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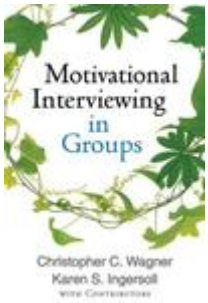
Motivation by Numbers

A review of



Motivational Interviewing in Groups

by Christopher C. Wagner and Karen S. Ingersoll (Eds.)

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Motivational interviewing (MI) is a client-centered yet directive counseling style developed three decades ago as an individual treatment for substance use and other behavioral change problems (Miller & Rollnick, 2013). As a member of the Motivational Interviewing Network of Trainers (MINT), I frequently get questions during my workshops about whether MI can profitably be adapted for groups instead of individuals. The question is, no doubt, pragmatic in nature, as many health care or criminal justice agencies use the group as their central treatment modality to address problems ranging from addictions to weight management and chronic health conditions.

My answer for the first decade of this millennium was a cautious one: “Well, some MI techniques can likely be used in group settings but, overall, MI is an individual communication style and is best suited for one-on-one intervention.” With the recent publication of *Motivational Interviewing in Groups*, however, I am now able to confidently

alter my answer as follows: “Yes, even though MI was developed and refined as an individual treatment, it has now been adapted for use in group settings, with the same collaborative, client-centered spirit and change-eliciting techniques.”

However, although the editors of *Motivational Interviewing in Groups*, Christopher Wagner and Karen Ingersoll, make a strong case that both the style and strategies of MI may be an optimal fit for group settings, an important caveat remains: MI in groups does not (yet) have the strong evidence base that individual MI does. Research on one-on-one MI has shown that it is efficacious for a wide variety of addictive problems, ranging from substance use to pathological gambling and risky sexual behaviors to diet and exercise (Lundahl & Burke, 2009). More individual MI sessions tend to produce more behavioral change (Burke, Arkowitz, & Menchola, 2003), yet it typically operates as a brief treatment with higher cost-effectiveness than the alternatives (Lundahl & Burke, 2009) and appears durable even more than a year after treatment (Lundahl et al., 2012). Individual MI has proven efficacious for clients regardless of problem severity, gender, or age, in a variety of formats, and delivered by practitioners of diverse professions (Lundahl & Burke, 2009).

Conversely, the research on group MI is still in its relative infancy, as described in *Motivational Interviewing in Groups*. Most of the research has tested one- to four-session combinations of MI with cognitive behavioral therapy (CBT) for substance-related groups. Wagner and Ingersoll state that only two randomized controlled trials of group MI have been published, both single-session treatments that combined MI with problem feedback, or what in individual treatment has been termed *motivational enhancement therapy* (MET; Lundahl & Burke, 2009). A review of four MI meta-analyses found only eight studies that tested group-delivered MI and no compelling evidence yet for its efficacy (Lundahl & Burke, 2009).

However, a persuasive body of outcome research has demonstrated that group therapy in general is a highly effective form of psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit (McRoberts, Burlingame, & Hoag, 1998). It is therefore reasonable to suggest that, if MI could be suitably adapted for group settings in a cohesive, integrated, and learnable format, then future research will establish its efficacy in that format.

This is precisely what *Motivational Interviewing in Groups* strives to accomplish in its two major sections. In the first part of the book, Wagner and Ingersoll discuss MI and group psychotherapy separately and then blend the two into an engaging and compelling four-part formula for how to conduct group MI. These four phases—engaging the group, exploring perspectives, broadening perspectives, and moving to action—are roughly analogous to the new four-phase model proposed for individual MI (engaging, focusing, evoking, and planning; Miller & Rollnick, 2013) and should facilitate learning and implementing the proposed model.

Citing classic textbooks on group processes (e.g., Yalom & Leszcz, 2005), Wagner and Ingersoll further describe how MI may be an optimal fit for the group setting due to its

autonomy-supporting permeating style. In addition, MI tools such as elicit–provide–elicit, the decisional balance, importance and confidence rulers, making change plans, and even the MI foundational skills of OARS—Open questions, Affirmations, Reflections, and Summaries—can be used in groups, sometimes after members have a few minutes to do MI exercises individually before sharing with the other members. As Yalom and Leszcz (2005, p. 1) put it:

> How does group therapy help clients? . . . Once identified, the crucial aspects of the process of change will constitute a rational basis for the therapist's selection of tactics and strategies to shape the group experience to maximize its potency with different clients and in different settings.

Wagner and Ingersoll explicate how specific MI strategies can amplify these crucial aspects of change in groups. For example, exemplifying the MI spirit and modeling (or teaching) OARS for group members, as well as the positive, change-driven focus of MI, can help instill hope in clients, which is the first key process of group change (Yalom & Leszcz, 2005). A helpful table (pp. 156–157) delineates in detail how a group leader can respond in an MI-consistent manner to a wide array of member interpersonal styles so that other group change processes can also take root (e.g., universality, socializing, and group cohesiveness; Yalom & Leszcz, 2005).

Wagner and Ingersoll (pp. 150, 177) caution readers that group leaders should not simply conduct one-on-one MI interventions within group sessions or focus on negative reasons for change (i.e., current problems), but rather should use their own MI skills to promote positive therapeutic interactions among members. For instance, various case vignettes are provided in the middle section of the book (p. 146 and onward) on how to shape group communication, primarily using OARS to engage the group and link members' experiences together (e.g., reflections or summaries that connect members), as well as reframing advice giving and hostile comments to affirm the concern and good intentions behind these potentially negative interjections.

Whereas this book presumes that the reader brings some knowledge of MI principles, it reviews basic MI in a chapter and throughout the first half of the book. Furthermore, this is an excellent primer on group therapy for any professional—especially a novice—as it incorporates evidence-based theories of group leadership beyond the mere application of MI tools. The authors also provide pertinent information for those planning an MI group, including considerations of group session length (45–120 minutes), number of sessions (from one to open-ended), and group size (6–15 members). Group format or function is described on a continuum between support groups and psychotherapeutic process groups, with psychoeducational groups (and most MI groups) fitting somewhere in the middle (p. 104): "The purpose of the group is to help people make the changes they decide to make, and no more than that" (p. 159).

The second part of *Motivational Interviewing in Groups* consists of nine edited chapters about customizing group MI for use in various addiction, criminal justice, and/or health care settings. Contributing authors are primarily MINT members who are MI group experts in their respective practice areas. These chapters virtually all follow the four-phase process of MI in groups outlined in the first part of the book. Whereas the chapters have some redundancy with each other as well as with the book's first half, they add unique perspectives and experiences from those working with specific MI group types. For example, Velasquez, Stephens, and Drenner add a beautiful metaphor in their chapter on transtheoretical model groups for addictions:

> While the MI approach with individuals has been described as "waltzing," we think that using MI in groups is more like "conducting a symphony." Each member plays an individual instrument and contributes to the collective melody of the group, and at the same time responds to the conductor [group leader]. (p. 281)

In addition, this second section of the book introduces the reader to a wealth of brief clinical cases: We meet Dana, a mandated client in a 28-day rehabilitation program (p. 251); Donna, describing her battle with cocaine addiction in an intake interview for a women's group (pp. 285–288); John, a dually diagnosed client (with polysubstance use and depression) ambivalent about taking his antidepressant medication (pp. 299–300); Suzie, who wants to improve her marital relationship following her heart attack (p. 327); Corey, ejected from his house due to his intimate partner violence (pp. 356–362); Carla, reluctant to keep track of her weight loss progress in writing (pp. 347–348); and Paco, an adolescent who sits with folded arms before the MI group session even begins (p. 387).

The theoretical rationale for using MI with these different types of groups is eloquently stated throughout the second part of *Motivational Interviewing in Groups*. Martino and Santa Ana assert that "MI groups offer an opportunity to create a synergy between group therapeutic factors and core elements of MI spirit that might maximize motivation for dually diagnosed patients" (p. 311). Lane, Butterworth, and Speck (p. 331) claim that MI groups also provide valuable social support for people with chronic health conditions who often feel isolated and thereby humanize their health care services.

Carden and Farrall (p. 367) delineate the combination of ambivalence and social isolation that makes MI groups an excellent fit for the therapeutic needs of men mandated to domestic violence intervention programs, whereas Prescott and Ross affirm that such groups are also well suited for men with a history of aggressive sexual behaviors because "MI group treatment exemplifies the values of a nonabusive lifestyle: collaboration instead of intimidation, guiding instead of mandating, and support for the right of people to make their own choices as they move toward a more socially responsible lifestyle" (p. 385).

The bottom line is that anyone who wants to develop an MI group or teach others to do so should consult *Motivational Interviewing in Groups* or adopt it as a textbook for his or

her graduate class. The core of the book's instructional value lies especially in its first half, although readers should selectively read the second half as it pertains to their particular practice setting. However, it is worth noting that, for now, the research on using MI in groups lags far behind its actual and practical use in a variety of clinical, health, and criminal justice settings.

Yet Wagner and Ingersoll (p. 81) point out that process research on MI groups—that is, how the groups work—may actually be ahead of the usual curve, showing that they can produce sustained improvements in client self-efficacy and possibly commitment. Just as the classic individual MI text (originally published in 1991 and now in its third edition; Miller & Rollnick, 2013) led to a robust and exponential increase in research chiefly of one-on-one MI, *Motivational Interviewing in Groups* promises to be an important—perhaps even seminal—book that may usher group MI into its eventual heyday of research and practice.

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