



RESPONSE

# Motivational Interviewing or MAPS?

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**Multi-agency response for reporting of GBV in maternal health services (RESPONSE)**

*Grant number: JUST/2015/RDAP/AG/MULT/97460*

Theory & Definition

Scientific evidence: outcome, process & training research

MI & Gender-based violence

Motivation and Problem Solving (MAPS)



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# 01 Motivational Interviewing Theory & Definition



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Client centered therapy  
(Rogers C., 1947)

Counselors' empathy and client outcomes across 2 years (Miller, 1983)

Psychological resistance  
(Brehm & Brehm, 1981; Patterson  
et al., 1984; Patterson & Forgatch,  
1985)

Confrontation & In-session resistance and subsequent client drinking  
(Miller 1993)

Transtheoretical model  
of change (Prochaska &  
DiClemente, 1984)

Less motivated clients & the decisional balance (Amrhein, Miller, Yahne,  
Palmer, & Fulcher, 2003; Gaume, Bertholet, Faouzi, Gmel, & Daeppen, 2010; Glynn &  
Moyers, 2010)

Ambivalence  
(Eysenk, 1976; Rollnick, 1991)

Key psychological component for change

William R. Miller, Ph.D.

University of  
New Mexico, US



“Motivational interviewing is a directive, client-centered counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence”

Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and cognitive Psychotherapy*, 23(4), p. 325

Stephen Rollnick, Ph.D.

University of Wales  
Cardiff, UK



“Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”

Miller, W. R., & Rollnick, S. “Motivational interviewing: Helping people change”. *Guilford press*, (2013), p.12

Spirit | Collaboration – Acceptance – Compassion - Evocation

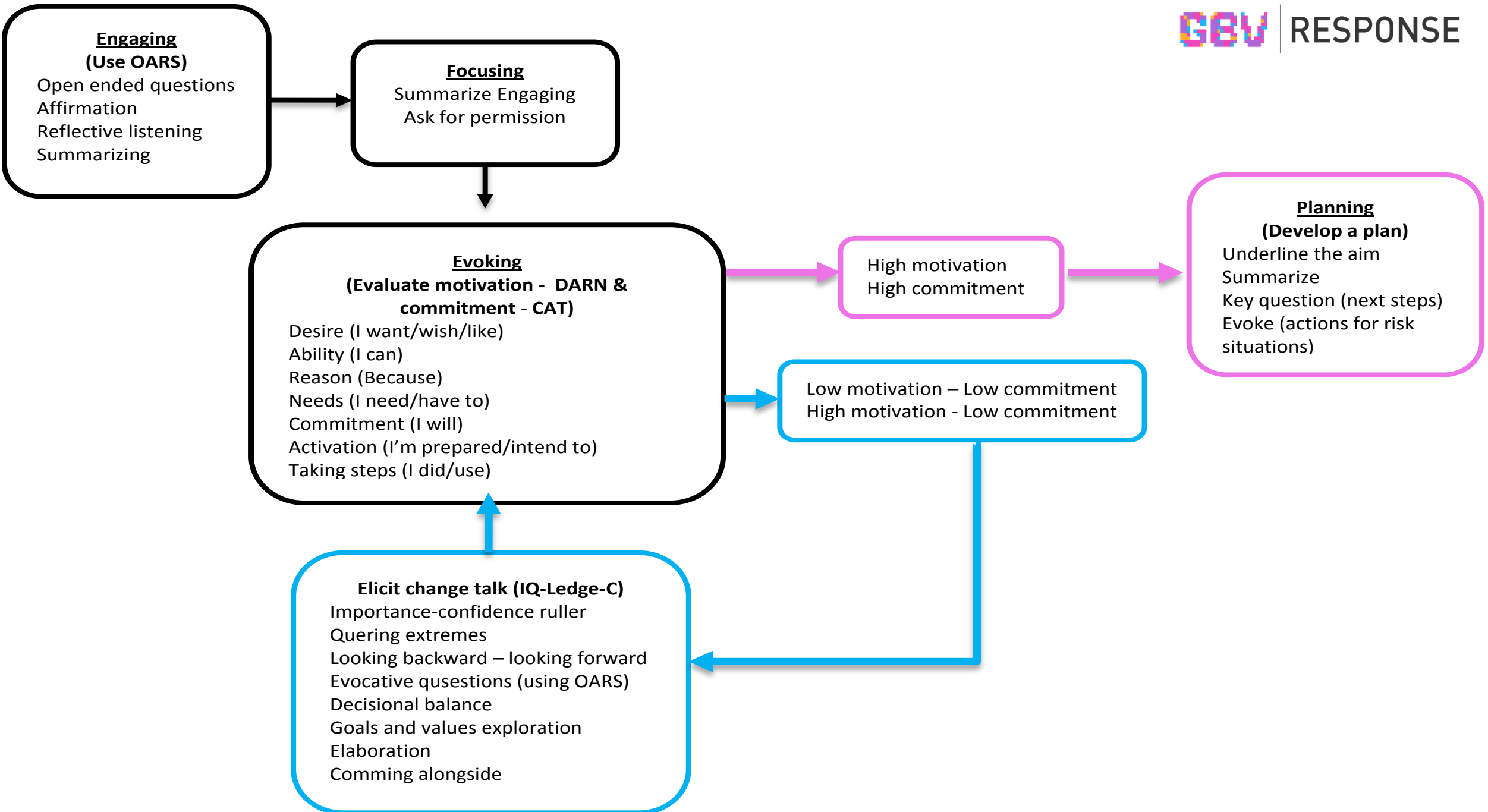
Principles | RULE

Processes | Engaging – Focusing – Evoking - Planning

Skills | OARS: Open ended questions – Affirmations – Reflections  
Summarizing

Techniques | IQ-LEDGE-C

Talk | Change talk (DARN-CAT) vs Sustained talk

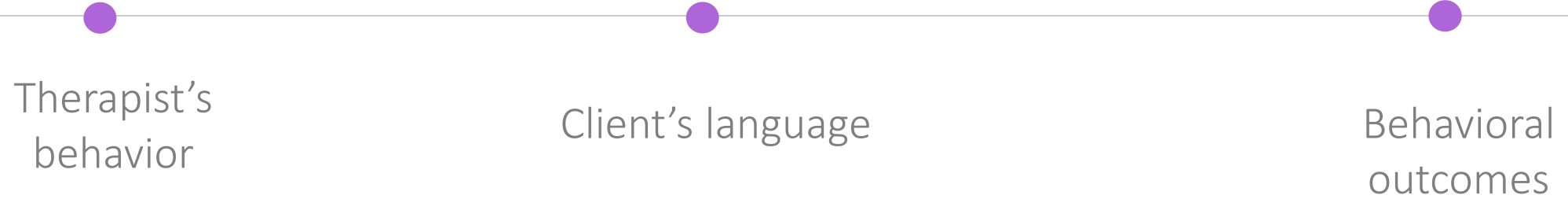




# 02 Motivational Interviewing Scientific evidence







2009 – 2016: 14 studies

MI skills increase change talk

Confront + advice giving + low empathy increase sustained talk

Change talk leads to behavioral change

Copeland, L., McNamara, R., Kelson, M., & Simpson, S. (2015). Mechanisms of change within motivational interviewing in relation to health behaviors outcomes: a systematic review. *Patient education and counseling, 98*(4), 401-411.

Miller, W. R., & Moyers, T. B. (2017). Motivational interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology, 85*(8), 757.

1963 – 2004: 72 clinical trials (15 516 studies)

Miller & Rollnick MI & Control group (Traditional advice giving)

Individual interviews (n=68); Group interviews (n=3); Phone interviews (n=1)

10 – 120 minutes (10, 20, 30, 45, 60, 120)

1 to 5 meetings

Psychologists (55%), Physicians (30%), Nurses/Midwives(15%)

## Results

74% (53/72) small to moderate effect

No adverse effects

Effects not related with practitioners' profession

Lifestyle behaviors & Treatment adherence

Duration	60 min	81% (26/32)
	20 min	64% (7/11)
No. of meetings	1	40% (10/25)
	5	87% (13/15)
Follow-up	3 months	36% (4/11)
	12 months	81% (26/32)
Specialists	physician	83% (19/23)
	psychologist	79% (33/42)
Problems approached	addictions	75% (35/47)
	physiological problems	72% (18/25)
Measurements	direct	75% (33/44)
	indirect	74% (53/72)

1983 – 2011: 48 clinical trials (9 618 participants, 5 551 studies)

## Results

Prognostic markers: systolic pressure, blood cholesterol, HIV (viral load)

Disease endpoint: death rate, dental caries

Behaviors: alcohol (quantity & dangerous consumption, smoking abstinence)

Quality of life indicators: worry, anxiety, depression, perceived pain, disease adjustment

Treatment adherence: self-monitoring, appointment, decrease pain self-medication

Positive effect: 63% of studies

Non-influential factors: medical setting, disease stage, practitioners' training time, age – sex – ethnicity, no of MI meetings and delivery format

Influential factors: MI quantity

Studies describing MI training (Miller & Rollnick) for practitioners in general health care (physician, nurses, dieticians)

1999 – 2009: 10 studies

Unites States (n=1), Canada (n=1), Europe (n=6)

Primary care, acute care, home care organizations, maternity care, child health care, school health services

Domains: lifestyle, diabetes, smoking, alcohol, medication adherence, weight, diet, physical activity

Duration: 20 minutes – 3 days (M=9 hours)

Components: MI spirit, MI skills, recognize, reinforce & elicit change talk, roll with resistance, develop a plan, commit to a change plan, switch between MI & other intervention styles

Results: participants' reaction (n=4), MI competence (n=4), clinical use (n=7), patient health (n=2)

Söderlund, L. L., Madson, M. B., Rubak, S., & Nilsen, P. (2011). A systematic review of motivational interviewing training for general health care practitioners. *Patient education and counseling*, 84(1), 16-26.



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# 03 Motivational Interviewing GBV



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1. Weir, B. W., O'Brien, K., Bard, R. S., Casciato, C. J., Maher, J. E., Dent, C. W., ... & Stark, M. J. (2009). Reducing HIV and partner violence risk among women with criminal justice system involvement: a randomized controlled trial of two motivational interviewing-based interventions. *AIDS and Behavior, 13*(3), 509-522.
2. Interviewing, M., & Workgroup, I. P. V. (2010). programs and practice.
3. Cunningham, R. M., Chermack, S. T., Zimmerman, M. A., Shope, J. T., Bingham, C. R., Blow, F. C., & Walton, M. A. (2012). Brief motivational interviewing intervention for peer violence and alcohol use in teens: one-year follow-up. *Pediatrics, 129*(6), 1083-1090.
4. Saftlas, A. F., Harland, K. K., Wallis, A. B., Cavanaugh, J., Dickey, P., & Peek-Asa, C. (2014). Motivational interviewing and intimate partner violence: a randomized trial. *Annals of epidemiology, 24*(2), 144-150.
5. Woodin, E. M. (2015). Motivational interviewing for intimate partner violence. In H. Arkowitz, W. R. Miller, & S. Rollnick (Eds.), *Applications of motivational interviewing. Motivational interviewing in the treatment of psychological problems* (pp. 320-343). New York: Guilford Press.



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# 04 Motivational and Problem Solving (MAPS)



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MI characteristics: relative advantage, compatibility, simplicity, observability, trialability

Integration of MI: cognitive and behavioral interventions

Specific problems: generalized anxiety, depression, addictions, obsessive-compulsive disorders, HIV medication adherence, **intimate partner violence**

Miller, W. R., & Moyers, T. B. (2017). Motivational interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology, 85*(8), 757.

## Motivation and Problem Solving (MAPS)

Substance use

Theoretical basis: Social cognitive theory & Motivational Interviewing

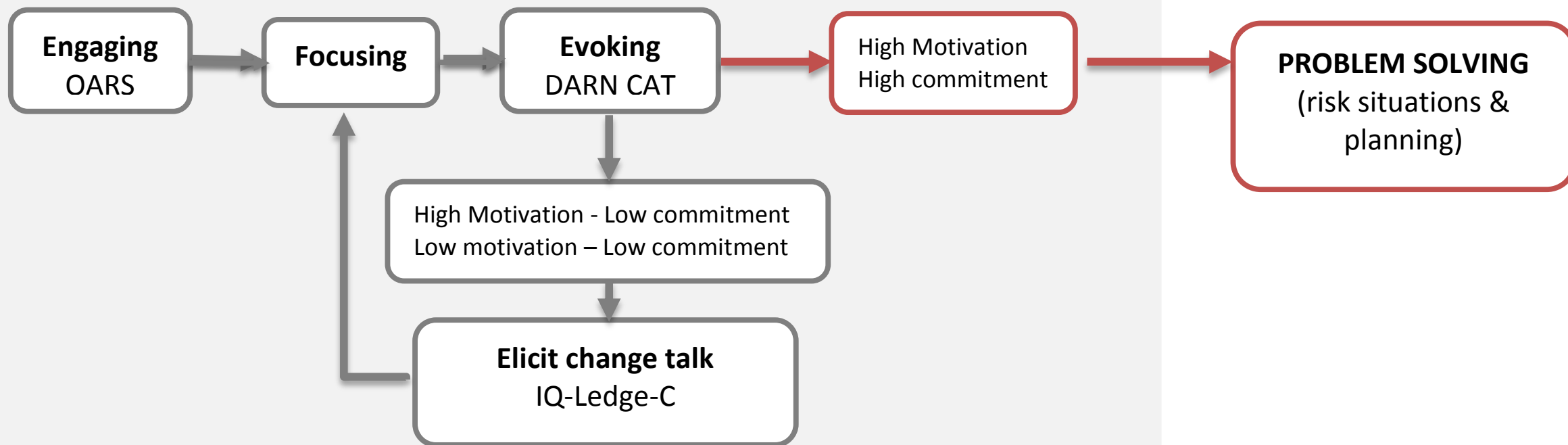
Mechanisms: Motivation & Stress and Negative Affect & Social Cognitive Constructs

Coping skill training/Problem solving techniques & Motivation enhancement strategies

Vidrine, J. I., Reitzel, L. R., Figueroa, P. Y., Velasquez, M. M., Mazas, C. A., Cinciripini, P. M., & Wetter, D. W. (2013). Motivation and problem solving (MAPS): Motivationally based skills training for treating substance use. *Cognitive and Behavioral Practice, 20*(4), 501-516.

# Motivation and problem solving (MAPS)

## INCREASE MOTIVATION



*COLLABORATION – EVOCATION – ACCEPTANCE – COMPASSION*

WELLNESS PLAN



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