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Title: Motivational Interviewing

Year of publication: 2012

Journal / Source: *Cognitive Behavioural Coaching in Practice: An Evidenced based approach*

Citation: Anstiss, T. & Passmore, J. (2012). Motivational Interview. In M. Neenan & S. Palmer (eds.) *Cognitive Behavioural Coaching in Practice: An Evidenced based approach*, (pp33-52). London: Routledge.

Motivational Interviewing

Tim Anstiss & Jonathan Passmore

Introduction

In this chapter we will explore the use of motivational interviewing as a tool for coaches seeking to facilitate change in their clients. In the first section we will explore the background to MI before moving to consider the principles which underpin the approach. It is argued that whilst MI is not strictly cognitive behavioural, it shares some overlap with both cognitive behavioural and humanistic approaches and is a very useful style for the cognitive coach to be able to move into when required, as well as being an excellent style for facilitating engagement with coaching. In the final section, we will focus on illustrating the approach through examples using detailed transcripts and commenting on these interactions to provide a detailed insight for coaches on how the approach may be used for real.

Background

Motivational Interviewing (MI) is “a person-centered method of guiding to elicit and strengthen personal motivation for change” (Miller and Rollnick, 2009). MI has been proven to be effective in helping people change a wide range of health related behaviours including smoking, drinking, substance misuse, drug taking, dietary management, sexual health physical activity and medication taking (Burke, Arkowitz, and Menchola, 2003). We argue that MI is an efficient method of helping people change that can be used by a range of practitioners, working with clients with different health and performance problems, and in a wide range of settings from organizational to life and health management.

One reason why Motivational Interviewing may be proving to be so powerful is that it works in harmony with the client’s own natural change processes. It aims to provoke intrinsic motivation to change within the individual, in contrast with many approaches which seek to impose an external force for change. Such external forces often result in resistance and withdrawal from counselling or coaching. MI develops intrinsic motivation through building a powerful relationship with the client including using

specific skills and strategies for building empathy, reducing resistance, developing “change talk” and building client confidence.

The approach has a spirit, which has been characterized as being collaborative, evocative and autonomy supporting. Motivational interviewing is done with clients rather than to them, with practitioner and client working in partnership to explore issues and discover the best way forward. “Expert” advice is rarely given, and certainly not given unless asked for. The approach seeks to evoke arguments in favour of change – as well as options, goals and plans for change - from the client and has an optimistic view of human nature. Practitioners believe that clients have an inner wisdom and a tendency to move towards health, success and wellbeing that can be discovered and tapped into. The approach both respects and helps develop client autonomy, accepting that they are the active decision maker, and that decision making itself is good for a person (even when the decision may not be optimal). The ability of a practitioner to manifest this spirit has been shown to help predict both client responsiveness to treatment and treatment outcome (Gaume et al 2008).

The approach seems to be in harmony with Ryan and Deci’s Self Determination theory (Ryan and Deci, 2000), which suggests that human beings have three psychological needs – for autonomy, competence and relatedness – and that when these needs are met human beings are likely to move towards improved health and functioning. MI helps provide clients with each of these three psychological needs, or nutriments.

Sharing with humanistic approaches an emphasis on non-judgemental listening and the development of accurate empathy, motivational interviewing is more focused than humanistic approaches on behaviour change and is more directed – for instance towards the exploration and resolution of ambivalence, and the elicitation and selective development of change talk. (Miller and Rollick, 2002).

The principles of Motivational Interviewing

The principles of the MI approach (Miller and Rollnick, 2002; Rollnick et al 2007) may be summarized around the acronym R.U.L.E.. This is:

- Resist the righting reflex;
- Understand your clients dilemma and motivations;
- Listen to and

- Empower your clients.

The first is key – developing the ability not to jump in and try to fix the client, however much you care and however much you can see what it is they need to do (in your opinion) to get well or be successful. This is one of the things that many practitioners, especially non-mental health clinicians, have real difficulty with – not least as they are trained to “diagnose and fix” people within an acute illness model of care. The overall goal – improved client health, wellbeing and functioning – is the same, it is just that in motivational interviewing the role of the coach is to facilitate the client in “fixing” themselves. That is not to say that there is not a role for providing clients with expert information and advice. There is. It is just that this is done in a particular way within a motivational interviewing framework.

The second principle can also be considered a core task for the practitioner, helping them to bring into play the collaborative spirit of the approach. The approach can be considered a shared conversation and exploration about behaviour change, and in seeking to understand the patient dilemma and motivations the practitioner helps the client understand these things too. The client should be doing some thinking, and silences are when the “work” of the approach may be happening, as conflict between a patient’s values, goals and behaviours are brought to light in their own mind and they get to see that behaviour change may be the best way to establish or re-establish inner harmony and cohesion.

Reflective listening is a core skill for using the approach. Questions have a role, as do summaries, but if you can’t make reflective listening statements, statements which guess at what the person meant, demonstrate listening and which encourage the person to continue, then you probably can’t do motivational interviewing.

Motivational interviewing empowers clients in a number of ways, one of which is to specifically target and attempt to build confidence or self-efficacy in the client’s ability to change. Self-efficacy is a predictor of the likelihood of someone initiating change, persisting with it, and being successful (Maibach and Murphy, 1995) – so it makes a lot of sense to work with a person to develop their self-efficacy, or to “empower” them.

In addition to the above mentioned spirit and principles, MI practitioners sometimes use

several strategies and exercises to help with the core tasks of helping the client explore and resolve their ambivalence about behaviour change, decide what to do and how to do it, and build up their confidence about being successful. These strategies or tools include:

- Setting the scene;
- Agreeing on the agenda;
- Exploring a typical day;
- Assessing and building importance and confidence;
- Exploring two possible futures;
- Exploring options;
- Agreeing goals and
- Agreeing to a plan – including a plan for preventing relapse

In this chapter we do not have the space to explore the details behind each of these. These aspects are more fully explored by Rollnick et al (2007).

Positioning MI as an intervention

In a recent paper (Rollnick and Miller, 2009) entitled “Ten things that Motivational Interviewing Is Not” Miller and Rollnick state that motivational interviewing is neither cognitive-behaviour therapy nor the transtheoretical model of change. It is also not: a way of tricking people into doing what you want them to do; a ‘technique’; the decisional balance tool; assessment feedback; client-centered therapy; easy to learn; practice as usual or a panacea.

It is argued that cognitive-behavioural approaches tend to involve providing clients with something that they are presumed to lack – perhaps new or improved coping skills, more helpful patterns of thinking skills, self management skills or environmental management skills. Cognitive-behavioural practitioners also tend to confirm this skills deficit in the awareness of the client, and help them to consciously use a mix of interventions to better manage their thinking, feeling, behaviour and environment in the future.

Motivational Interviewing, by contrast, does not involve the teaching of new skills, re-educating, counter-conditioning, changing the environment, or installing more rational and adaptive beliefs. That is not to say that these things aren't helpful – they are, with the right person at the right time. Rather, motivational interviewing may be thought of as working with people at an early stage of change, either when they haven't been thinking of changing or when they are unsure about whether or not to change and how they might best make the change. And once a person has decided to change, no further help may be necessary - they can just go away and do it. This is the case in a very large number of cases – including in your own life. You just decide to change and do it without professional help. Sometimes you might need to develop skills in order to change - for instance, to learn to drive a car, overcome chronic shyness, lose weight or deliver great presentations at work. But sometimes deciding to do it is enough for people to get going with change on their own. The focus of MI might be considered to be on this decision making phase of behaviour change. Cognitive behaviour approaches might be considered to focus on the skills development phases.

Let us take juggling as an example. And let us imagine a client who is thinking of developing some kind of circus skill to show her child and his friends at his birthday party. Motivational interviewing might be useful in helping the person decide whether or not the skill should be juggling, as well as how to go about getting better at it. They may then just go away and learn to juggle on their own, or they may decide to enrol in a circus skills course or consult a juggling coach to learn how to juggle. Motivational Interviewing is not about teaching people to juggle. It is about helping them decide whether or not they want to juggle, how they might go about it, when they might start, how they will know if they have been successful and what help they might need. It also helps build up their confidence (self efficacy) that if they did decide to learn to juggle they would likely be successful.

So whilst motivational interviewing may not best be considered a cognitive behavioural approach, it can nevertheless be a very helpful approach for cognitive behavioural practitioners to be able to do with their clients, for a number of reasons. One reason is the frequency with which people receiving a cognitive behavioural approach don't do the things likely to help them, or the things they agreed to do as homework. Moving into a motivational interviewing style and approach, perhaps using one or more of the motivational interviewing strategies, might prove an effective and efficient way for helping improve the likelihood that clients will make changes thought likely to be helpful

Client: Okay.

Coach: I understand that your doctor said it would be a good idea for us to have a chat about physical activity. Is that your understanding?

Client: Yes. He doesn't think I do enough, really.

Coach: Okay. Right. Well we have about twenty minutes today, to talk about physical activity. And what I really want to do is get an understanding of how you feel about it. What your thoughts are. What I'm certainly not going to do is try and force you into a programme of activity that you're not ready or unable to do. Is that okay?

Client: Yes. That's fine.

Coach: Is there anything in particular that you want to talk about today?

Comment:

In this example the coach sets the scene, checks the client's understanding, communicates his aim (to understand her thoughts and feelings and not to pressure them into change), checks with the client that this is OK and then asks if there is anything they want to talk about - and does this all efficiently. These "setting the scene" and "agenda setting" strategies help create a client expectation that they can talk freely (if they want to) about the behaviour without fear of trying to be persuaded or coerced into change. If clients talk freely about their health behaviour, then the MI practitioner can get on the core tasks of developing empathy and rapport, helping the client explore and resolve ambivalence about behaviour change, noticing and developing any change talk and building client confidence. If clients feel they are going to be pressured into change they may not "open up", and if they feel it is all about the practitioners agenda they may slip towards passivity in the conversation and feel that what concerns them is not as important as what concerns the referring agent or the coach.

Gaining a good understanding of how the behaviour fits into the client's life

Approach: Non-judgemental listening without conveying a sense of the rating or scoring of the behaviour that commonly happens in health assessment. MI

practitioners sometimes use the “typical day” strategy to help with this task

Example:

- Coach: Is there anything in particular that you want to talk about today?
- Client: Um...probably the way of actually accessing some of it. Some of it I find quite difficult to access, and maybe we can talk about that. Maybe you can help me find a way of actually getting to these places, or you know, accessing some of the facilities that are more difficult to access?
- Coach: Right. As a way of increasing what you do?
- Client: Yeah. Yeah.
- Coach: Right. Certainly. Well perhaps a good way to get started - because we've never met before - is just to understand where physical activity fits into your life at the moment. And I know that you experience pain.
- Client: A lot, yeah.
- Coach: And so it would be good to get an understanding of that. And the best way to get going, I think, is for you to walk me through a day that's fairly typical in your life. Just so I can understand where physical activity fits in. Would that be okay?
- Client: Yeah. A typical day is not really what happens in my life. You know, I've been a – I do quite a lot of travelling around in the car, and that exacerbates pain, so that makes it very difficult. I basically only do one real, what I would call exercise session a week. Where I do an aqua-aerobics class. I help out with an aqua-aerobics class. So for an hour a week. So that's really the only exercise I do. If I go out shopping or something like that, some days it's okay, other days by the time I've got halfway around the supermarket, I can't walk anymore.
- Coach: Right. Your pain really influences what you can do.
- Client: I'm in pain all the time. It just gets worse with walking. I have an artificial leg. That gives me back pain, and I also have some

neurological pain from the damage to my spine at the neck. So it's a combination of things that I have a lot of pain which is neurological pain, and then the mechanical pain will come in on top of that, and then I end up just walking out of a supermarket and saying, sorry, can't do it.

Coach: It just gets too much for you.

Client: It's all too much, you know, and if I push too far, then I can end up a wreck in a pile of tears in the corner, I just can't do it.

Coach: So you know your limitations. You know what you can do, and when you absolutely need to stop, and it's the pain that influences that.

Client: One of the biggest problems is knowing when to stop, because sometimes you're enjoying it, and you're doing it, and it's fine, and then later on you think "I really shouldn't have done that one". You know, it's keeping it to a level that is manageable. But sometimes, if you're wanting to go to do some exercise, by the time you've got through all the rigmarole of getting ready and got there, you're so tired –

Coach: You've got to that point already before you've started.

Client: You know, and is it worth doing? I mean this is probably part of the barrier that I have. Is all that effort to do it – I get down there and I'm actually so exhausted that the pleasure of doing anything has gone by the time I get there. I do enjoy swimming, that's one thing that I find very, very useful, but it's just getting down to the swimming pool, getting changed, getting in, what to do – five minutes? Sometimes I think, is it worth it?

Coach: Yeah. It's kind of demoralising that you think, I want to do it, because when I actually do it it's enjoyable, and I actually get something positive from it. But by the same token, it requires a lot of investment in terms of your energy, and then when you get to that point, it's all got to stop. And that gets you down.

Comment: The practitioner expresses a desire to understand more about two different (but interrelated) things) - the client's pain and her physical activity patterns, and sets up the "typical day" exercise in the standard way. But the client says she doesn't have a typically day. Nevertheless, she starts talking about how the pain and physical activity interact. Knowing that manifesting the spirit and principles of motivational interviewing is much more important than getting a client to follow a particular "tool" or "strategy", the practitioner just follows the flow of conversation of the client, using several skilful reflective listening statements to check and communicate understanding, help communicate empathy and build rapport – all critical to good outcomes. As the client continues to talk, their dilemma is revealed – that they enjoy exercise and want its benefits, but find it hard to get into a session or activity, or doing the right level.

The final statement by the practitioner is a mini-summary, taking the form of a double-sided reflection. The coach tries to accurately capture both sides of the client's ambivalence, and present it back to them. This serves several purposes – showing the coach has been listening, helping the client hear things which might be important again, and giving the client a chance to agree or disagree with statement and either move on, or further clarify what they meant or how they feel about the subject. It helps the client feel heard, and feel that their concerns are valid and important.

Building empathy and communicating understanding,

Approach: Making frequent use of O.A.R.S throughout the conversation: Open questions, Affirmations, Reflective Listening Statement and Summaries.

Example:

Coach: So let me see if I understand you correctly. Your pain is influencing in your life, a lot of things. It influences what you do [client "absolutely"], it influences the choices that you have. And that has an effect on you in terms of how you feel about yourself, the psychology, if you like. It gets you down when you're not able to do the things that you like to do, that you want to do. That you enjoy doing.

Client: Yes. I mean, it's not just me, it affects my partner as well. Because I can't go and do things, that's restricting him. You know, we like to go to craft fairs, and that's very difficult to do. Even in a wheelchair, I get very uncomfortable, so it limits what both of us can do. So it's not just my life that's limited, it's also other people's, and that's even more demoralising actually. I think that's even harder to take.

Coach: Right. Yeah. There are things that you want to do together, there are things that you enjoy time together, and this pain influences –

Client: And I'm the one stopping us doing it. And that makes me feel very guilty, so there's a lot of guilt involved as well.

Coach: Yeah. Yeah. And that has an effect on how you feel about yourself.

Client: Definitely. Yeah. [laughs].

Comment: The summary at the start of this excerpt helps the client feel understood and encourages her to continue to talk.

A skilful reflection by the practitioner ("There are things that you want to do together, there are things that you enjoy time together, and this pain influences..") brings out new information from the client, that they experience guilt. A Cognitive behavioural practitioner might at this stage be thinking "*aha, a possibly unhealthy emotion (guilt) and some A-C thinking too ("makes me feel guilty"). Perhaps I might ask them about how helpful this feeling of guilt is, why they have it, and explore with them where it comes from – perhaps helping them discover and change any associated irrational beliefs. If they experienced less guilt and reduced their "A-C" thinking then their health and wellbeing might improve*". The MI practitioner, however, is more concerned about understanding, and helping the client understand, their ambivalence about becoming more physically active – not in helping them change unhelpful thinking patterns. The guilt they feel is part of the motivational picture about not being able to exercise – albeit a little towards to extrinsic end of the motivational spectrum)

Talking about the benefits of changing

Approach: Use open ended questions to have the client talk about the good things

about the behaviour change.

Example:

Coach: There's something really positive in it, and I was just wondering if you could describe the last time that you had that sense, that this is a real beneficial thing for me, it's something I'm in – I'm in control of.

Client: I think Monday. I think part of the – part of the thing is I actually help other people in the pool, so I'm working with people who aren't confident in the pool. So I'm actually doing the exercises, but I'm doing it *with* somebody else, and I'm helping somebody else, so that gives me a great deal of sort of, um, I suppose it's kudos, really. I – I enjoy doing it, I enjoy seeing how they get on, and to be able to get somebody who's so unconfident in water, to actually leave the side and do exercises, it's a great buzz. You know, I get more out of it than they do, I'm sure.

Coach: You get a sense of achievement

Client: I do.

Coach: In their achievement.

Client: Yes, absolutely. And it's – I feel like I'm actually *doing* something and I think that's part of the – um –

Coach: You're contributing.

Client: Yes, yes, I'm doing something *useful* for a change, and I'm also getting the exercise as well. If I was going on my own, I don't think I'd get quite so much of a kick about it. And I think that because I'm – because I'm working *with* other people, and I feel that I would let them down, that's a big, for me a big stimulus for me, getting going and doing it.

Comment: MI practitioners enquire about the benefits of changing in a number of ways – looking backwards to a time when the behaviour was more common, asking for examples, looking forwards to a time when the behaviour might be happening more,

explicitly asking about the good things about changing and the reasons for doing it. In this case the coach asked the client to talk more about a recent time the client experienced good feelings associated with the behaviour. Asking the client to elaborate is also a strategy which can help elicit or develop more change talk. The strategy brought out the following from the client: that they get a great buzz from helping others, and a feeling of kudos, achievement, and doing something useful. They have told the practitioner some more about their personal motivation for taking exercise. How important do you think feelings of 'usefulness' and 'achievement' are to the health and wellbeing of someone experiencing chronic pain? Very.

Making the transition from phase 1 to phase 2

Approach: At the right time (a slightly intuitive call on the part of the practitioner, when they feel enough exploration has been done, resistance is low, change talk has emerged and they feel the client may well be ready to decide whether or not to change) the practitioner summarizes key aspects of the patient story so far and asks the patient what they think they will do. The practitioner continues to manifest the evocative spirit of the approach - drawing the solution out of the client, rather than jumping in with unasked for advice. During phase 2, once a decision has been made to change (or stay the same), the practitioner may start to build client confidence and commitment, helping develop a more concrete plan – who, what, when, where – whilst enquiring about any support which might increase clients confidence (self-efficacy) and help the client to be successful. In many ways this is similar to the OW elements of the GROW coaching model.

Example:

Coach: Right. So let's see where we're going here. We're sort of nearing the end of the consultation, so let me see if I understand what you've said correctly. Currently you're doing about one session of activity a week [yes]. And that's swimming. Something that you enjoy doing [hmmm-hmmm], albeit it's sometimes difficult to get to that point [yup], and you get a sense of – that you're in control of this pain. The pain is something that influences what you do, the choices in your life, and you've described how you want to be

in control of this pain, and taking more activity is one thing that you [hmmm, yeah] can do to control the pain, okay, both in your mind and physically [hmmm] as well. And when you do the things that you do, in terms of the swimming, you get a sense of control, and you're adding benefit to other people, which shows that –

Client: Yes, yes I do, I think that's a very good way of putting it, yeah.

Coach: And if you were to *increase* the amount that you did, over and above what you're doing, then you feel you would slow down any decline in your condition.

Client: That would be the hope [laughs]

Coach: And any programme, if you did decide to change, would need to take account of the fluctuation [hmmm-hmmm] in your day to day pain [yes, yes], and also would need to bear in mind that things are, from your perspective, changing.

Client: Yes. I think a constant review. If you're put onto a scheme and told "go away and do it" that's all very well, but I think you do need to have a constant review and not to be told "well you're just chronic, and away you go". You do need to have that facility to come back and say well, this is what I've done [okay], and check it out on a regular basis.

Coach: Do you think that's something that we should be doing?

Client: Yes I do.

Coach: Would it be a good idea for you to book an appointment to see me again in a period of time?

Client: Yes, I think that would be a really good idea.

Coach: What would that period of time be for you, ideally?

Client: Um, I think probably three months [okay, all right] and then you know, if things were going well, then extend it, or at that stage, if I felt that I needed to talk to you about other things, then perhaps we could shorten it, but I think, you know, to start off on something and say, come back in three months and see how it's

going, that might be a way of going forward.

Coach: And what's *it*, then? What would you be prepared to do, given our conversation today. What do you think you'll do?

Client: Um, I think I'm going to have to see if I can bully a friend into going swimming with me. That's, uh, I think that might be the way forward.

Coach: Do you have a friend in mind?

Client: Yes, I've got another friend who's also, you know, also suffers from pain, and I think the pair of us will probably benefit from doing a little bit of exercise. So maybe, just once a week or something, the two of us get together and do something [right], that's a step forward and if it, uh, if we can get into a pattern of it, at least that's another chunk [all right] forward.

Coach: So you'd be doing two sessions.

Client: Don't want to overdo it [laughs]

Coach: It's got to be right for you.

Client: Yeah, that's right.

Coach: And when would you call them?

Client: You're putting me on the spot here, aren't you? Um, how about this afternoon?

Coach: You'd do it this afternoon? [yep]. Okay, all right, with a view to what?

Client: Well, to talk through how they feel about doing the same thing [okay], and if we could actually do something together [okay]. But, uh, you know, it might be good to know if you have other people coming through, and that you talk to, that you know, you could put in touch with each other or something, I don't know, from the practice point of view, it would be a good idea..

Coach: Yes, we do have groups who meet on a regular basis, and that's something that we could talk about.

Client: Yeah, that would be great.

Coach: All right, so should we end it there today?

Client: Yes, okay.

Comment: the practitioner somewhat selectively reflects back to the client the reasons they came up with for becoming more active. In this way, they get to hear it several times – in their head, when they first spoke it, and when the practitioner reflects it back. It's also very hard for the client to argue against reasons they themselves articulated. The client states that a review would be helpful, and are given a degree of control over the frequency and duration of this on-going support. They also enquire about other forms of community support that might be available, and the practitioner agrees to signpost them towards these. The practitioner gets the client to come out with and agreeing to take some very concrete but doable steps, including phoning a specific friend this afternoon with a view to going swimming twice a week, and arranging a follow-up session with the practitioner. From starting the conversation unsure about how best to become and stay more active, the client has come up with her own solution – drawn out of them by the coach.

The coach asks a nice open question (two actually) to move the client towards making a decision:

What would you be prepared to do, given our conversation today. What do you think you'll do?

Asking the client what they are prepared to do to help them achieve the benefits they themselves have articulated, is a powerful way of developing client autonomy as well as encouraging means-end thinking (if I do this, then I expect this will occur).

The client also suggests that going swimming with a friend : “*might be the way forward*”. This is not really change talk – it might be the way forward. The coach decides to see if this can be worked up into a commitment, as commitments are more likely to result in actual change. They ask: “*Do you have a friend in mind?*” and then continues to ask open questions until the client agrees to call them at a particular time to help them become more active.

There is a slight suggestions of resistance when the client states that she doesn't “*want to overdo it*”. The coach skilfully “rolls with resistance” here, using a simple

reflection to ensure the client feels heard and to re-emphasis that the client is in charge:
"It's got to be right for you".

Conclusion

Motivational Interviewing is an evolving, evidence-based style of talking with people, with proven efficacy in helping people change a variety of behaviours. It has some overlap with both humanistic and cognitive behavioural approaches, sharing with them a positive view of human nature, but working with and alongside different aspects of the client's psyche. The approach is learnable, although like learning to play a musical instrument, significant practice and feedback are required for practitioners to become competence in using this sophisticated method.

Cognitive behavioural coaches might benefit from being able to adopt, or drop into the MI style for several reasons – not least improving client engagement with the coaching process and increasing the likelihood that clients will make the behaviour changes they desire or need to make for improved health, wellbeing, performance and success.

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