve ambivalence (Miller & Rollnick, 2002). Prior clinical trials have supported the efficacy of MI with substance use disorders including alcohol, marijuana, and opiates. In this clinical trial, 152 outpatients and 56 inpatients entering public agencies for treatment of drug problems were randomly assigned to receive or not receive a single session of manual-guided MI. Drug use was assessed by self-report, urine toxicology, and collateral reports from significant others at baseline, 3, 6, 9, and 12 months. Contrary to prior reports, MI showed absolutely no effect on drug use outcomes when added to inpatient or outpatient treatment, although both groups showed substantial increases in abstinence from illicit drugs and alcohol. Psycholinguistic analyses of treatment videotapes revealed clearly different patterns of client in-session speech for those who had good vs. poor outcomes. Clients with poor outcomes were those who showed decreasing commitment to change when pressed to accept feedback or complete a change plan, as required by the therapist manual. Adherence to the therapist manual may have undermined the flexible use of motivational interviewing in responding to client resistance and change talk.

## The Puzzle

It is a reasonably consistent finding that MET (Motivational Enhancement Therapy) when added to treatment for substance abuse significantly improves treatment retention, adherence, and outcome. In several prior randomized trials we found a doubling of post-treatment abstinence rates among those given MET. Yet in this trial, absolutely no benefit was found from adding MET to drug abuse treatment, despite the fact that the therapists' manual, certification and training were done by a progenitor of MET (Miller). What went wrong?



Percent Days Abstinent With and Without Motivational Interviewing  
Months of Assessment

## The Intervention

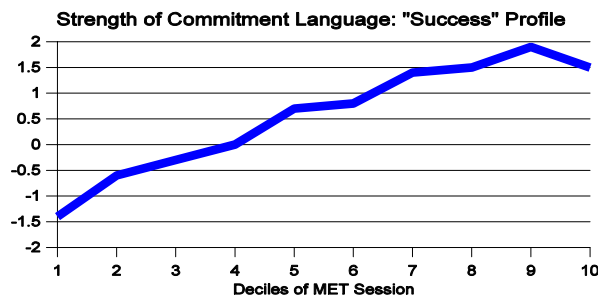
For this study, MET was designed as an individual one-session intervention. Dividing the session into deciles, it followed roughly this format:

Deciles	Content
1-2	Motivational interviewing
3-6	Assessment feedback (MET)
7-9	Motivational interviewing
10	Developing a change plan

## Commitment Language

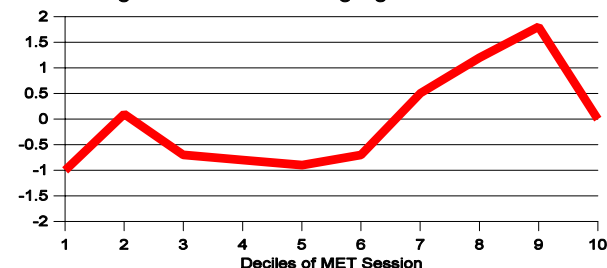
The underlying theory of motivational interviewing posits that by eliciting "change talk," the therapist helps the client to resolve ambivalence toward commitment to change. A pattern of increasing commitment language during an MI session is associated with higher levels of subsequent behavior change.

All MET sessions were videotape recorded, and all client utterances were rated using a psycholinguistic coding system for strength of commitment to behavior change (in this case, drug abstinence). In this system, a score of -2 reflects strong commitment to continue using drugs, and a score of +2 bespeaks strong commitment to abstinence. Consistent with motivational interviewing theory, treatment outcomes (percent days abstinent) were strongly predicted by the pattern of client commitment language during the MET session. Clients who entered treatment averaging 80% drug using days, but who were mostly abstinence through a year of follow-up showed this pattern



In contrast, clients who continued to use drugs on most days during follow-up had shown this pattern of commitment language during the MET session:

## Strength of Commitment Language: "Failure" Profile



The single best predictor of outcome was the level of commitment at the end of the session (decile 10).

## Hazards of Manualized MET?

The "failure" pattern differs from the "success" pattern in two respects. The first is a reversal in commitment strength at decile 3; the second is a precipitous drop at decile 10. Why?

It appears that "failure" clients were responding well to motivational interviewing until the therapist switched to giving assessment feedback; then the client began "resisting." After feedback, clients again showed the characteristic pattern of increasing commitment language with motivational interviewing *until* the therapist (as prescribed in the manual) pressed for a change plan at decile 10. At this point, commitment strength deflates rapidly. A competent motivational interviewer would attend to these shifts in client language, and would not persist with strategies that increase resistance. The MET manual did not provide such flexibility, however; the therapist was required to press ahead whether or not the client was ready for feedback or a change plan. The result is exactly what would be predicted from the theory of motivational interviewing.

Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (in press). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology*.

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