Preface

Addition to the Preface for the Second Edition

This second edition adds two chapters to our book. They are The Human Brain and Social Threat: Impact on Patients and Health Care Professionals and How Do I Know What Skill to Use? These chapters result from what we have learned from our interactions with our students and health care professionals who we trained and from readers of the first edition.

In over 30 years of teaching motivational interviewing (MI), we have observed that patients and health care professionals can often become defensive, anxious, overwhelmed, or even angry in their interactions with each other. When patients become defensive or lose face, they either stop listening or discount or disregard what the health care professional is saying. On the other hand, health care professionals can also become defensive, angry, and overwhelmed with patients. Chapter 6, The Human Brain and Social Threat: Impact on Patients and Health Care Professionals, explores why interactions between patients and health care professionals become nonproductive or even dysfunctional. We also discuss how to decrease the chance that this happens. Patients working in collaboration with health care professionals becomes impossible when one or both parties experience social threat.

Chapter 11, How Do I Know What Skill to Use?, emerged out of requests from readers of the first edition for further clarity on how to know which of the many MI skills presented they should use in their interactions with patients. This chapter attempts to give readers further clarification along with an explanation of why picking or choosing a single skill in an interaction is often not productive.

Preface to the First Edition

This book is the product of its coauthors' varied career paths and their eventual collaboration on an approach to helping patients with health-related behavior change.

Bruce Berger practiced pharmacy before returning to graduate school to earn a PhD in social and behavioral pharmacy that focused on health psychology and health communication. While practicing pharmacy, Bruce noticed that the way health care professionals (HCPs) talked to patients affected whether patients were willing to consider and discuss their medications and their illnesses. Bruce was struck by how critical it is in patient care to build rapport with patients. This observation led him back to graduate school at The Ohio State University College of Pharmacy. Since then, Bruce's research has continued to focus on how HCPs talk to patients and how their talk affects patient outcomes such as treatment adherence. HCPs never stop having influence on their patients. With motivational interviewing (MI), we increase the probability that the influence will be positive.

In the late 1980s and early 1990s, Bruce's research on improving treatment adherence led him to Miller and Rollnick's work on MI. He knew immediately that this caring, compassionate, and genuine way of being with the patient would improve adherence and treatment outcomes. It was then that he brought MI into health care and began to teach it as a faculty member at the Auburn University Harrison School of Pharmacy, where MI is now a required part of the core curriculum.

Bill Villaume was a Lutheran minister who went to graduate school at The Ohio State University and received a PhD in speech communication. Bill has always been fascinated by how people use language to build relationships and to influence each other. His studies in communication theory, linguistics, discourse/conversation analysis, and interaction analysis gave him a breadth of theoretical perspectives and research methods to apply in studying how MI works in professional–patient interaction.

Fortuitously, Bill was a graduate teaching assistant in a PhD-level course in human communication theory at Ohio State that Bruce was taking as a student. It

was there that they met. In 1982, shortly after Bruce arrived at Auburn University to take a faculty position in the Harrison School of Pharmacy, he looked for faculty members in psychology and communication with whom he could collaborate. Lo and behold, there was a faculty member in the Department of Speech Communication named William Villaume—how many could there be? The two made contact and have worked together ever since.

Bill has used his background in communication theory to contribute several major concepts to our theoretical description of MI. First, he identified how a patient's losing face triggers resistance on the part of the patient. Then, the classic distinction between the content and relational dimensions of messages led to his identification of two types of resistance in patients: issue resistance ("I don't like taking medicine because I am worried about side effects"; "I'm under too much stress to quit smoking now") and relational resistance ("Look, I told you . . . I am just not ready to quit! Stop nagging me!"). Finally, the theory of practical reasoning led to an understanding of how to address the patient's issue resistance without creating more relational resistance. These concepts are important both theoretically and practically, because integrating the management of both types of resistance is critical to optimizing the power of MI to facilitate patients' consideration of health behavior change.

Bruce brought a distinctive psychodynamic approach to our conception of MI. Bill often notes that Bruce has an uncanny ability to understand the nature and essence of emotions experienced by both patients and professionals during their interaction. Bruce has also provided deep insight into how empathy with the patient allows the patient's issues to be addressed in a nonthreatening manner. Finally, Bruce's insight into the nature and impact of emotions has allowed him to identify the nature of several major impasses experienced by HCPs as they learn MI.

The collaboration between the two of us has produced a tremendous synergy that has spurred the development of our own theoretical description of MI. As a team, we are deeply committed to the proposition that the optimal use of MI can facilitate major health behavior change by patients.

We have taught MI to thousands of physicians, nurses, pharmacists, social workers, dietitians, and psychologists who work in various health care settings. We have taught thousands of students at the Auburn University Harrison School of Pharmacy. To understand how to teach MI more effectively, we have studied hundreds of hours of videotapes of our students interacting with standardized patients.

We have also listened to countless hours of audiotapes of HCPs with patients (de-identified to meet federal privacy requirements) to better understand where and why success is occurring and where and why problems are consistently occurring. Ultimately, our study of these successes and problems led to our own theoretical description of MI, which improved our teaching of MI. Subsequently, HCPs seemed to grasp the heart of MI more quickly and to have more success at laying aside their controlling patterns of talk to listen to the patient and address the patient's core concerns. This book is a response to requests from HCPs that we describe our approach to MI in a book they can use as a resource.