

Motivational Interviewing in Health Care for the Homeless Online

Bibliography, 2010

Miller, W. & Rollnick, S. (Eds.) (1991). *Motivational Interviewing: Preparing people to change addictive behavior*. Guilford Press:NY.

This 300+ page text is available in both hardback and paperback and remains the most thorough presentation of MI to date. The text uses a practical tone and gives many clinical examples. The book is broken into three parts: Background, Practice, and Clinical Applications (in various settings and with various populations). Besides a thorough overview, the text offers advice on avoiding typical problems that develop using the approach and on handling other typical and difficult situations, such as working with spouses and coerced clients, dealing with time shortages, and helping clients whose lives are in chaos and who often get sidetracked during sessions. Other topics addresses in co-authored chapters include MI and the stages of change; brief MI by the nonspecialist; working with heroin-dependent and severely alcohol dependent clients; working with couples, adolescents, and sex offenders; using MI to reduce HIV risk; and incorporating maintenance of change issues into MI treatment.

Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioral and Cognitive Psychotherapy*, 23, 325-334. Also as: Rollnick, S., & Miller, W. R. (1996). Que es la Entrevista Motivacional? *Revista de Toxicomanias*, 1(6), 5-9.

The purpose of this article is to clarify what motivational interviewing (MI) is in essence, to differentiate it from similar methods of therapy, and to provide an update of its success, new applications and problems. MI refers to a directive client-centered approach to counseling designed to motivate people for change by helping them to recognize and resolve the discrepancy between a problem behavior, and personal goals and values. The key characteristics of MI are that motivation arises from the client, it is the responsibility of the client to recognize and solve the ambivalence, it doesn't use direct persuasion to solve the discrepancy, the therapist acts in a nonconfrontational manner, the therapist directs the client in the recognition and solution to the problem, and that readiness to change emerges from the "partnership" interpersonal interaction between therapist and client. There are other related methods and related interventions that generally comply to these characteristics, but that may not retain the spirit of MI. Some of these interventions include the Drinker's check up, Motivational Enhancement Therapy (MET), Brief motivational interviewing, and Brief interventions. The efficacy of MI has been widely supported through research and further applications have been developed for different populations and for different problems.

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McGraw et al. Adopting Best Practices: Lessons Learned in the Collaborative Initiative to Help End Chronic homelessness (CICH). *The Journal of Behavioral Health Services & Research* 37:2 April 2010. 197-212.

The Collaborative Initiative to Help End Chronic Homelessness (CICH) was established to provide housing and supportive services for individuals experiencing chronic homelessness. As part of this initiative, 11 projects across the country received funding to apply models of best practices to support their clients in housing. This paper reports on the experiences of the CICH projects in their use of Assertive Community Treatment (ACT) and Motivational Interviewing (MI), clinical practice models commonly used by CICH projects. A qualitative analysis identified five areas of challenge for the projects: (1) Incomplete and underdeveloped staff teams; (2) Incomplete understanding of the practice models; (3) Using the elements of the practice models; (4) Interagency teaming; and (5) Competing expectations of multiple federal agencies. The paper describes the specific challenges in each of the five areas as well as training approaches and gaps in training and the perceived benefits of the practice models as reported by project staff.

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