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Comments on "MI in Equipoise: Oxymoron or New Frontier?"

William R. Miller, PhD[1]

So I have an answer to the title question as to whether equipoise is an oxymoron or a new frontier. The answer is, "Yes."

Well isn't this just wonderful, this discussion today. One thing I'm thinking to myself as I sit here is, "Why are we even worried about whether this should be called MI or not?" I guess there are two reasons that Steve and I have tossed around. The first is just for clarity in explaining to people what MI is and how it's different from other things that they're familiar with. The other reason is to not try to claim too much for MI, to say, "If you're doing reflective listing then you're doing MI" and thereby try to subsume the work of Rogers and other people by calling it MI. So those are two things we've worried about.

I love David's DSM suggestion. We've got four processes, and is any one of them essential in order to make it MI? If you have any *two* of them is it MI? I don't think even two will do it for me. To me it seems that it's not MI yet until you get to evoking. What Chris seems to be saying is that if there is engaging and focusing, these two, then you're comfortable that this is MI. Engaging and planning are both things that a cognitive behavior therapist might often do. How many of these do you have to have in order to make it MI, and does it have to be particular ones? It's an interesting question.

The thing that strikes me most of all as a new frontier in this is thinking about a science of equipoise. First of all it implies being *conscious* of your decision about whether you are or are not trying to steer in a particular direction. I suspect this is something that often clinicians don't even think that much about—considering whether I am (or should be) steering or not steering in a particular direction. I think it's quite important to consider this because clearly you *can* steer a person in one direction or another. If this is so, and you decide that you *don't* want to steer the person in one direction or another, then what should you do clinically? That's a very good question, and I think another challenge here is one that Allan raises: If you want to avoid steering, how do you know if you've done it right? That's a good question in itself. I mean, the criterion can't be that the person fails to reach a decision. That's not necessarily a good outcome. So you would hope perhaps that they make a decision and are no longer ambivalent about the choice they've made. A good example of this is the work that Allan has done in regard to organ donation. What this calls us to do is to be conscious of aspirations and to do different things depending upon whether we're consciously trying to move in one direction or not. I think that's a relatively new discussion. People have certainly talked about therapists inadvertently moving clients to our own views about things, but how do you *not* do that? I think this is something that's relatively innovative.

Chris used "direction" in a broader way than I have yet to use it, and we can get confused by meaning different things with the same word. Obviously there's a lot of direction to what Allan is talking about doing here. There's a goal to it, which is to resolve the ambivalence. There's a systematic way of going about it, to know where you're going and what you're trying to do, so it's not directionless wandering around in a client-centered wilderness. There's a real systematic nature to it, an intention, and I think that's important. We will have a chapter in MI-3 on counseling with equipoise because there are so many implications for MI and it just has to be there.

And then the other thing that occurs to me is that what we're dealing with in the passion around this issue is discomfort with the very idea that we would influence the decision of another person to go in a particular direction—a discomfort that we *can* do that (which I think is really clear) and that we *would* be doing that. And these worries are increased, I think, if we're doing this and a person isn't aware that we're doing it.

Now that is not a problem for salespeople. Salespeople *want* to do that; they want to influence your decision and may not particularly care if you know how they're doing it. They have a desired outcome in mind and strategies for getting there. This is also not something that people in corrections wrestle with much—whether they should influence an offender's decision to offend or not. I mean you just don't worry about that very much in corrections. There is a direction to move in. I think the fact that I came out of the addiction field is a piece of this, too, because we don't fret a good deal about whether we should help somebody stop injecting speedballs. It's a clearer kind of situation. It's when you get into less clear terrain that psychotherapists may start getting itchy and uncomfortable about whether it is okay to influence someone else's choice, and whether there is something fundamentally wrong about doing that. I think it can stick in the craw of psychotherapists who wrestle with it, but plainly for me it is *possible* to influence the choice and decision of another person. In sales and in business that's done all the time, and it is clear that therapists do that, too, aware of it or not. That being so, what this calls us to do, I think, is to be aware and intentional and systematic about how we behave in this situation of equipoise.

[1] University of New Mexico

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Correspondence concerning this article should be directed to William R. Miller, PhD. Email: wrmiller@unm.edu

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