Overview

What Is MI-CBT?

Motivational Interviewing and Cognitive Behavioral Therapy are two distinct therapy approaches, but they can be integrated to enhance the effectiveness of an intervention.

Motivational Interviewing (MI)

MI is an evidence-based treatment known to be effective in promoting new behaviors and maintaining behavioral changes in a wide range of clinical populations. MI blends principles drawn from motivational psychology, Rogerian therapy, and the Stages of Change model of recovery.

Specifically, MI is a client-centered, collaborative approach designed to help individuals resolve **ambivalence** about making behavioral changes by strengthening their own motivation for, and commitment to, change. Behavioral change is proposed to occur through a series of steps, and MI specifies therapeutic strategies to work with participants at their current level of readiness for change and help them progress toward higher levels of motivation, self-efficacy, and commitment to desired changes. (Please see Appendix C for an overview of MI.)

Cognitive Behavioral Therapy (CBT)

CBT is a structured, action-oriented approach to changing maladaptive thoughts and problematic behaviors that interfere with functioning. CBT specifies therapeutic strategies to identify unhelpful cognitions, challenge and modify those cognitions, and engage in behavioral activation exercises to enhance functioning.

In the CBT model, motivational deficits (as seen in schizophrenia and depression) are thought to be influenced by **defeatist beliefs** (e.g., "why bother trying if I won't be perfect"). The IMPACT Program (**I**ncreasing **M**embers' **P**lanned **A**ction for **C**ommunity **T**hriving) emphasizes reducing defeatist beliefs to increase intrinsic motivation to sustain behavioral change and includes helpful strategies for addressing them.

Research findings from the authors of this facilitation manual, Drs. Reddy and Glynn, have shown that participants' cognitions (i.e., defeatist beliefs) improved with the strength-based recovery-oriented program described in this manual.

Why are MI and CBT Used Together?

The developers of MI, Miller & Rollnick, note that it was designed to build motivation for initial changes, and that once that initial motivation is established, it may be time to move to more action-oriented treatments such as CBT.

Increasing recognition of the centrality of motivation for effective CBT has led to a new wave of integrated MI-CBT treatments, which have shown benefits for various problems related to substance use, depression, anxiety, and physical health-related behaviors.

Moreover, the success of MI itself is known to be dose-dependent, with efficacy more than doubling when implemented in five or more sessions. This facilitation manual includes 12 weekly sessions in addition to three monthly Booster sessions designed to maintain progress and generalize gains to other domains.

MI-CBT Principles and Techniques

Motivational Interviewing-Cognitive Behavioral Therapy (MI-CBT) engages clients using a **meaningful**, strength-oriented approach to help them set goals and improve their lives. The principles and techniques we rely on are listed below.

Principles

- Use strategies that are mindful of culture, personal choice, individual preferences, and strengths.
- Challenge defeatist beliefs.
- Support motivation (and **Change Talk**) whenever possible.
- Concentrate on small, achievable goals.
- Use the group to support success if conducting the IMPACT Program in a group.

- Obstacles to progress on goals should be addressed and problem-solved.
- Interventions are strength-oriented and experience-based.

Techniques

- Use repetition, verbal and visual materials, and breaks within sessions. Feedback needs to be simple and compelling.
- Affirm participants' experiences, perspectives, and preferences.
- Explore **ambivalence** about taking necessary steps to reach the goal/make the change. Draw comparisons between participants' current life and ideal life/desired outcome.
- Use analogies, metaphors, and examples of people in recovery from difficult circumstances or mental health challenges.
- Use the 5-Step Problem-Solving Method to address difficulties when possible.

Who is this Manual For?

MI-CBT is typically provided by a facilitator who has graduate training in a mental health field such as counselling, psychology, social work, rehabilitation, or occupational therapy, among others. This training should have provided the requisite skills in Motivational Interviewing and Cognitive Behavioral Therapy to provide the IMPACT Program with proficiency and fidelity to the manual.

Trainers, students, and people with lived experience may act as co-facilitators and may also find this manual helpful.

The term "participant" is used to describe a patient or client who is entering the Program to make progress on individual goals. Often, these are older

adolescents and adults of any ages who are living with significant psychiatric illness or challenging life circumstances, such as being unhoused, unemployed, or in recovery from substance use. Participants should be able to make a weekly commitment to MI-CBT and be willing to "give the Program a fair shot."

About the IMPACT Program

IMPACT is a transdiagnostic psychosocial program. It is targeted at helping individuals with serious intrapersonal or interpersonal challenges progress on personally relevant goals. It has been used with individuals living with a serious mental illness or in challenging socioeconomic conditions (for example, lack of housing) identify and make the significant changes they wish in their lives.

IMPACT consists of 12 manualized sessions (delivered weekly), with the provision of three monthly Booster sessions. The Program can be offered in groups or individually, and in-person or virtually, in 50–60-minute sessions. The core manual is written assuming a group format, but facilitators are encouraged to adapt the materials for individual sessions—IMPACT has been offered in both formats.

The Program begins with three sessions devoted to developing a therapeutic alliance, identifying a personal goal, and conducting motivational interviewing to support commitment to that goal. Session 4 is a transitional session, moving from preparing to work on the goal to working on the goal, with Sessions 5-12 devoted to making progress toward the goal, using a variety of strategies, including identifying and capitalizing on personal strengths, using cognitive-behavioral strategies, and mastering problem-solving skills.

Description of Sessions

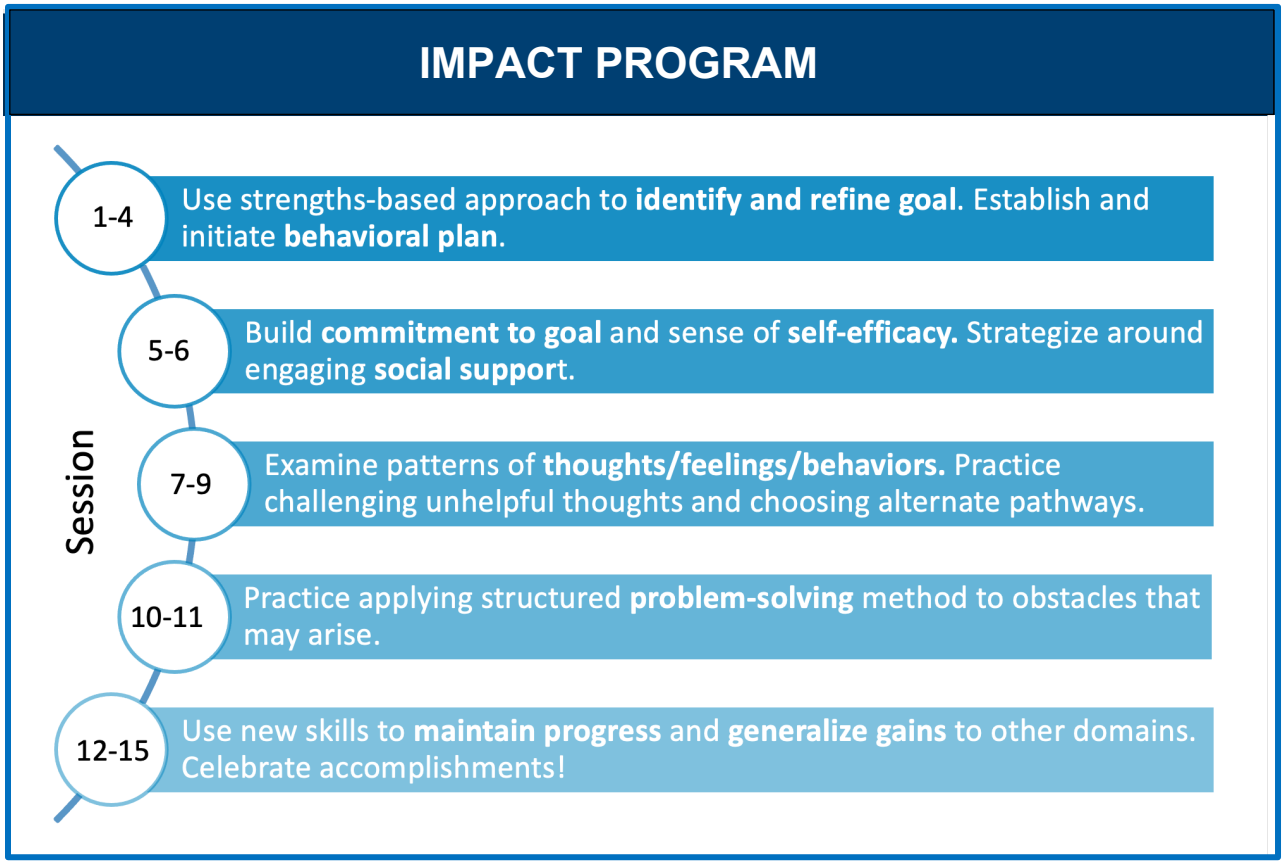

Image source: Megan K. Olsen, MSW

Sessions typically begin with a standardized check-in and end with an at-home assignment to promote generalization of skills and progress on goals during the week. The facilitator should make the agenda available at the beginning of each session, e.g., write it on a board or share it on screen. In addition to weekly assignments, the Worksheets (printable and fillable PDFs) are accessible to participants on the micbtguide.com website. Starting in Session 4, participants will also be expected to complete a **Weekly Goal Guide**.

The sessions emphasize positive reinforcement for progress toward goals and normalizing and troubleshooting common barriers, including **defeatist beliefs** and real-world resource limitations. Booster Sessions are recommended to help sustain initial gains, and we have seen in a research trial that successes are bolstered by monthly check-ins with the Program facilitator.

Discussing progress and barriers in explicit terms and with measurement tools is recommended, such as the University of Rhode Island Change Assessment (URICA) Scale[1,2] or Goal Attainment Scaling,[3] in that participants are often reinforced in their efforts by viewing quantitative improvements, even when progress feels slow or is nonlinear.

Required Supplies

Facilitators will require a whiteboard (or shared screen whiteboard), printed or shared screen Worksheets, and folders for each participant.

Note: This manual may be distributed in unadapted form only. Attribution must be given to the authors.

References

1. DiClemente, C. C., Schlundt, D., & Gemmell, L. (2004). Readiness and stages of change in addiction treatment. *The American Journal on Addictions*, *13*(2), 103–119. DOI: 10.1080/10550490490435777

2. DiClemente, C.C. (2005). Conceptual models and applied research: The ongoing contribution of the Transtheoretical Model. *Journal of Addictions Nursing, 16*(1&2), 5-12. DOI: 10.1080/10884600590917147

3. Clarkson, K., & Barnett, N. (2021). Goal attainment scaling to facilitate person-centred, medicines-related consultations. *European Journal of Hospital Pharmacy: Science and Practice*, *28*(2), 106–108. DOE: 10.1136/ejhpharm-2019-002040