

# Sometimes it's best to break the rules

When the mandates of motivational interviewing mean you seem less than genuine, the socially skilled counsellor will do more of what comes naturally. By Mike Ashton

Motivational interviewing is the most influential counselling style in substance use treatment. Its originator William Miller reframed resistance as neither the manifestation of a character flaw nor a symptom of disease, but a product of interactions with therapists who impose abstinence goals and stigmatising diagnoses (study1). He developed an approach that explicitly avoided such deterrent interactions, instead relying on amplification of the client's ambivalence about their substance use.

This gave counsellors a distinct list of 'dos' and 'don'ts': ask open questions, reflect back the client's comments, don't argue, don't warn, don't tell the client what they 'must' do, don't explicitly confront, avoid labelling. The don'ts were intended to avoid the traps that provoke clients to defensively dig in their heels, disengage, or simply leave. Imagine then the seismic implications of discovering that in certain circumstances, the opposite was the case.

That's what happened in an analysis of data from a US trial of methods for training clinicians and counsellors in motivational interviewing. The analysis was published in 2005 (study 2), following publication of the main findings (study 3) the year before.

Importantly, the study had recruited an unusually diverse (in terms of initial proficiency) set of addiction counsellors and clinicians. Unlike other studies, it did not eliminate the less competent or

those still lacking after training, exposing the natural variation in performance.

These trainees were randomly allocated to different training programmes. Most basic was merely being given a training video and manual and told to train yourself; it had little impact. Second was a workshop that, it was stressed, was a platform from which trainees could learn by paying attention to and responding to their clients. They evidenced post-training improvements in counselling proficiency with an actor-client, but the gains had dissipated four months later when they submitted tapes of work with real clients. At this stage they were little better than untrained counsellors.

Another set of options followed the workshop with one of three forms of continuing support. One was mailed feedback on sample recordings of the trainee's counselling sessions, comparing their proficiency against expert practitioners. The second was six 'coaching' phone calls from the trainer to ask about problems and help solve them, incorporating role-play exercises. The third consisted of both, meaning counsellors could not only obtain expert guidance on their problems with clients, but also feedback on their sample sessions.

Each post-training option largely prevented the deterioration in proficiency seen after just the workshop. But only the third, enriched form of

continuing support made enough of a difference for proficiency also to be reflected in diminished resistance among the clients and statements indicative of real change to come. It seemed that the workshop's attempt to initiate self-generated learning was insufficient without a 'coach' to help trainees recognise when clients were or were not responding well and to offer guidance on how to respond.

Though a disappointment, the inadequacy of a one-off workshop was not entirely a surprise. The main way it had improved proficiency was to eliminate some of motivational interviewing's 'don'ts'. But in the absence of continued coaching, these quickly crept back, causing clients to disengage. Or at least, that was the presumption.

A second analysis (study 2) set out to test whether these and other therapist behaviours really had affected clients in the expected ways. It used the post-training, real-client audiotapes from the parent study to relate therapist behaviour to the degree to which clients cooperated with therapy, opened up emotionally and disclosed personal information.

The first surprise was that client engagement was unrelated to the frequency with which the therapist made statements compatible with motivational interviewing – its 'dos'. But engagement was strongly related to embodying its overall spirit and to

more general social skills including empathy, warmth, supporting the client's autonomy, and coming across as 'genuine', an amalgam of seeming open, honest and trustworthy. This last quality seemed to account for a twist in the findings with far-reaching implications.

Just as the number of 'dos' were unrelated to engagement, so too in the initial analysis were the number of 'don'ts' – another surprise. In theory, confronting clients, warning or directing them, and imposing advice, should have provoked resistance.

The shock came when the counsellor's general social skills were thrown in to the analytic mix. Now the frequency of 'don'ts' was significantly and quite strongly related to client engagement, but in the opposite direction to that expected: the more the counsellors 'broke the rules', the better clients engaged. Moreover, when socially skilled counsellors acted in these ways, they enhanced the effect their skills had on client engagement.

The interpretation was that within (and only within) the kind of empathic, caring context these socially skilled counsellors were able to create, doing things such as warning and expressing uncalled for advice and concern deepened the client's engagement with therapy. Socially skilled counsellors tended to avoid these risky manoeuvres, but also had the wherewithal to carry them off without alienating their clients – in fact, the reverse.

To the authors, 'genuineness' seemed the explanation. Therapists who honestly and openly expressed their concerns and gave advice they felt the client needed without holding their tongues, or trying to manipulate the client into doing the expressing for them, would have rated higher on being genuine, and perhaps also come across this way to the clients. Motivational interviewing's insights, such as rolling with resistance and avoiding confrontation, retain validity as general principles, but should not be seen as unbreakable rules.

Despite 'making sense', the report's results came from a single study, and should not be taken to give the green light to things like shaming and sarcasm, indicative less of good social skills and caring than the lack of them. And though it might be expected, we do not know if deepened client engagement in this study translated in to actual change in substance use.

The findings of this study can better be understood in the light of an evaluation (study 4) of a two-day motivational interviewing workshop

for US probation staff, who proffered glowing accounts and paper-and-pen evaluations of their improvements.

Disappointment came when these were checked against ratings of audiotapes of how they actually behaved before the workshop with an offender client, at the end with someone acting as a client, and with a real offender client four months later. Especially when the raters were assessing adherence to motivational principles rather than specific techniques, improvements were slight and left trainees far short of expert practice, largely because they were unable to suppress their previous interactional styles. On one dimension reflecting how 'genuine' they were, things had even got worse.

By four months later even the post-workshop boost in use of specific techniques had eroded. Clinching this negative picture was the fact that, compared to pre-workshop tapes, their clients too, did not evidence greater commitment to change versus resistance.

It seems likely that the natural way a parole officer relates to offenders is far removed from motivational interviewing, and reversion to type was the dominant trend. Being trained to go against the grain simply meant officers seemed less genuine.

Told about this finding, trainees explained this new approach felt unnatural. It does not take much imagination to realise that within the undeniably unequal and coercive context of the criminal justice system, adopting an 'it's up to you' stance might feel like a false position, and also feel false to outsiders and offenders.

Another possibly related finding is that motivational interviewing has worked best without a manual for the therapist to follow. This was the conclusion of a review by Findings (study 1), confirmed by a synthesis of the research co-authored by William Miller (study 5), which warned: "counsellors sometimes attend ... training in the hope of learning a few tricks to make clients do what they want them to do. MI is nothing of the sort."

Had they seen the featured report's findings, they might have added that the quality of being genuine can suffer from drilling in 'tricks' and in unnaturally withholding caring responses. But also that contravening motivational interviewing's tenets is risky, unless done by a socially skilled therapist, who by doing so conveys, rather than contravenes, the empathic concern at the heart of good therapy.

In a way, these findings should not be a surprise. For example, warnings are one of motivational interviewing's 'don'ts', yet everyone knows the difference between a warning which conveys concern for one's welfare and respect for one as an equal, and one which conveys accusation, denigration and an attempt to control. The former is likely to be listened to and deepen our relationship with the carer, while the latter signifies an alternative agenda rather than common pursuit of the recipient's welfare.

In certain circumstances, entirely avoiding directive advice and warnings can seem as uncaring and unnatural as suggesting to a pedestrian heading blindly towards a deep pit that they consider the pros and cons of moving forward, but in the end it is up to them. The natural and caring response is to shout, 'stop'.

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<http://tinyurl.com/EfB-cdl/download.php?file=DL10.php>

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#### SOURCE STUDIES

1 **The motivational hello.** Ashton M. Drug and Alcohol Findings: 2005, 13, p. 23–30.  
[http://tinyurl.com/EfB-cdl/download.php?file=Ashton\\_M\\_33.pdf](http://tinyurl.com/EfB-cdl/download.php?file=Ashton_M_33.pdf)

2 **How does motivational interviewing work?** Therapist skill predicts client involvement within motivational interviewing sessions. Moyers T.B., Miller W.R., Hendrickson S.M.L. Journal of Consulting and Clinical Psychology: 2005, 73(4), p. 590–598. Findings analysis at:  
[http://tinyurl.com/EfB-cdl/download.php?file=Moyers\\_TB\\_1.txt](http://tinyurl.com/EfB-cdl/download.php?file=Moyers_TB_1.txt)

3 **A randomized trial of methods to help clinicians learn motivational interviewing.** Moyers T.B., Miller W.R., Hendrickson S.M.L. Journal of Consulting and Clinical Psychology: 2004, 72(6), p. 1050–1062.  
<http://dx.doi.org/10.1037/0022-006X.72.6.1050>

4 **A small study of training in motivational interviewing: Does one workshop change clinician and client behavior?** Miller W.R., Mount K.A. Behavioural and Cognitive Psychotherapy: 2001, 29(4), p. 457–471.  
<http://dx.doi.org/10.1017/S1532465801004064>

5 **Motivational interviewing.** Hettema J., Steele J, Miller W.R. Annual Review of Clinical Psychology: 2005, 1, p. 91–111.  
<http://dx.doi.org/10.1146/annurev.clinpsy.1.102803.143833>