

Motivational Interviewing - lessons learnt and challenges ahead

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Motivational interviewing (MI) has become a well-recognised person-centered counseling approach aiming at eliciting and strengthening motivation to change (Miller & Rollnick, 2013). It is designed to guide toward a specific goal by eliciting and exploring the person's own reasons for change, goals and values within an atmosphere of acceptance and empathy. The application of MI continues to grow at a rapid pace, crossing the boundaries and generating intense interest in various fields. Over the last decades practitioners and researchers extended MI well beyond its application in alcohol and drug use disorders to areas as diverse as health care, preventive care, homelessness, criminal justice, and education. Common in all settings and applications is behavior change.

There is now wealth of evidence from randomised trials for the effectiveness of MI in the treatment of substance abuse as well as a number of other settings, including family practice, chronic care, diabetes, cardiac rehabilitation, and diet and exercise. Several systematic reviews and meta-analyses of MI have now been published and these generally report positive small-to-medium but clinically significant effects (see e.g. Burke, Arkowitz, & Menchola, 2003; Lundahl et al., 2013).

This special issue of the European Health Psychologist addresses current topics of interest in MI research and practice, such as the identification and best promotion of core MI techniques, limitations and novel areas of research in MI, and the importance of developing

adequate cross-cultural training to insure best MI research and practice.

Contents of the issue

The first contribution by Resnicow, Gobat and Naar (2015, this issue), discusses the central role of eliciting Change Talk (CT) in MI. According to the MI literature, the expression of CT is a key factor for behavior change and positive outcomes in the MI context. It is therefore crucial that practitioners are provided with guidance on how to do it effectively, including the mode and context in which it is promoted (e.g. relational skills). Starting with a description of CT and its role in MI, the authors then describe core – reinforcing and eliciting – techniques to facilitate CT.

Next, Lee and Griva (2015, this issue) highlight the possible interface between neuroscience and MI, drawing on evidence from two novel studies that have sought to explore the neurobiological correlates/effects of MI. The authors provide examples of these studies on brain activity markers related to change talk, and propose avenues for future research such as examining the connectivity within and between neurological networks, to better understand activation and functionality patterns during MI.

Sarah Hardcastle (2015, this issue) presents us with a position paper on the need for improvement in the description and classification of the techniques commonly used MI in interventions. The taxonomies of techniques can guide both research (i.e.

development of interventions) and practice in terms of training and supporting competency in practionner. The paper also contrasts content-related and relational-interpersonal techniques in MI, and discusses the importance of identifying techniques that are unique to MI (e.g. Change Talk) and those that are common to other counseling and health behavior change methods, as described in the Behavior Change Techniques Taxonomy (Michie et al., 2013)

This special issue ends with a contribution from McMaster and Griva (2015, this issue), who report on their experience on delivering MI training for practitioners with various backgrounds and acting in a variety of contexts worldwide. Using as examples activities conducted with trainees on their perceptions of clinical practice, the authors point out similarities between different locations (e.g. features of and barriers to good practice), and draw attention to need of cross-culturally adapt MI training to increase the acceptability of the training and feasibility of increase the effectiveness of applying MI in different cultures.

In Conclusion

This special issue brought together a practical guide for addressing core MI techniques, contributions on current limitations and innovative research, namely on the neurological markers associated with MI, and on the identification of the MI techniques (i.e. what characterizes MI counseling), a much needed step in MI research; and reflections on the use of MI in different health care settings and cultures.

We hope that these contributions will stimulate consideration and reflection in the research and application of MI for health behavior change among our readers.

We hope you enjoy this issue!

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