

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 45: “Effective Psychotherapists” with Bill Miller and Terri Moyers

Sebastian Kaplan:

Hello, everyone, and welcome to another episode of Talking to Change, a Motivational Interviewing podcast. My name is Sebastian Kaplan, and I'm based in Winston-Salem, North Carolina and as always, joined by my good friend, Glenn Hinds, from Derry, Northern Ireland. Hello, Glenn.

Glenn Hinds:

Hello, Seb. How are you doing, man?

Sebastian Kaplan:

We are doing something a bit different. Our loyal listeners will be familiar with our typical intro, where Glenn and I go back and forth a bit and transition directly into our conversation with our guest and that's worked pretty well up to this point, but we wanted to try something a bit different, listening to other podcasts and different formats. So, what we're trying today is actually recording our intro after we've already completed the episode, or the interview as part of the episode. So hopefully people will enjoy the change and certainly, we welcome feedback about that. Speaking of feedback and questions, Glenn, how can people reach us?

Glenn Hinds:

Sure. As always, on Twitter, it's @ChangeTalking. On Facebook, it's Talking to Change. On Instagram, it's TalkingToChangePodcast. And for questions, reviews, ideas or seeking information about our training, it's podcast@glennhinds.com.

Sebastian Kaplan:

Excellent. So, we wanted to share our reactions to the interview that we had, and one thing was kind of cool to acknowledge, there's several firsts with this episode. We have our first returned guest, which is Terri Moyers, who joined us early on, one of our earlier episodes about change talk. And this is the first time where we had two guests. And the other thing that's a first is just a really significant person in the world of MI, Bill Miller. Bill, obviously, is one of the co-founders of MI and author of the very first paper way back in 1983, and so it was really, really great to have Bill on for obvious reasons. The reason why we had Bill and Terri on is they just wrote a book that was published in the last couple months called Effective Psychotherapists. So, it's not an episode about MI per se, it is centered around this book and their discovery, or perhaps rediscovery, of eight core characteristics of effective psychotherapists.



Sebastian Kaplan:

Now, of course, some of the content overlaps with Motivational Interviewing terms and ideas, so MI listeners will be familiar with those, for sure, but it was a really interesting conversation. A couple things that stood out to me, as I reflect back on what we discussed, was Terri's discussion about the importance of genuineness, which is certainly core or central to Carl Rogers' writings, but she talked about it as something that might stand out amidst these eight therapist characteristics that they discuss in the book. And the other thing that I just really appreciate in what Bill and Terri bring to the MI world is just a real dedication to empirical rigor. These eight characteristics are ... They intuitively make sense, that a good therapist should try to tap into these characteristics, but it's always great to have evidence to support something that makes intuitive sense, and they certainly did really, really a lot of hard work in trying to establish these and identify these eight characteristics. Glenn, how about you? What stood out for you in this episode?

Glenn Hinds:

Well, as you can imagine, there's a lot of things that went on in that conversation that really are really quite interesting and really quite significant. But the ones that stood out for me really were, as you mentioned, about being asked the question, of the eight characteristics, which one would they consider to be the most significant? Bill identified accurate empathy, clarifying that all of them have importance, but for him, the reason why they've chosen accurate empathy as the first of the eight characteristics that's covered in the book is because of just how much is known about it, how much research exists. And this is a review of 70 years of psychotherapy research, which is in itself really quite significant. And what Bill's describing is that accurate empathy has the most consistent association with better client outcomes.

Glenn Hinds:

And, I suppose, there's a good point to recognize that the subtitle of the book, *Effective Psychotherapists: Clinical Skills That Improve Client Outcomes*. So, all of what we're talking about over this episode is a balance between the what, which are the different approaches that people will be aware of. Clearly, in this podcast, we focus on Motivational Interviewing, but it's also true of CBT or systemic therapy or any other approach, the 'what' in helping. Well, Bill and Terri are saying, "Look, we wanted to go back and look at the how," and they come up with these eight different characteristics.

Sebastian Kaplan:

Right. So, lots to discuss, lots to explore. We really enjoyed the episode and the conversation, and we hope that you all do as well. So, as we often do, we like to start with a brief invitation to ask a person to share a bit about their early MI story and a bit about themselves. Our listeners may know that in Episode Six, Terri joined us to talk about change talk in particular, and so if you want to hear about Terri's early MI story, we reference you to that episode. But, Bill, since you are here, I'm sure people would really be interested to hear about your early MI story, so please share with us a bit about that.

Bill Miller:

Well, I'm particularly pleased that Motivational Interviewing was really evoked from me. It didn't start with a theory; I didn't begin with this as an idea. I was in Norway on a sabbatical leave, meeting with a group of psychologists there and one of the things that they wanted me to do, as I was trying to help them learn behavioral approaches and also person-centered approach to working with alcohol problems, was to role-play and they would portray clients they were seeing that they found to be particularly challenging and essentially say, "Okay, smart guy, what would you do with this?" and see how I would respond. And in the process, they did something very interesting, that my American students didn't do very often.

Bill Miller:

We would be role-playing right along, and they would stop me, and they would say, "Okay, now wait a minute. What are you thinking right now?" or they would ask good questions. "You reflected something the client said, even teachings about reflection, but the client said a lot of things. Why did you reflect that?" or "You asked a question, but you could've asked many questions. Why did you ask that question?" And they caused me to verbalize some apparent decision rules that I was using, of which I was not conscious, I wasn't particularly aware of them. But as we unpacked together what was happening in these conversations, we started coming up with a set of kind of guiding decision rules that centered around the idea of it should be the client who's making the arguments for change rather than me, rather than the counselor, and some ramifications of that of what kinds of questions you ask and what you reflect in particular.

Bill Miller:

But that was the essence of it. And when you run into something that feels like resistance, don't ever push back against it. You don't argue with it, you don't try to correct it. Rather, you do what we early call roll with it, to listen and try to understand. And so really high-quality empathic listening is a fundamental piece of this as well, that starts not with an expert mind, but with a beginner's mind, that I don't know this person, I don't know what their experience is, and I need to understand that and I need to understand how it looks from their perspective.

Bill Miller:

So, really, together, we evolved this set of guidelines. We gave the name Motivational Interviewing to it because it was about the person's own motivation for change. And the word interviewing in English is power neutral, you can't tell who's in the power chair just from the word interview, because you can be a lowly college student interviewing a famous visitor, you can be an employer interviewing potential employee, the power relationship is ambiguous there. So, it seemed like the right term. It might've been Motivational Conversation, except that in conversation, the two people don't have different roles and in Motivational Interviewing, the interviewer definitely has a different role than the person who is being interviewed. So, then, the term stuck, and an article came out of that in 1983, that I was asked to write. I had just sent the paper to a number of people for discussion really, and one of them edited a journal and said he wanted to publish it and he did. And I rather thought that's the last I would hear of it, but instead it took over my life. So, that's where it started for me.



Glenn Hinds:

So, it started off as a visit in Norway and some really curious students changed your life, Bill, and, in fact, changed everybody in this room's life and many thousands of other people who have been introduced to what it was you discovered that perhaps existed within you in the first instance. But because of that curiosity, that, as you say, that the evocation led to you being interested in what you were doing and why you were doing it, and a team that came up with some really good principles that you have been building on for the last 40 years now in relation to what has now become the third edition of Motivational Interviewing.

Bill Miller:

Well, in fact, I would say this is not unique. When people are learning this, they often have the experience of recognizing it as if they had kind of known this before, but what they say is you've helped me to be more conscious of what I'm doing and kind of systematize how to do it. But it's not an alien thing that is strange. People who at least come to Motivational Interviewing and get good at it seem to have that sense of connection with it, of recognizing it and knowing it. So, I think it's just that we gave words to something that's been around for a long time.

Sebastian Kaplan:

And while much of your career has been obviously focused on the further developments of Motivational Interviewing, the reason why we're all here today is to discuss a book that you and Terri have just published, that's a bit broader than Motivational Interviewing specifically. The book is entitled Effective Psychotherapists, and we will spend the bulk of our time today discussing what you all have written and shared with us. But one thing that we wanted to do, since the two of you are here and have had quite a long history with each other, we thought we would invite you to share your own stories between the two of you and maybe share how the two of you have met and sort of developed this partnership that so many of us has benefited from.

Terri Moyers:

Well, I met Bill when I was an undergraduate student at The University of New Mexico, I'm going to say that was 1981 or '82, and got to know him gradually, over the years, worked with him as a new graduate student and then he became my mentor in my dissertation chair. I like to say that I learned Motivational Interviewing in a small, dark, airless closet, watching videos of my sessions with therapists and Bill commenting. And every now and then, he would stop the video and say, "Now tell me a little bit about what happened here," and "What were you thinking?" and "What questions do you have about any of this that's going on?" It was a very evocative style even then. And then I graduated and got a job, was a full-time clinician and that's when I really learned Motivational Interviewing because my patients then taught it to me. So, that was my beginning with Motivational Interviewing.

Terri Moyers:

And I want to say that I still remember ... I love to tell this story. I still remember the boots that Bill used to wear to work when he came to the psychology department. He was such a young man. And I think he might've only had one pair of boots, and I can still see them vividly in my mind because he used to wear them all the time and I spent a lot of time looking at them.

Bill Miller:

I probably could only afford one pair of boots. Terri has made such contributions to the science of Motivational Interviewing, and it really is about relationship; it really is about what you say and why you say it and how you are with the people that you work with. So, we've spent most of our conversations just talking about that process. How do you know what to say next? How do you think about this? What's going on in your head?

Terri Moyers:

Mm-hmm (affirmative).

Bill Miller:

And in a way, what led us to this book is wondering whether, while we've been studying all this time with Motivational Interviewing, is what makes helpers more helpful? And so, we went back together and read 70 years of psychotherapy research, looking for what are the characteristics of therapists who get better outcomes using the very same treatment manual, the very same school of psychotherapy as other people and yet their outcomes are consistently better or in some cases, consistently worse-

Terri Moyers:

Worse.

Bill Miller:

Than other people, even though the technique is allegedly the same. So that's how we came to be interested in this book.

Glenn Hinds:

Mm. So it's almost like the same process that you described in Norway that Terri's describing, her darkened room with you as her mentor, that you've simply been interested, what is it that's going on here? Now, we see some things that have been written about in literature, but it's still not answering all the questions, so it sounds like you went back to the start and asked ... Were being curious, what else is going on here that we can be interested in? And sounds like what you've discovered is these eight skills that you've identified in the book seem to have a particular influence on outcomes for clients, particularly when they're used by practitioners who are skilled in it. What's interesting, you said, as a practitioner, you can set the trajectory of the client's journey, depending on what way you're thinking or doing these skills.

Bill Miller:



Terri has found, for example, that if you measure skill and accurate empathy, which is one of these eight characteristics, before people start treating clients, you can predict the outcomes, that it's related to not only what the therapist does during sessions, but how their clients do. So, this is something measurable, learnable, specifiable that makes a difference in what's going to happen with your clients.

Terri Moyers:

Yeah. And I was trained, as a graduate student, to pay a lot of attention to outcome research, right? You compare treatments, you have horse races among treatments and look which one is better, and that was just never interesting to me. I was always much more interested in what is going on between the people who are sitting in the room. And I always felt like that's where the juju was, where things were really happening. And outcomes, they're important. They're very important. And I could talk more about why they're so incredibly important in the field of alcohol use disorders, but they're just not that interesting to me, right? What I really want to know about is what's happening between the therapist and client.

Terri Moyers:

And I wanted to follow up, Glenn, on something you said, it's that the therapist can set the trajectory. And in some ways, yes, we do really want this book to inform therapists that they have a lot more power than they think they do or maybe that they had known, and it's also true that you can be the most skillful therapist and still end up not being able to set the agenda with a client and not being successful with a client. So, it's really more complicated than just saying if you do these things right, you'll always have the outcome you want. Really, what you're increasing is the chances that your clients are going to get better.

Bill Miller:

There's so much emphasis on techniques in psychotherapy, last few decades, the what you do kind of thing and horse races among which technique is best, and the usual outcome when two bonafide treatments are compared with each other is no difference. Even seemingly very different kinds of psychotherapy done well by people who believe in them, you tend to get the same average results. However, there are big differences in outcomes based on the therapist who delivers the treatment-

Terri Moyers:

Yeah.

Bill Miller:

Whatever the treatment is. And so that's what we were after, that's what we got curious about and wanted to understand better.

Terri Moyers:

Client characteristics really capture the most prediction, right? If you look at okay, well, what do we need to know about whether this person's going to get better? Client variables



carry most of the free, but therapists reliably carry a pretty substantial slice of the variability or the difference in whether the client's going to get better or not. The reason I like to focus on that is because that's the part we can do something about, right? That's the part we have control over. We don't have a lot of control over what happens to the person before they come to our door, but we do have control over that slice of the pie, where the therapist is really mattering.

Sebastian Kaplan:

So, things like the person's genetics or family history or personality style, things like that, these are things that they're bringing into the relationship and into the room, so to speak, that are predictive of the outcomes, that we can't do a whole lot about-

Terri Moyers:

Correct. I would-

Sebastian Kaplan:

As helpers.

Terri Moyers:

I would even say in what society they live and what experiences of stigmatism they've had, all of those things really are quite important in predicting how well a person's going to do in treatment.

Sebastian Kaplan:

Right.

Terri Moyers:

But we don't have a lot of control over those, do we?

Sebastian Kaplan:

Mm. Right. And the things that we do control are the things within ourselves, really, in both the techniques that we might use, which you were talking about, Bill, is something that a lot of people have paid heavy attention to recently. But then you both, in writing this book, were really wanting to highlight what kind of is underneath those techniques, what are some of those common variables or common skills, I suppose, that, regardless of whether you're using cognitive behavioral therapy or psychodynamic therapy or whatever it is, that these are core skills that would cut across all of these schools of therapy or techniques.

Sebastian Kaplan:

And I want to just say we won't have time to go into each and every one of these skills, but people might be wondering ... Because, Glenn, you mentioned just a moment ago that there are eight skills that Bill and Terri had referenced in the book, so just to list them. And we might look into a couple of these in more depth. Accurate empathy, acceptance,



positive regard, genuineness, focus, hope, evocation and then lastly, offering information and advice. So just to whet people's appetites, perhaps, on what would be available to them if they were to read on. And one of the things that Glenn and I were talking about before you all joined us, Bill, and Terri, was is there a skill of those eight that you would consider to be perhaps more important than the others, that kind of would win out? If you had to just choose one of them, what would that be?

Bill Miller:

If I were only going to teach one of them, it would be accurate empathy. It's got the largest effect size of any of them, it's been around a long time, we understand it well, we know what it looks like and how to learn it. And it's the first of the eight chapters on specific methods in our book for that reason, that it's the one that just most consistently is associated with better client outcomes.

Terri Moyers:

And it's hard to make the argument against empathy because, I mean, I would probably choose empathy too. But let me make the case for genuineness because genuineness is a skill that ... First of all, it's our hardest one to define, it was the hardest chapter to write for me and we almost didn't put it in because the research for it is not maybe as strong or pithy as it is for the other characteristics. But there's a pretty good case to be made for the fact that all of the other therapist skills don't really make a difference if there's not genuineness present. What good is empathy without genuineness? What good is acceptance without genuineness?

Terri Moyers:

And to me, this is a really important skill, also, because I teach a lot of graduate students and brand-new therapists and this is always an issue for them, right? They don't feel genuine because they're so new and awkward at it and a lot of the times, my task is to help shape them towards being more themselves as they're trying to do this therapy thing and sometimes, I feel like that's my biggest task. So, I really think the power of genuineness can't be overlooked when you're talking about which one you like the best.

Glenn Hinds:

Mm.

Bill Miller:

These are not independent, completely separate characteristics either. I mean, toward the end of the book, we talk about how they flow together and are there a kind of higher order of skills, like presence, in a way, that bring these together? So, if you're very good at empathy, you probably also come across as being warm and accepting. And so, there's some common foundation under all of them that, whether they start from the same roots or they just kind of flow together over time, is an interesting discussion. But they're not totally separate, they have a lot in common.

Glenn Hinds:



So, by working on one, the likelihood is it will benefit some of the others as well and that-

Bill Miller:

Yes.

Glenn Hinds:

By not putting them in a hierarchy necessarily doesn't then mean that I have to just practice one. Although you're both describing what you both believe to be an important one and it's almost like that genuineness is ... It's very difficult to be genuine, particularly if you're still trying to find yourself. And that was something that was interesting about in the book as well was just how much emphasis that this book is about us, as practitioners, and the things that we can do in our relationships with ourselves to improve our relationships with others, who happen to be our clients. And I'm just wondering, can you say a bit more about what it was that you were looking at or what it was you were discovering, that people who are listening as practitioners, can think about the journey towards themselves to help others?

Bill Miller:

Well, we didn't want to just describe these things, we wanted to talk about what can you do to begin to manifest these better? And what's the evidence for each of them? We did that too. But we really hope that this book causes people to reflect on each of these attributes themselves. We drew from Benjamin Franklin to make a suggestion that maybe you practice one of these at a time, maybe take a month and focus on empathy and then another month and you focus on genuineness, another month and you focus on acceptance. Because if you're trying to learn them all at once, it's kind of overwhelming. But to think about now, how can I be a more accepting presence with my clients? That's something that you can really focus on. So, we hope the book helps to make us better helpers and not just in the abstract, talk about how great helping is.

Terri Moyers:

Yeah. I would say also that there was a very conscious effort on our part when we described sort of the process we were going to use to talk about these characteristics as having an internal part and an external skill, right? For each of these, you can see a skill, a behavior that you could theoretically measure, but that really wasn't enough. And we also wanted to talk about what's the internal experience that people might be having that's like that or that is a foundation for that or is a wellspring for it?

Sebastian Kaplan:

Mm. And perhaps it's one of the reasons why you referenced another skill, I suppose, and maybe in another iteration in the book that this could be an add-on to the list that you already have, the skill of mindfulness, which would maybe encourage or allow a practitioner to become more aware of that internal process that you're describing, Terri, that would then kind of come out in its external form. Is that kind of what your thinking was about the inclusion of mindfulness throughout?



Terri Moyers:

Sure. So, one thing you can do to get better is to work on the external skill. An example of that would be affirmation if you're trying to focus on positive regard, or reflections if you're trying to build the skill of empathy. But another way to do it is to think about, for example, curiosity. What natural curiosity do you have about people and the way people are in the world? And can that be applied to the person who's sitting with you in the room? Right? And if you have a natural skill for being curious and feeding your curiosity and allowing it to be present, then that's a really helpful mind-state or mindfulness practice that can feed empathic skill, in my opinion.

Bill Miller:

In Motivational Interviewing and in empathic listening both, you're very present in the moment and paying careful attention to how the client is responding to you and to yourself, what you're doing as well. So, if you're off thinking theory or trying to come up with some abstract solution, you're not in the moment, paying attention to that. Both a person-centered approach, as described by Carl Rogers, and Motivational Interviewing, which is a person-centered approach, involve really noticing, in the moment, how the person responds to what you say and do, and then in turn changing what you'd say or do next. In that sense, it's very like improv theater, that you cannot know what your next line is until you hear the line before yours and you stay with that and follow it.

Bill Miller:

Responsiveness is another one of those kind of flowing together collections of these characteristics that Terri pointed out as we were working on the book together. But it almost is present in all of the skills, that just paying such close attention to and responding to what the client is doing in the moment.

Terri Moyers:

Which is almost the exact opposite of paying attention to a treatment manual that focuses on a technique that you try to implement no matter what's happening in the moment, right? Getting that specific technique to be present is the most important thing, and this is just a different way of thinking about what's the most important thing for the therapist to be doing in that moment?

Terri Moyers:

And this is a great time for me to talk about the fact that this book isn't about dissing specific treatment elements and specific knowledge that really, and I might even call it behavioral technology, that helps people get better, right? Both Bill and I understand and are perfectly well-aware that there are some behavioral interventions that are better than others, and the research sometimes tells us that. And so, it's not that we don't like the idea of exposure and response prevention if you have a phobia, it's that you also want to take the therapist's contribution to conveying that technology or that technique into consideration and, in my opinion, to equally privilege that in the process.

Bill Miller:

It matters what you do, and it matters how you do it.

Terri Moyers:

Mm-hmm (affirmative).

Glenn Hinds:

Mm.

Bill Miller:

And we've been writing about the how aspect of this.

Glenn Hinds:

Mm.

Terri Moyers:

Mm-hmm (affirmative).

Glenn Hinds:

Well, what struck me was, as you were talking, Bill, was the invitation to trust this thing called the process, and many of us will recognize that phrase. I know that, in my training, we were taught trust the process. But since what you're describing is in the moment is where the process exists and the process is in the dynamic of the relationship, it's experiential as much as anything else, of what's going on and am I paying attention to that? So much of what we're describing is this internal awareness.

Glenn Hinds:

You described how Motivational Interviewing was in you, then it was evoked, Terri talked about it being evoking from her, and it's almost like you're saying that bringing that attitude into can I keep paying attention to my interaction with this person, and almost like having a person beside me going, "What's going on now? What's going on now? What's going on now? What does this person need from you right now to be helpful?" The invitation to get to a place where that feels much more natural, where we can be aware and we're not trying to do anything, we're being in whatever way we are.

Bill Miller:

As Terri said, that awareness is half of it. There's an inner experiential part of each of these eight, but there's also a measurable, specifiable, learnable behavior that goes with it. So, it's not that there's no skill involved here at all, these are very skillful things as well. And if all you have is your inner awareness, it doesn't do the client any good. If you are sitting there feeling very accepting of the person, that's wonderful, but if you don't communicate to them, it's not likely to have any impact on outcome. So, both things are true, that very intentional, mindful presence that's conscious of what's going on in the moment is important and also what you do. Because these are not mysterious, vague,



abstract things, these are skills that are reliably measurable and so the extent in which you do those also makes a difference.

Sebastian Kaplan:

One of the threads throughout the book, through all of the different chapters ... Each of the chapters, of course, are about doing these core things that you all believe and know based on research and your experience to lead to better outcomes. You also referenced, with each of them it seemed, what you're not doing. For instance, when you're displaying accurate empathy, you're also not doing some things that perhaps therapists previously and certainly to this day might be doing and kind of getting in the way of good outcomes. You didn't, of course, devote specific chapters to the things that you're not doing with these things. But I was wondering if you guys could speak to what are a couple important things that, if you're doing these eight elements of good practice, what are some of the things that you're not doing that people might resonate with also to better understand how they could become better practitioners and how they might get there?

Terri Moyers:

What I would say is anything that you're doing that is getting pushback or that is introducing discord in the room and in your relationship with somebody and you don't modify what you're doing, you just say, "Oh, I'm doing the right thing, I just need to do more of it," right? That strikes me as a bad thing to do or an unhelpful thing to do. And I would say even empathy. I mean, there are some clients who don't necessarily want a lot of empathy and there are some situations where a lot of empathy and reflection is not terribly helpful, so really making rules like don't do this or do that ...

Terri Moyers:

Oh, and I'll give the example of confrontation, which we have a study showing, Bill and I and several other people published this paper, training people to do Motivational Interviewing and what was the impact of their MI behaviors on the client's language. And it turned out that confrontation, which is supposed to predict sustained talk and often does, didn't in these people who had very high interpersonal skills, like empathy and collaboration and acceptance.

Terri Moyers:

So as soon as you make a rule about something you always have to do or something that you never should do, you're going to be in trouble, even though I could think of some examples and I would love to proffer them, I'm not going to be unwise because I know that sooner or later, you'll come to a situation where there'll be an exception to that rule. So, what I would say is anything that you do without taking into consideration the feedback that you're getting from your client and yourself in that room, in the moment, is what you shouldn't do.

Bill Miller:

And that's a really good point. The client is telling you constantly if you're on the right track or not. But it's a good point, Sebastian, that there is a kind of flip side of each of these



skills. We've used Thomas Gordon's 12 roadblocks to good listening in our teaching, and these are 12 things that people do sometimes with the intent of being helpful that really aren't good listening, and empathic listening is suspending and putting aside those things, at least for the time being. Acceptance is another good example, that, primarily, when you're measuring acceptance, it's the absence of judging, shaming, approving, disapproving, all that kind of stuff. So, it's what's not there in a way that communicates accepting as much as straight-forward statements of I understand, I care about you, I appreciate you and so on, so that it's what you're not doing as well.

Glenn Hinds:

I'm tempted to go a couple different directions here, from my notes here, but where I'm being led to is the stuff around the attitude of the practitioner because so much of what you're describing is based on the work of Rogers. And you say you both accept the idea that people, when given the support of conditions for change, that naturally tend to move in a positive, pro-social, self-determination and healthy direction, and I guess a lot of people out there will perhaps struggle with that idea. And I was just wondering, what is it that led Rogers and what is it about that did you agree with that influences and informs what it is you're doing that then makes a difference?

Bill Miller:

It's not something you can really prove. I mean, in a way, it's what your sense of human nature is. Are people inherently selfish and if left to their own devices, they will devolve into something terrible, like in *The Lord of the Flies*, the classic novel? Is it given the best conditions, people naturally move in the direction of growth and pro-social action? That's where Rogers was. And there's also the blank state, that people don't have an inherent nature and it's just a matter of genetics and experience. And see, you can't definitively prove one or the other, but it matters which one you believe and if you have that kind of hopeful, optimistic belief that the person has this possibility within them and part of them wants to be well and get better, it calls it forth. And if you become cynical, kind of getting burned out in your work, that also has a self-fulfilling prophecy.

Bill Miller:

So, there's some nice studies demonstrating that therapists' expectancies are self-fulfilling prophecies. What you believe about your client's chances, in a way, become truth. We know that's true of clients too. And so, hope is one of those client characteristics that we know matters and it's one that you can influence. Motivation is a client characteristic that we know matters and it's one that you can influence. So, some of these client characteristics are not like genetics, but are things that are interactional, and you can, by the way you work with people, enhance their self-respect, enhance their hope, enhance their motivation for change.

Terri Moyers:

I will also say that having that viewpoint, that Rogerian viewpoint, is very freeing as a therapist and as somebody that wants to be helpful. And not having that belief or being cynical or being suspicious or having the view that the person is the way they are because



they have a bunch of deficits, that it's your job to fix, leads to burnout. It really leads to the idea that you have to fix that person, even if they don't want to be fixed, right? Or even if their problems are overwhelming, and that it all resides on you. And, of course, that will be shown false many times in your interactions with clients and that can lead to burnout, that can lead to a sense that you're just not helpful, you're not successful, you're not able to convince people to change when they don't want to. So, I think not only does it benefit your clients to have that worldview, but it also benefits you as a treatment provider.

Bill Miller:

I don't really understand it, but I know one of the things that people very often tell us is that learning Motivational Interviewing lifted a burden from their shoulders. And it's not this is your problem, it's not my problem, it's not that kind of dismissiveness at all, it's knowing that clients do make their own choices and you don't get to do that for them and at the same time, that the way you are with people can make a difference in the path that they choose. And there's something about that that is just more rewarding and less burdensome than feeling like you need to be the expert and be the one that makes the change happen.

Terri Moyers:

Well, it allows you to be a lot kinder, it really does, because you just don't feel like it's all about your expert ideas, but that you are there to collaborate with somebody.

Glenn Hinds:

There was a phrase in that chapter that, I think, encapsulates what you're describing, which is that part of their ambivalence is your co-therapist. There's the sharing, there's the optimism, there's the opportunity for us to be co-producing this outcome and that some of what you're looking for is already in the other person, go and see if you can find it, connect with that, and see where that takes you.

Terri Moyers:

Yeah.

Bill Miller:

You're taking turns writing a story together, which means you have some influence over where the story goes as well as the client does.

Glenn Hinds:

Mm.

Terri Moyers:

Yeah. And I guess I would just say people don't engage in troubling behaviors without some pain involved with that and without some ambivalence, and the question is can you structure the environment and your interaction with that person in a way that allows that to come forward?



Sebastian Kaplan:

One of the things you discuss in the book towards the end is about learning and learning the skills that you described. And it strikes me, too, as you were talking about this kind of general almost state of hopefulness, the sort of Rogerian ideals that come through, that there's maybe a couple of things that we, as trainers, are hoping to teach or hoping to kind of bring about or nurture, there's this skill. You see when you ask the question this way, try to tweak it that way and see how that feels to you. But there's also the potential task, which, as I'm thinking about it now, I'm not sure how I've directly taught it in training settings myself, which is the ... Well, I guess it's the MI spirit or the word presence that you used earlier, Bill. I wonder if you all could address the teaching of these skills, but also teaching of this mindset and heart set. Another term that I've borrowed from both of you. How do you go about doing that?

Bill Miller:

I think you learn it by doing, and if being an accepting and understanding and empathic person were a prerequisite practice, no-one would be able to start. How do you become a more empathic person? Well, empathic listening is a very good way to do that. Enter into the perspective of other people and begin to understand how they view the world and how they feel about it, what's going on for them. I mean, what a wonderful thing that we're not limited to our own experience in life and that, in a helping role, you get to enter into other worlds, other people's perspectives and understand the tremendous diversity of human nature, and it changes you.

Bill Miller:

I think practicing these kinds of methods does make you a more empathic and accepting person, or at least it's likely to. And accepting of yourself, by the way, and not just of other people as well, that you become more forgiving and aware of your own life and foibles, and I think that's a good thing. The ability to extend empathy and acceptance to others is related to your empathy and acceptance of yourself, and those two things feed each other.

Terri Moyers:

I'll go the opposite way, so I'll go 180 and say another way to learn or to teach is to be able to get consistent feedback, and that's one of the things that we lack so much as therapists. We're expected to help people change, but we're never given information about whether they actually change or not. I know I overuse this analogy, but could you imagine surgeons in the same predicament, where they're asked to cut people open and do things that help people get better, but they never find out whether what they did was helpful or whether it killed a patient. It would be very hard to get better. And therapists work in systems, mostly, where they get little or no feedback about the eventual outcomes of their patients.

Terri Moyers:

And so, I think, one of the things you can do to really get better, and maybe if you're a trainer, would be to advocate for that or to teach people how to do that, is to get some consistent feedback about your clients. And we talk about how to do that in the book,



some ways, some ideas we have about that. Even if you work in a system where there's not a machinery for getting you outcomes with lots of big data, help you figure things out, there are some things you can do as a therapist, working by yourself in an unfriendly system, that will help you get some feedback about your own practice.

Glenn Hinds:

Mm. And I guess, immediately, people will want to know what would be that one takeaway? So here I am, I'm working in my darkened room, what's the opportunity that I can do? Because it sounds like what you're describing, Bill, is maybe to begin with, it's doing the what. If you start purposefully practicing endeavoring to be more accurate in your empathy or you're being more purposefully trying to be accepting, that that in itself is going to be really useful because that will potentially then begin to help you begin to notice changes in yourself. But also, alongside of that, then, this external or this third-person feedback or a feedback opportunity that you're describing, Terri. Here I am, sitting in my darkened room, how can I be getting the feedback that may add to what it is I'm learning by doing what?

Terri Moyers:

Mm-hmm (affirmative).

Bill Miller:

It's both, and. It's your intention to be more empathic and exactly what Terri's talking about, of paying close attention in how the person responds. And a great thing about reflective listening or empathic listening is that every time you offer such a statement, you get immediate feedback, but whether you're right on or you missed it or whatever. So, you're constantly learning in the moment what it is that people mean when they look certain ways or when they say certain things and you just get better at it over time. So, it's both the intention and the attention to the feedback that you're getting in the moment, I think, that matter.

Terri Moyers:

I would say that some of the things that we talk about in the book are audiotaping your sessions and reviewing them, right? So actually, having a look at what you're doing and using some criteria to evaluate it. I don't place a lot of confidence in people evaluating their own empathy usually, because they believe they're more empathic than they actually are or just as likely, they believe they're not empathic when they actually are just fine. So big, giant sort of global characteristics like that, I'm not that crazy about evaluating for yourself, but what about the number of questions you ask versus the number of reflections you make? You could train yourself to evaluate that in your own sessions and sort of randomly pick sessions on a consistent basis and sit down and evaluate them for just that one thing. You're still getting more feedback about your practice than you were before, and you still have actionable feedback that you can use to improve.

Terri Moyers:



And another thing you could do, Glenn, since you liked the takeaway I did, is to make a partnership with another person in the work setting where you are and interview clients. Set aside time in your clinical activities where what you do is you call people or contact people and interview them briefly and maybe you interview the other person's clients, and they interview yours and just get some information about how the treatment was supposed to be effective. Was it? Even no matter how filled with errors and problems that is, in the same way that reviewing your own tapes is, it's at least giving you some actionable feedback.

Sebastian Kaplan:

So, we were talking about internal and external before, and it seems like there's similar use of language with these tips or takeaways. There's the moment-to-moment experience that ... And, I suppose, depending on your system, you might have people observing you live and I guess that's possible, but an in the moment experience, how is the client responding to me, therefore can lead me to make some adjustments and further fine-tune things and over time, there could be a potential for growth. But a really key element that you have talked about in the book and have talked about for years now is having some ability to have feedback, whether it's feedback from yourself, whether it's listening to something that you have done previously and tracking something, like number of questions, or having some feedback from someone else.

Terri Moyers:

In our field, being a therapist, we're just so not good at that. We're so not good at saying this is a process that I'm engaging in that can be examined and we tend to think about it as something that's mysterious, like charisma. And by the way, if you look at it, then it can't happen, right? If you open the therapy door and you look at what's happening in there, then the magic's going to go away, right? That is a secret belief that we actually really have. I think just even taking that belief, dusting that off and laughing at it is maybe even the first step in saying therapy isn't ... Or helping relationships or interviewing or interactions that you have with people are not who you are only, it's what you're doing and how you're doing it. And if you can look at that with some degree of objectivity and share a little bit of that with other people to get feedback, then there's your chance to improve, there's the breakfast of champions, is holding up your work so that other people can see it and give you feedback about it.

Glenn Hinds:

Mm.

Bill Miller:

And that's the norm in healthcare. You don't learn surgery behind closed doors in a room by yourself, there are people around you in the beginning, guiding you and making suggestions. You're almost always observed by other people who are present there. You learn by doing and getting feedback about it in most of healthcare. We've kind of set up our behavioral health professions in a way that we don't get better. And that was one of the findings that we start within the book, that therapists don't get better with practice in



general, that you're getting the same outcomes after 40 years of practice as when you started and if you're lucky, you may even have gone downhill in that regard. And that's not true of ... Surgeons get better with practice. And why is that? They constantly get feedback. They know what happened and there are other people actually present with the process to discuss it with. And so, we've chosen a very introverted, isolated form of practice that really prevents us from getting better.

Glenn Hinds:

Mm-hmm (affirmative).

Terri Moyers:

There's sort of a maxim when you're teaching medical providers or when they're learning something, which is see one, do one, teach one, and imagine what would happen if we had that maxim for ourselves as therapists. See one, do one, teach one. It implies so much about the way we would be doing things differently.

Glenn Hinds:

Mm. Yeah. Even thinking about that, it's that, in many ways, we have to recognize, as practitioners, what you're inviting us to consider doing as practitioners is the very thing that we're inviting our clients to do with us, which is to have a look underneath the bonnet, have a look underneath the hood in American terms. What's going on in this engine? And to do it with this mindset, this heart set of, first of all, being informed by curiosity. How did this engine get this far without me? And to discover the strengths about that individual and to take that same attitude to going how did I get this far?

Glenn Hinds:

And to discover that one of the risks or one of the opportunities is I will discover skills that I have, but it's balanced with ... There's a risk and it takes courage for us to look because I might not be who I want the other people to think I am and to bring about that ... Can I accept that as a starting point of my own journey, that my willingness to accept who I am is a prerequisite for helping someone help accept themselves in my company to begin to grow and to develop as themselves? It's almost like I can only help you as far as I've got to myself.

Bill Miller:

It's not one way, it's reflective. Each self-acceptance helps you extend that to others, and I think extending acceptance to others also can help you experience that yourself.

Glenn Hinds:

Mm. So much of what you're describing is just about there is no one way of doing this, that-

Bill Miller:

Yes.



Glenn Hinds:

That whatever direction you look in, there's opportunity. Whatever way you point, you will see things that potentially will be of benefit to your development and your opportunity to help other people as well, that it's not an either/or.

Bill Miller:

There are 100 ways to do it right. We always say don't try to do MI the way we do it, learn to do MI the way you do it. And so, it's not a match to template kind of process, there are lots of ways to do this well. I must say, in my own training, we often got the message there are 100 ways to do this wrong and there's some truth to that too but learning to fit this into your own style and your own way of being with people is so important.

Glenn Hinds:

Mm.

Sebastian Kaplan:

You had mentioned earlier that this book was a project that took many months, maybe many years, and certainly a review, you said, Bill, of 70 years of research on psychotherapy. And we imagine that much of what you discovered were things, perhaps, that you relearned, you kind of made more concrete and understanding of a concept from Rogers or some of the earlier research on MI. We were wondering too, though, if either of you had learned something or there was either a new piece of information or new way of understanding what makes for a more effective therapist?

Bill Miller:

I guess I'm thinking more broadly about it now, having read the 70 years of work and looking at these questions that have been asked over a long time, and I think less of Motivational Interviewing as a separate competing technique of psychotherapy. It no longer makes sense to me to do horse races of Motivational Interviewing versus Cognitive Behavior Therapy or versus something else and ask which is better. I mean, that, to me, is the wrong question because you can deliver Cognitive Behavior Therapy in a person-centered way that's very consistent with MI. And, indeed, that's the way Motivational Interviewing is being used now, most often. When trials appear, they're saying we're doing Motivational Interviewing with this and this, so they're now putting it together with other things. And I'm thinking of this more as a way of doing what else you do than being something to which you would be converted into instead of what else you do.

Bill Miller:

And I said earlier, I think, in a way, what we've been studying and curious about and wondering about for 40 years or so in this is what is it to be helpful? How can you be helpful to other people? That's a bigger issue than Motivational Interviewing, and there are lots of helping relationships beyond counseling and psychotherapy. And I think a lot of what we have talked about in this book is also what it takes to be a good teacher and to be a good primary care physician and to be a good diabetes educator and to be a good



coach in sports and all kinds of helping relationships. So, working on this book, for me, has kind of broadened my thinking about the enterprise of helping.

Terri Moyers:

I would say that one of the most important things I've learned in the research that we did in this book is how good we're now getting at documenting the impact of therapists. So, I mean, my own work taught me that therapists were making an impact. And there were always studies. We weren't the first people that thought of that, right? Like, therapists might be important, and their skills might have a difference. People have been investigating this all along. But now, in the days of big data, you can go to ... And researchers are doing this, going to HMOs, and looking at 10,000 patient encounters, 400 or 500 therapists and they were able to rank the outcomes of these therapists, and who has clients that get better and who has clients that don't get better?

Terri Moyers:

And it's just become apparent in a variety of different novel research approaches that therapists cannot be discounted. And that used to be an area where you were thought to be ... You were too touchy-feely if you talked about the way that therapists ought to be in the room and that wasn't scientific. I have actually heard that from people. That is not science. If you're focusing on the therapist, that is not science. That is not good science and don't do it because it causes people to take attention away from what really matters, which is the technique. What I think is that science is a process and if you take the way the therapist is in the room and you study that in a systematic way and you attach data to those interactions, that's science. And I think that view of the importance of therapists and our ability to examine what they do and how that impacts clients is becoming much more widespread, and I'm very glad to see that happening.

Glenn Hinds:

Mm.

Bill Miller:

An irony is that this is where clinical science started in psychology. When Carl Rogers became the president of the American Psychological Association, there were very few clinical psychologists in the American Psychological Association. It was experimental specialties, primarily. And one of the important messages and meanings when Rogers become the president was clinical practice is also scientific. You can use scientific method to understand what is happening and what helps people make better. And he was primarily interested in the very things that we're talking about in this book, of what is it that the therapist does that makes a difference? What is it that a behavior therapist does that makes them a better behavior therapist? What is it that a psychodynamic therapist does that gets better client outcomes? Rogers really didn't so much create a new school of psychotherapy, although it gets cast that way, as bring scientific method into thinking about clinical practice.

Bill Miller:



Now, we have somehow, in psychology recently, reduced it to this silly debate of is it technique or is it relationship? Is it the technique you're using or is it the therapeutic relationship that matters? And the problem with that is the word or. It's both. I mean, no-one would say it doesn't make any difference what you do in therapy. I mean, of course, it matters what you do and there's very strong evidence that it matters how you do what you do, that the way in which you deliver a behavior therapy, for example, or the way in which you practice as a diabetes educator, has a real outcome above and beyond the specific technique content of what you're doing.

Terri Moyers:

And this is where I feel like there was a confluence of things that happened when Motivational Interviewing sort of first was developed and where it was developed, because MI began in the field of alcohol misuse. And the really cool thing about that is that alcohol use is an outcome variable that is so tidy, it's so tidy, especially if you compare it to things like depression and schizophrenia and borderline personality disorder and PTSD and other things that are super important, but they're messier, we can't measure them as well. But alcohol use disorder has this tidy, little outcome variable and along comes Motivational ...

Terri Moyers:

So here comes this great outcome variable that we can exploit to get some really good, crisp ideas about how people are actually doing after we're finished with them, and then here comes Motivational Interviewing in which the relationship is equally privileged to the technique and bam, here comes that marriage of those two things, right? I call it the royal marriage. And I think that's what it was that made a real contribution in the area of psychotherapy process research was that you could actually look at relationship elements of an empirically supported treatment for a very clear outcome variable and you could really get some traction on what might be going on there. So, I love the fact that ... I think Motivational Interviewing made that really seminal contribution in this particular area.

Glenn Hinds:

Mm. And your passion's very clear, both of you, in relation to your desire to discover what really works for people and how can we, as helpers, be as helpful as we possibly can be? What I'm curious about is given the fact that we have heard from many of our guests, and even Bill referred to it earlier on, is just that idea that in the journey through Motivational Interviewing, people change. The music's in them, Motivational Interviewing seems to be the notes that explain the tune. So, I'm curious, given the fact that you've both been around Motivational Interviewing longer than most other people, would you say that you have changed as individuals as a consequence of meeting and working with Motivational Interviewing?

Bill Miller:

Oh, yeah, definitely, in my case. As I said earlier, just learning the reflective listening, learning how to do that dramatically improved relationships for me and changed who I am as a person. I think it helped me to be a more empathic person. And you're not an



empathic person unless you're doing it, so it's the inside/outside again, both of them growing together. But I have no question that I'm quite a different person than I was when I began learning these things.

Glenn Hinds:

Mm. For the better, Bill?

Bill Miller:

I certainly hope so. I think so.

Terri Moyers:

Motivational Interviewing just changed my life. I don't like to say that Motivational Interviewing has made me a better person, but I sure do think it's made me a better therapist. And maybe you can't be a better therapist without being a better person, right?

Glenn Hinds:

And then one of the other questions that we ask people, as we are now drawing to a close, is what is going on in your horizon at the moment that is capturing your attention? Whether it's work or family or life-oriented, it's just a chance for us to hear a wee bit about what else is going on for you.

Bill Miller:

I guess there are two things that occur to me. I've got an interest in helping Republicans and Democrats talk to and listen to each other, and very concerned about the extent to which we've become so very polarized more than I've ever seen in my lifetime to the extent that you don't talk to people that you care about if they're on the other side. I mean, that's just wrong. It doesn't even make for good law-making. The aisle down the middle of Congress, I think, if it's observed, then you never cross it is a very destructive thing, I think. So, I've been interested in applying what I've learned about empathic listening to having these difficult conversations on topics about which we disagree and yet can listen. That's a passion for me at the moment.

Bill Miller:

And then music has always been an important part of my life, and something that's been fun for me in retirement is having time to learn about and try out and practice composing for choirs, composing for choruses. Very rewarding to put voices together and listen to the blend. I hear it in my headfirst and then as I'm writing, I can imagine it, but then to actually hear it in real life, to hear the voices actually singing what I've written, is just an indescribable experience.

Bill Miller:

Terri and I were in Estonia and a local folk choir asked for a piece that I had written, and I sent them something that had international understanding overtones to it, and it was just an exquisite experience to listen to this skillful choir sing what I had put down on staff



paper and so I love that. I'm an artist at heart and it's hard to make a living as an artist, so I moved to the next thing in the occupational circumflex, which is investigational and getting curious as a scientist to discover things and it was great fun too, but sort of come home now to heart.

Terri Moyers:

I mean, I'm starting to think about retiring, starting to think about what do I want to spend my time on in my remaining work years, and I think I'm ready to write some more. This is the first book I ever wrote, and it's been incredibly rewarding. I thought the rewarding part was going to be was finishing, and it was. I didn't really have a conception that people were going to say, "This book has been helpful to me. It's been powerful. It's made an impact on me." That was a big surprise to me. And having people say, "I can hear your voice," and "I so appreciate you writing this book," has been deeply moving to me.

Terri Moyers:

And I feel like I have other books, at least one more book, in me. Because writing's hard. It's not easy for me, like some other people in this room that we might mention. It's effortful. And so, I keep asking myself, well, how can I set up my life in a way that will allow that writing to happen? And I think that's what's coming up next for me. And one of the things is I may have to get rid of some other things, like research and other kinds of things, but there may be other changes I need to make as well to let that writing happen.

Glenn Hinds:

Mm. It's almost like you're witnessing yourself shift ... Your self-talk is changing towards commitment of one sort or another. It's almost like you're beginning to tell us that you're going to do something different.

Terri Moyers:

Maybe.

Glenn Hinds:

Maybe.

Terri Moyers:

Maybe I'll be smart enough to do that. That would be nice.

Glenn Hinds:

Mm. So you'll feel-

Terri Moyers:

Instead of just doing the same thing over and over again and expecting writing to just happen by itself. Apparently, it doesn't do that.

Glenn Hinds:



So, you've discovered something really wonderful about writing that you want to re-experience again that may already be in you? You're going to-

Terri Moyers:

Yeah. And it wasn't the writing itself, that wasn't the transformation for me, although that has its own rewards, but it was realizing that you can make an impact with what you write. That has been deeply moving to me.

Bill Miller:

You can pass books across cultures, across time, across death.

Terri Moyers:

And so, I'll just say one tiny, little thing as an example, which was that in the dedication to a book, I'd never written a dedication to a book before, ever, and I knew who I wanted to dedicate the book to, it was my mother, who is a person who ... She's about as genuine as they come. I can't even begin to tell you what that meant to her and how it was just so powerful for her. That's just one example, one tiny, little example, of the feedback that I get about the impact of this book.

Glenn Hinds:

Yeah. Yeah.

Sebastian Kaplan:

Makes sense that genuineness was part of your answer earlier on then. It seemed to resonate there with your experience with your mother. And in all of your responses, you're describing things that would potentially be shared well beyond the walls of MI, whether it's this enhancing political-

Terri Moyers:

For sure.

Sebastian Kaplan:

Discourse or music or writing. I mean, like you're saying, Bill, there's something kind of vastness when it comes to these things. So, we've certainly appreciated your work and contributions to our lives as far as MI goes and look forward to that continuing off into the future. One of the things, as we start to get to a close, we certainly imagine people will have thoughts and questions about this episode and if they want to reach either of you, would you be willing for the people to contact you? And if so, how would they do that?

Bill Miller:

Yes, of course. I'm responding to people every day, primarily by email. So that address is wrmiller@U-N-M.edu.

Terri Moyers:



And I'm a similar yes, and really easy email, which is tmoyers, T-M-O-Y-E-R-S, @U-N-M.edu.

Glenn Hinds:

Fantastic. And just to remind people, if you want to comment on listening to this episode or give us ideas about future episodes or ask us questions, our contact on Twitter is @ChangeTalking, on Facebook, it's Talking to Change, on Instagram, it's TalkingToChangePodcast., and by email, it's podcast@glennhinds.com.

Sebastian Kaplan:

Well, we really, really appreciate you both joining us and sharing us your wisdom about MI, about the book, about music and writing and lots of other things. So, thank you both, Bill, and Terri.

Terri Moyers:

Thanks, guys.

Bill Miller:

You're most welcome. Yeah.

Glenn Hinds:

Thanks, Bill. Thanks, Terri. Thanks, Seb.

Sebastian Kaplan:

Sure, Glenn. Until next time-

Glenn Hinds:

Take care, everybody. Bye.

