



Motivational Interviewing (MI) May Help People Who Worry Excessively

What is this research about?

Generalized anxiety disorder (GAD) is a chronic condition. People with GAD are prone to excessive and uncontrollable worry, which can take a serious toll on their lives. But past research has shown that people with GAD view worry in a complex way. Although they view worry as a problem, they also tend to see its positive side. Worry, for these people, can be a motivating force. It can help them solve problems. It can also help protect them from experiencing emotions that may be frightening. Or they may feel that worrying is being responsible. Thus, people with GAD often have ambivalent feelings about giving up worry.

Involving a systematic, goal-oriented process to accomplish change, Cognitive Behavior Therapy (CBT) has been shown to help people with certain anxiety disorders. CBT helps people to make changes. But researchers have found that CBT doesn't have a strong impact on people with GAD. Motivational Interviewing (MI), however, may help. In MI, the therapist tries to help the client resolve her conflicting feelings about worry and change in order to increase her motivation for, or interest in, change. More specifically, the therapist: expresses empathy; develops discrepancy between a client's current behaviours and values that are inconsistent with those behaviours; rolls with resistance to change rather than confronting it head-on; and supports self-efficacy or increases the client's confidence in being able to change. In short, MI stems from an

What you need to know:

Motivational Interviewing (MI), when administered prior to Cognitive Behavior Therapy (CBT), may help reduce worry in people, especially severe cases.

assumption that the client has what she requires to make decisions about change. She needs someone to work alongside her to create a positive workspace in which to sort out her conflicting views on change. MI is designed to help the client find her motivation for change and reduce her ambivalence about changing behaviours like excessive worrying. It has been suggested that if a person's ambivalence about worrying isn't addressed, it's likely that she won't be motivated to undergo CBT—that she won't take active steps to change.

What did the researcher do?

Henny Westra, Associate Professor in the Department of Psychology at York University, set out to explore how MI, when followed by CBT, impacts people with GAD. She looked at 76 people in the Greater Toronto Area who worry excessively. Half got a brief course of MI before CBT and half did not. This study was conducted in collaboration with Dr. Hal Arkowitz, University of Arizona, and Dr. David Dozois, University of Western Ontario.

What did the researcher find?

Starting off a treatment of CBT with MI may help people worry less. Participants who were given MI pre-treatment, followed by CBT, showed greater reductions in worry than those who received just CBT. They also carried out the 'homework' tasks assigned by their therapists to a greater degree. This is consistent with the earlier findings of other researchers working with substance abuse problems, which show that MI increases engagement with other treatments.

MI was particularly and specifically helpful for those who worry the most and are the most disabled by worry. That is, those who worry to a lesser degree can be helped with CBT alone, but those who worry continuously really profit from first being able to increase their motivation for treatment. Further analyses of the study data showed that people who received MI had better worry reduction because they were substantially more co-operative within CBT than those who did not receive MI beforehand. That is, clients who received MI were significantly more motivated to engage in treatment to reduce worry.

Six months after the receipt of MI pre-treatment, the severe cases who benefited from the treatment had relapsed somewhat into excessive worrying. But they managed to recover most of their initial gains at a 12-month follow-up. Despite some loss of gains made, they were still much better off than those who hadn't received any MI pre-treatment.

How can you use this research?

Although more research is needed on the use of MI to augment CBT, people who worry to a severe degree and received MI prior to CBT experienced an impressive recovery. These individuals may also be at risk for greater relapse given the severity of their worry and the speed of their recovery. While this study had some limitations, the results do suggest that future research, using more powerful and well-controlled designs, should continue to explore the potential of MI to augment CBT. Practitioners should

consider receiving training in MI and integrating MI into the treatment of those with anxiety, especially those who appear 'stuck' in terms of making changes in their worrying. More information on training can be found at: motivationalinterview.org

About the Researcher

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