

Client experiences of Motivational Interviewing: A qualitative study into the process of therapy

Sarah Jones

Clinical Psychologist, Greater Manchester West
NHS Trust

Supervised by:

Gillian Tober, Leeds Addiction Unit
Gary Lachford, The University of Leeds

Aims

- To share the findings of the research study
 - Background
 - Methodology & Grounded Theory
 - Results
 - Conclusions and implications

Background

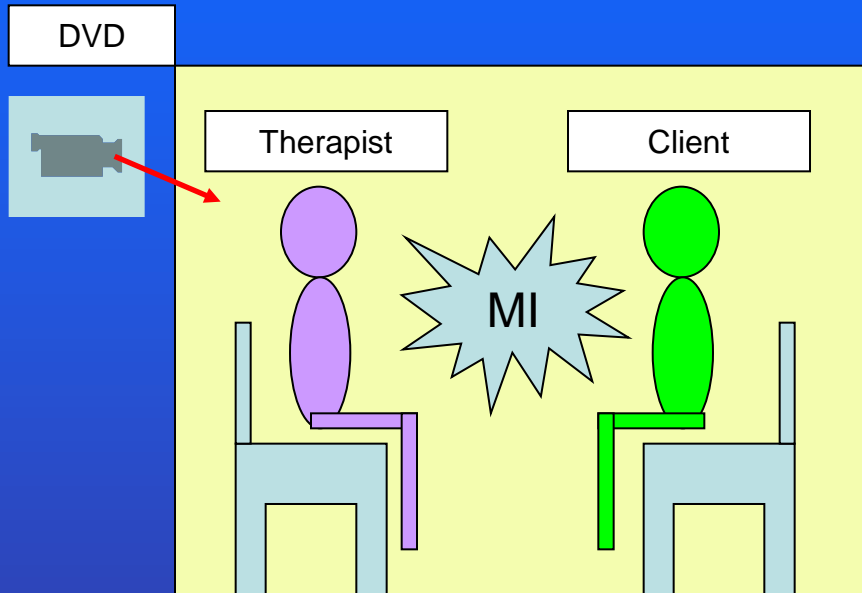
- Evidence base for Motivational Interviewing
- Limited understanding about *how & why* MI works
- Current hypotheses limited evidence and simplistic
- Increase in process research
- Interest in Service User perspectives

Method

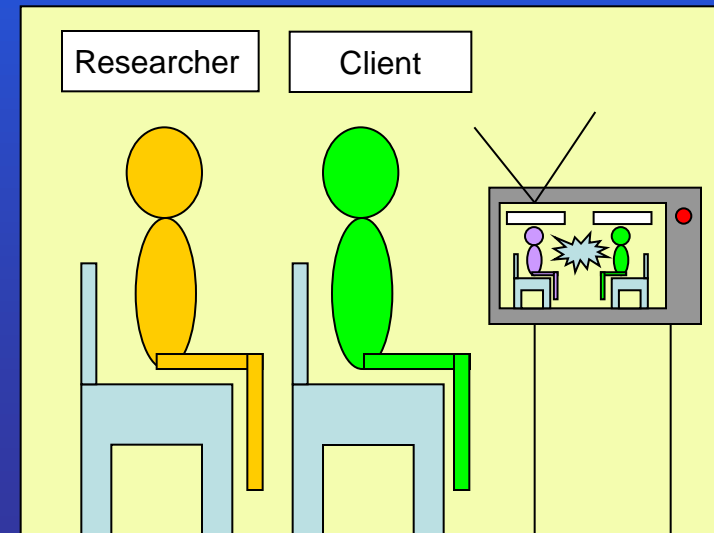
- 9 clients
- 5 MI therapists
- IPR interview
- Grounded theory

Methodology

Interpersonal process recall (IPR, Elliot 1986)



- Pause the tape at a moment they felt was important
- Describe what they were thinking at the time



Methodology: IPR

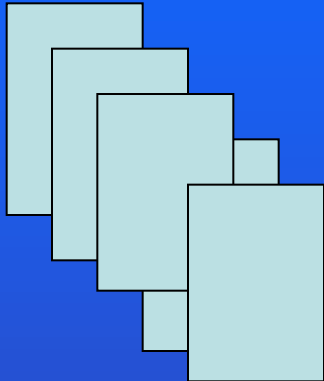
- **Interpersonal Process Recall (IPR)**
 - Memory aid
 - Allows study of moment-by-moment process
 - Client selects important moments

Methodology: Grounded Theory

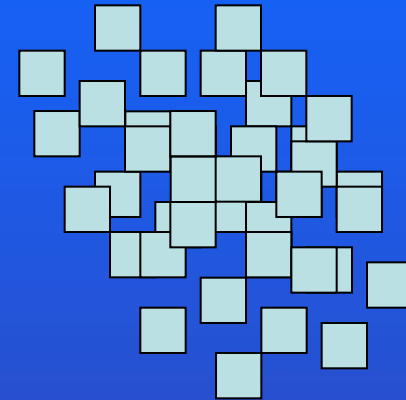
- Qualitative research method
- Systematic coding of interview transcripts.
‘Grounded in the data’: Line by line coding
- Theoretical formulation of social processes

Methodology: Grounded Theory

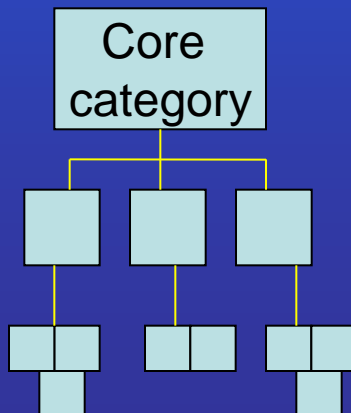
1. Interview transcripts



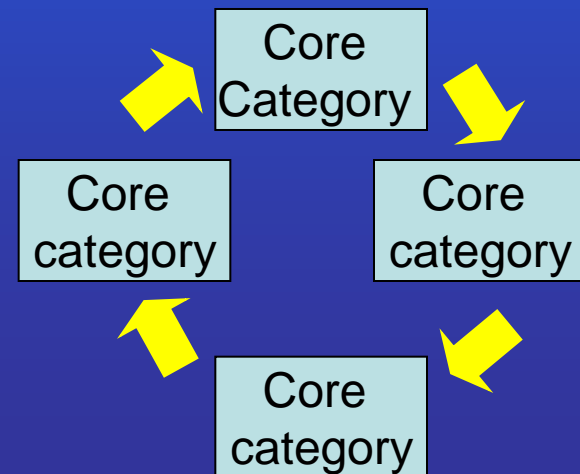
2. Open coding



3. Axial coding



4. Theoretical formulation



Data analysis in current study

- 9 interviews



- 569 open codes



- 136 subcategories



- 12 core categories



- Core categories arranged in a process model of client's experiences of a session of MI

Results

- Broad overview of the 12 Core Categories
- Expand on key areas
- Illustrated by quotes from the transcripts

The therapist

**Category 1:
Therapist actions**



**Category 2:
Therapist qualities**

**Category 3:
Therapeutic
Alliance**

The client

Awareness

**Category 4:
Talking**

**Category 5:
Becoming aware**

**Category 6:
Discrepancy
and core values**

**Category 7:
Feelings
activated**

Motivation

**Category 8:
Autonomy**

**Category 9:
Self efficacy**

**Category 10:
Self esteem**

Context

**Category 11:
Overall service
experience**

**Category 12:
Outside the
session**

Broad overview: Process model

The therapist

Category 1:
Therapist actions



Category 2:
Therapist qualities

Therapist Actions

Subcategory 1a: Active Listening

- *“She’s driving the conversation, very very subtly, that’s the trick. If you listen to her carefully it’s just little key words, little key notes. She’s allowing me to take the reins of the conversation, but she’s steering it very gently.”*

Therapist Qualities

Subcategory 2a: Non judgmental

“And also when I was honest, she didn’t look ashamed, like ‘Oh my god!’ , non-judgmental, and she actually was really good how she did it as well. The way she responded was very, not blasé, but ‘Don’t be ashamed of it’, you know.”

The therapist

Category 1:
Therapist actions



Category 2:
Therapist qualities

Category 3:
Therapeutic Alliance

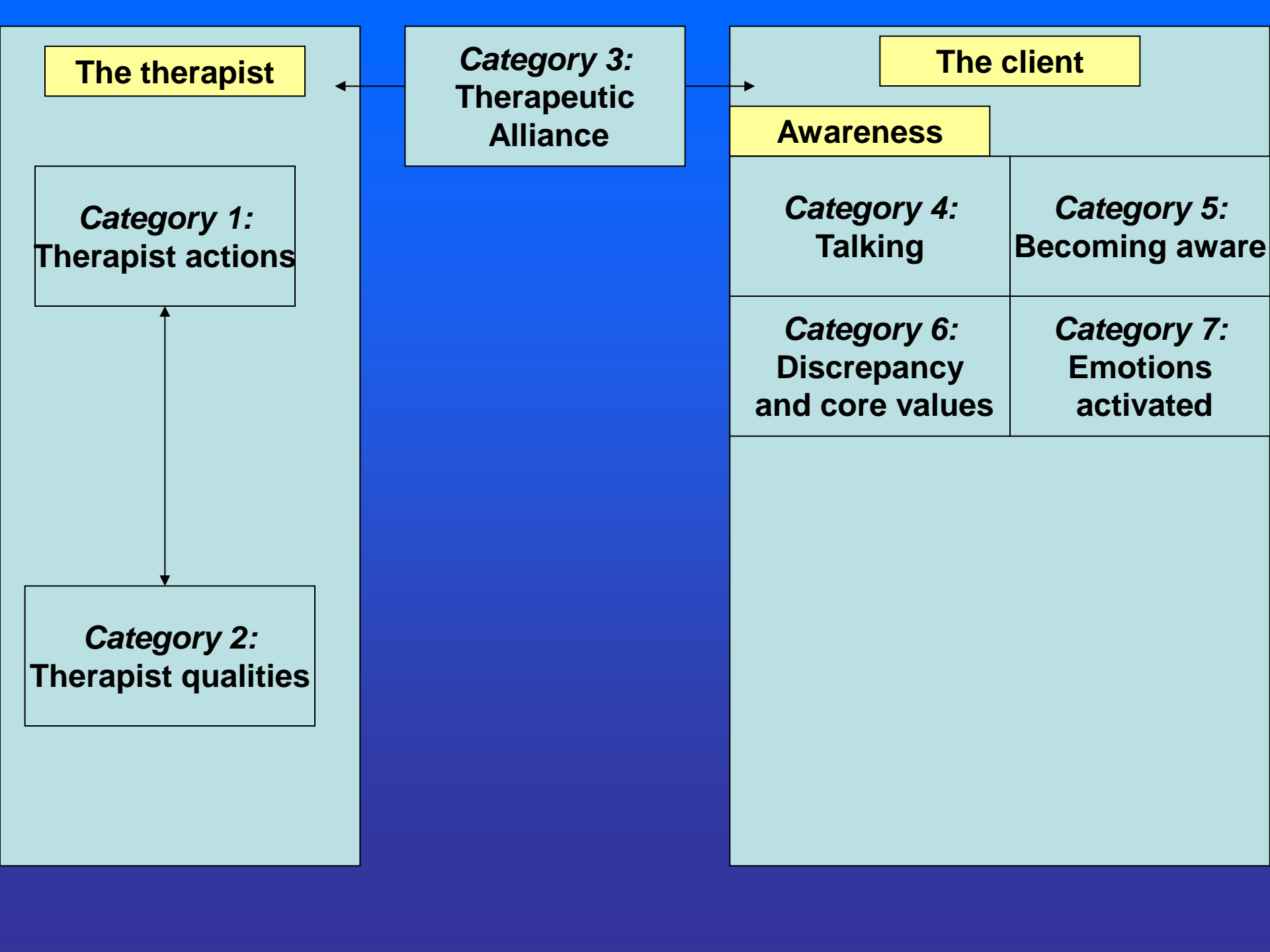


The client

Category 3: Therapeutic Alliance

Subcategory 3a: Alliance

“At one time I would have just made do with the tablets she give us, and I’d have struggled. But she makes you feel like I can say ‘I’m sorry but they’re crap’.” ... “Its like she’s the same as you, she might have I don’t know how many letters after her name, like, how many ‘doctors’, but it feels like you’re on the same level.”



The therapist

**Category 1:
Therapist actions**



**Category 2:
Therapist qualities**

**Category 3:
Therapeutic
Alliance**

The client

Awareness

**Category 4:
Talking**

**Category 5:
Becoming aware**

**Category 6:
Discrepancy
and core values**

**Category 7:
Emotions
activated**

Category 4: Talking

Subcategory 4b: Honesty

“Actually talking about my drinking, being honest about it, before I used to lie about it” ... “I think he did really well, like I said, It’s like a calming effect, and it calms you, and it enables you to be yourself and so you can talk.

Category 5: Becoming Aware

Subcategory 5a: Becoming aware of pros and cons

“When I heard that, it just, you know, put the nail in the head really. Just to see how much I’d been drinking, and what damage it had caused. It made me think about myself, in ways which I hadn’t thought about before, you know what I mean, and be more honest to myself.”

Category 6: Discrepancy and core values

“That was the first time where I actually started thinking, the consequences of my drinking. It was when I actually thought ‘my drinking is actually affecting people’”

Category 7: Emotions Activated

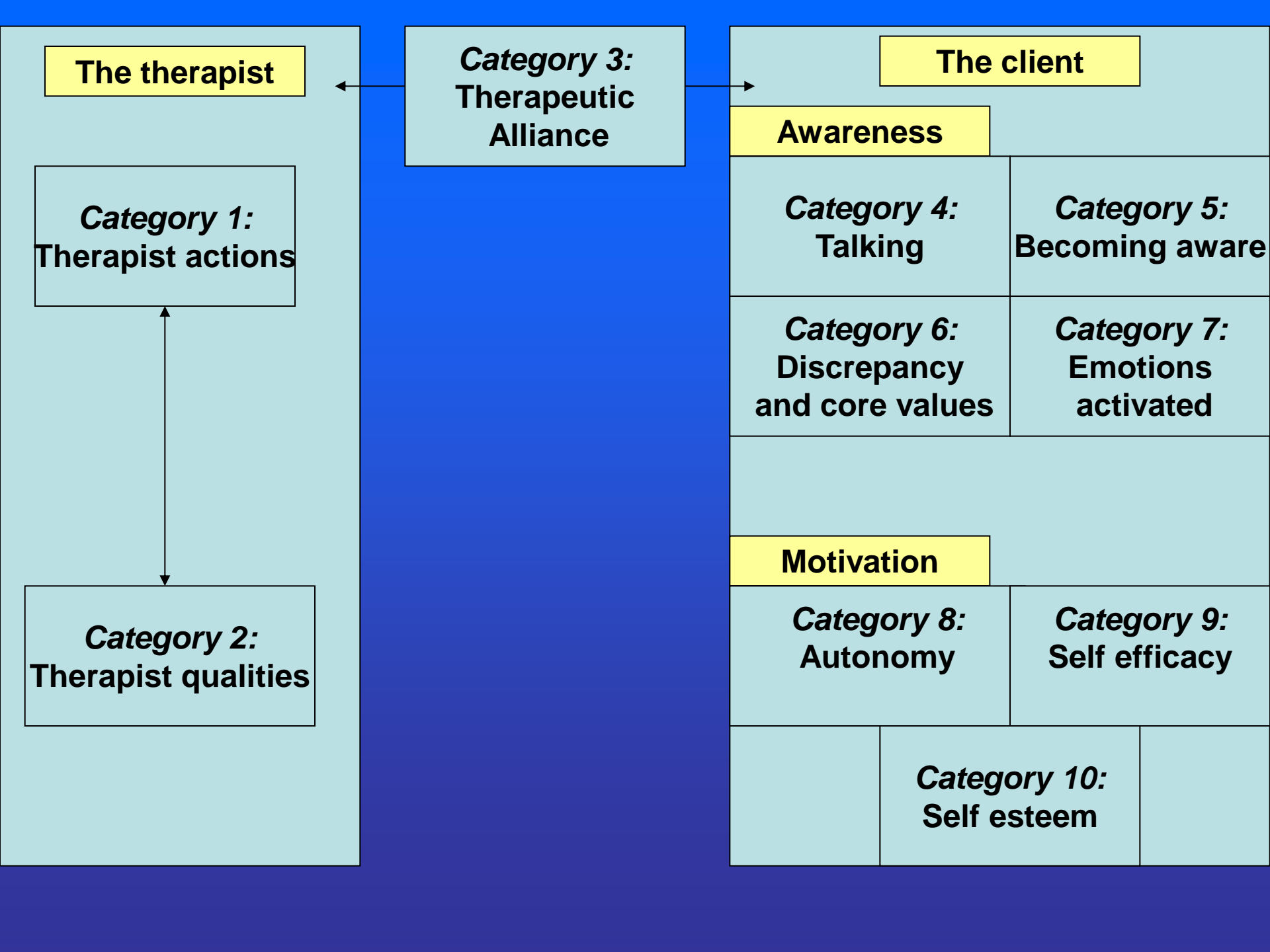
Subcategory 7a: Negative - Unhelpful

“Yeh, but then because I felt guilty, it made go out drinking again.”... “Feeling guilty made me go out and drink again”

Category 7: Feelings Activated

Subcategory: Negative - Helpful

“Yeh, she actually brought tears to my eyes, when she mentioned it, because it gets me here (touches heart), a bit wound up, you see. It is helpful... It made me think ‘I know I’m doing wrong, I’m here to get it sorted’.”



Category 8: Autonomy

Subcategory 8b: Autonomous action

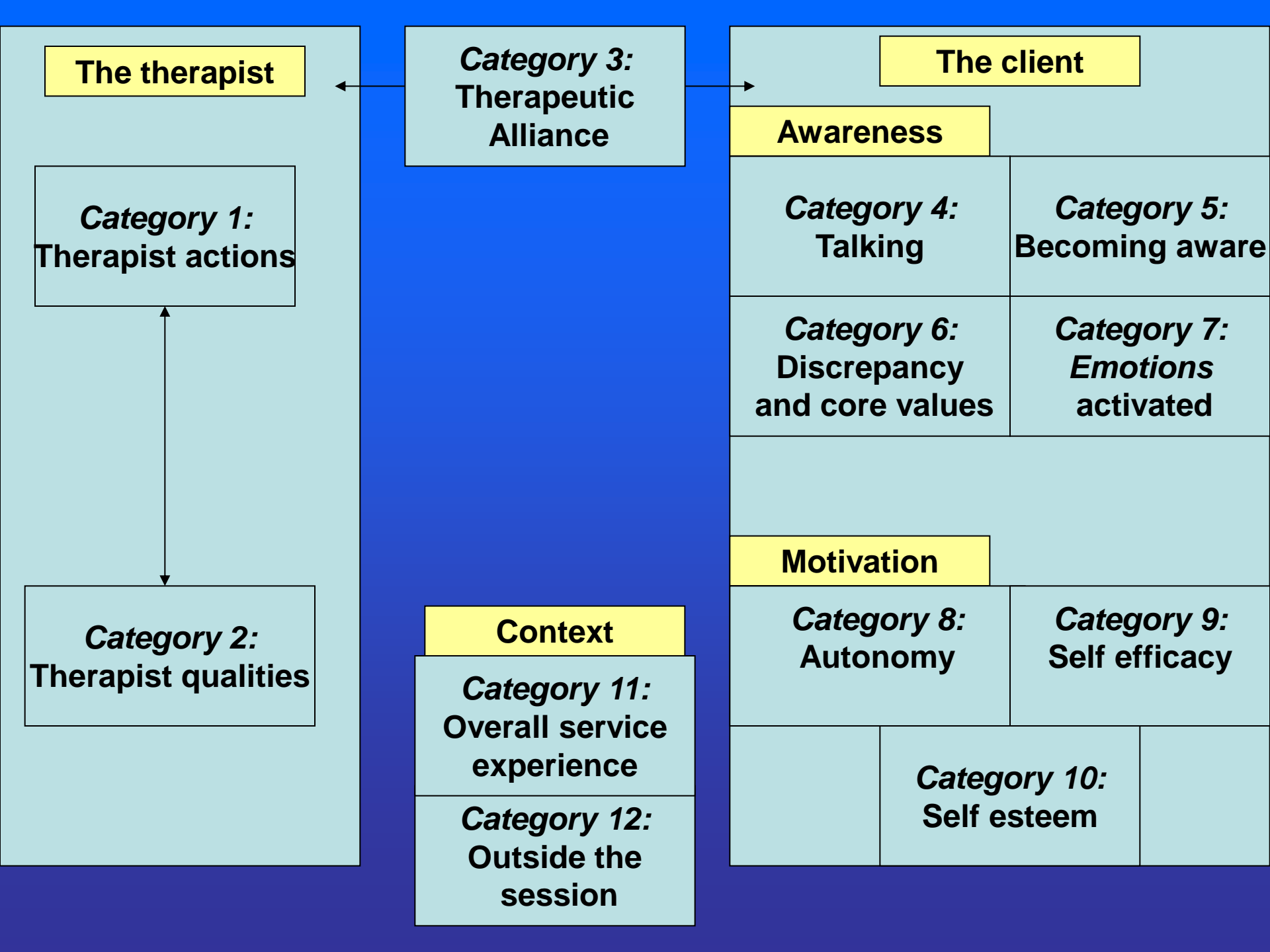
“ They can run around till the cows come home saying ‘I want you to do this, I want you to do that’, but at the end of the day, it’s down to that individual person.” ... “She lets you do the talking. She let’s you find your own solutions. Face your own demons, find your own solutions for it.”

Category 9: Self efficacy

“And I came out of my first session, absolutely so confident. I was feeling shit because of going into withdrawal, but convinced I didn’t want to drink. I walked out really confident ‘you’re not going to get me!’.

Category 10: Self esteem

“I hear what she is saying and I agree a 100%, but it’s me...I’m such a bloody failure’.

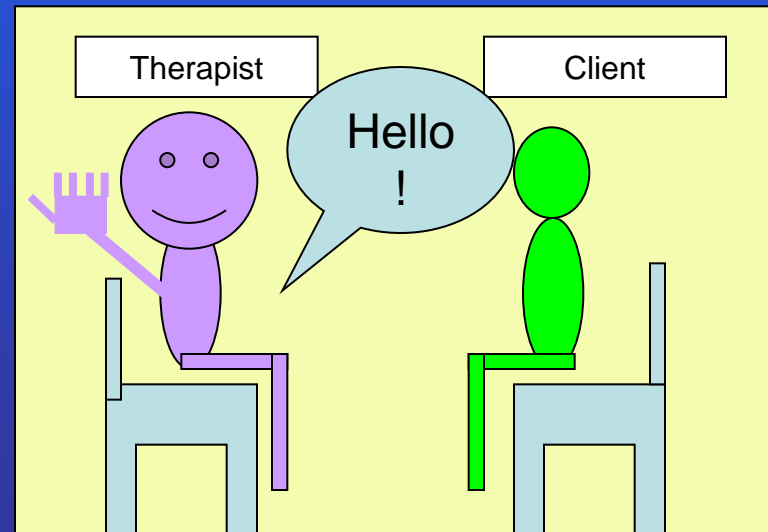


Conclusions

- Client reflections on MI as an active interaction between the client, the therapist, the therapeutic alliance and the social context.
- Client's perspective:
 - Internal processes
 - active role of the client in therapy
- Mirrors the observations outlined by Miller and Rollnick (2002) and gives support to the notion that MI is a clinically useful and acceptable method of alcohol treatment.
- Areas for development:
 - The role of emotion was discussed.
 - The role of change-talk.
 - The role of self esteem
 - Further search for 'active ingredient'..

Continued Research...

- Therapists experience of a session...
- Do clients and therapists agree on the important moments?



Any questions?