
Motivational Interviewing With a Depressed Adolescent

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Amanda E. Brody

University of Arizona

Motivational interviewing (MI) is a potentially useful tool for clinicians who are exploring ways to improve treatment outcomes with depressed clients. MI techniques may be particularly appropriate with depressed adolescents, for whom motivation to engage in therapy is often a problem and who often experience ambivalence about life choices. The present article presents a case description of MI with a depressed adolescent who was ambivalent about what life change to pursue. MI was used to help the client identify conflicts between her values, learn how they were contributing to her distress, and move toward resolving them. Advantages and limitations of these techniques are discussed. © 2009 Wiley Periodicals, Inc. *J Clin Psychol: In Session* 65: 1168–1179, 2009.

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A variety of psychotherapies have been shown efficacious for the treatment of depression (Hayes & Sahl, 2009); however, a substantial proportion of depressed clients do not improve after receiving even the best empirically supported therapies such as cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT; e.g., DeRubeis et al., 2005). In The National Institute of Mental Health (NIMH) Treatment of Depression Collaborative Research Program, for example, just over half of patients who completed courses of either CBT or IPT for depression were classified as “recovered” at termination (Elkin et al., 1989). Psychotherapy for depressed adolescents has shown similar rates of non-response; for example, in the large Treatment for Adolescents with Depression Study (TADS Team, 2007), the response rate at termination for subjects receiving CBT was 48% and had risen to 65% 6 weeks later. Thus, there is value in looking to improve the existing evidence-based therapies by integrating other research-supported methods.

Motivational interviewing (MI; Miller & Rollnick, 1991, 2002) provides a framework for strengthening or modifying usual treatments of depression in adolescents. Arkowitz and Burke (2008) suggested three reasons why MI might be particularly appropriate for improving treatment response in clinical depression.

Correspondence concerning this article should be addressed to: Amanda E. Brody, University of Arizona, Psychology Department, 1503 E. University Blvd., P.O. Box 210068 Tucson, AZ 85721; e-mail: abrody@email.arizona.edu

First, MI addresses the symptoms of depression: Because depression is characterized by a loss of interest or pleasure in activities, many depressed clients may indeed lack motivation to engage in the tasks of therapy. MI is generally less “activity-focused” than cognitive-behavioral methods; while it certainly may include activities such as worksheets and between-session behavioral experiments, these activities are not characterized as “homework” and failure to complete them is seen as understandable ambivalence, rather than as resistance to treatment. Second, MI has the potential to increase depressed clients’ activity without arousing resistance to the goal itself, as ideas for doing so are generally presented in a non-directive manner and framed as “suggestions” rather than as “assignments.” Third, MI emphasizes the development of a relationship that is genuine, empathic, and warm. Research has shown that these factors may provide substantial curative benefits for depression clients (e.g., Burns & Nolen-Hoeksema, 1992).

Another potential value of MI is that it affords flexibility in aligning with patients’ conceptualization and attribution of their depression. Other therapies may fail to align with some clients’ understanding of their depression, and they can lead some clients to find a prescribed therapy activity inappropriate or aversive. In MI, the depressed client’s self-efficacy is supported in helping define the “shape” of his or her treatment, and the resultant treatment may be more tailored to that individual’s formulation and preferences.

As yet, no randomized, controlled trial of MI for depression in adolescents has been conducted. Still, there is evidence to suggest that MI could be useful in treating depressed adolescents. MI with adolescents has demonstrated effectiveness with other problems; for example, single-session MI has shown promise for reducing substance use in adolescents (e.g., McCambridge & Strang, 2004). Furthermore, recent evidence suggests that readiness to change plays a causal role in treatment outcome with depressed adolescents: A large study of CBT and medication with 12- to 17-year-olds demonstrated that increases in “action” scores on the Stages of Change Questionnaire during the first six weeks of treatment mediated improvement in depression symptoms (Lewis et al., 2009). This finding suggests that treatments focused on increasing motivation to change have the potential to improve treatment outcomes.

Unlike most applications of MI, the present case involved a depressed adolescent whose primary problem was distress about what life changes to pursue. She was quite motivated to change, but confused about which changes to make.

Miller and Rollnick (2009) have discussed using MI with people whose problem is primarily ambivalence about choice. For these problems, they suggest using decisional balance methods. But unlike other MI applications, they state that in such cases MI is employed with an emphasis on decisional balance “to help people to see their dilemma clearly and to make a conscious and willful choice of direction *when we wanted to avoid influencing the direction of choice* [italics added]” (2009, p. 133). In the present case, the therapist employed MI in this way, emphasizing the goal of resolving the client’s ambivalence.

Case Illustration

Presenting Problem and Client Description

Anna, a 17-year-old Caucasian female, was referred to a suburban community clinic by her pediatrician after her mother, Eileen, reported to the pediatrician that Anna had been having “angry tantrums” during which she would throw things. Over the

telephone, Eileen described Anna as a very good student, saying, "She could get a full scholarship to any college she wanted." Anna's father had recently left Eileen after 21 years of marriage, and she was in the process of filing for a divorce. She stated that Anna had responded to the separation by becoming "sad, frustrated, disappointed, and angry." She did not believe that Anna was a danger to herself, but was concerned about Anna's academic future and the increasing conflict between herself and Anna, saying, "She just needs to talk to an adult who isn't me." Although Anna was a minor, Eileen agreed that the content of therapy sessions would remain confidential. Clinic regulations limited outpatient therapy to a maximum of 11 sessions following the intake interview and both Anna and Eileen understood this.

A junior in high school, Anna was at the top of her class academically and was a member of her school's volleyball team. She played the guitar and volunteered at an animal shelter in her spare time. She stated that she had always done the activities her mother wanted her to do, rather than doing things that truly interested her. This pattern had become a source of conflict with her mother recently: Eileen wanted Anna to finish high school and go to college, while Anna wanted to graduate early from high school, travel, and work for a human rights advocacy group.

Anna had no prior psychiatric history and had never been in treatment before. Her physical health had always been good. Both her parents had experienced psychiatric difficulties: Eileen had been chronically depressed for most of her adult life, and Anna's father had abused alcohol since he was a teenager. Anna was an only child and had few close friends; she felt awkward in social situations and had never dated. For as long as she could remember, she had felt excluded from her own family; for example, when she had asked about her father's sudden absence, she was told that it was "none of her business." Anna described her father's leaving as "a good move forward" for herself and Eileen, as she had not been close to him and he had been emotionally abusive to Eileen when he drank. Anna denied any abuse toward herself. However, the separation had also created financial troubles and distress for Eileen, and Anna was concerned about her mother. Anna described her relationship with Eileen as "close, but difficult," quickly adding that she knew her mother wanted the best for her.

Anna presented with a shy demeanor and rarely made eye contact, usually fidgeting with her hands and looking at her lap as she talked. Her speech was unusually articulate for her age. Since her parents' separation, she had become increasingly anxious and agitated. She explained, "If I'm not crying or yelling or throwing things, I'm invisible to my mom." These behaviors made her feel aggressive and mean, which was another source of distress. Since the separation, she had experienced symptoms of depression, including depressed mood, hypersomnia, and difficulty concentrating. She related vague suicidal thoughts, but she did not have a plan or intent to harm herself. When asked how she would like her life to be different, she replied that she wanted to regain her ability to focus, improve her relationship with her mother, and increase her ability to express her needs clearly.

At the beginning of treatment, Anna scored 31 on both the Beck Anxiety Inventory (Beck & Steer, 1993) and the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996). These scores indicate severe depression and moderate anxiety according to the norms for these scales. She scored 57 on the Penn State Worry Questionnaire (Meyer, Miller, Metzger, & Borkovec, 1990), which is near the level associated with the diagnosis of generalized anxiety disorder. Her score on the Client Motivation for Therapy Scale (Pelletier, Tuson, & Haddad, 1997) indicated a high level of motivation to engage in therapy.

Case Formulation

Two major life transitions had created a stressful context for Anna: the recent separation of her parents and her impending graduation from high school with all the life decisions that would accompany it. Within this context, a discrepancy between two of Anna's deeply held values had become particularly salient. On one hand, she valued her relationship with her mother, desiring to live up to Eileen's expectations and avoid creating distress for her. On the other hand, Anna valued her freedom to make choices about the course of her life after high school, expressing a wish to travel and "have an adventure." Her ambivalence was contributing substantially to her distress. If she acted on the first value (as she had usually done in her life), then she felt dishonest, uninteresting to herself, and resentful toward her mother; but, if she acted on the second, then her mother became upset and an argument would ensue, leaving Anna feeling both guilty and unfairly blamed. As such, she was wavering between these two values, and the result was the worst of both worlds: conflict with her mother *and* dissatisfaction about her plans for the future.

Anna's ambivalence provided an appropriate target for the 10 therapy sessions available to her. Four MI principles of working with ambivalence could be directly applied in this case. First, the expression of empathy would be key for this client, as she felt invisible and unheard in her family life. Second, developing and validating the discrepancy between her two values would be important for increasing her awareness of why she was having difficulty. Third, exploring and clarifying Anna's resistance to moving toward one value or the other would help explain Anna's behaviors outside of therapy and would allow her (rather than the therapist) to make the arguments for and against particular avenues of change. Finally, supporting Anna's self-efficacy would help her to become more assertive and would allow her to embrace whichever avenue she chose to pursue.

Course of Treatment

The first four sessions served two main functions: giving Anna a much-needed audience with an empathic responder in a nonjudgmental situation, and helping Anna identify the discrepancy between her values and how this discrepancy might be contributing to her distress.

Session 1. In the first session after the intake interview, Anna was shy and spoke quietly, but she had a great deal to say about her current situation when she began talking. She described her relationship with Eileen and the ways in which it had changed after the divorce: "Now that I'm all she has, she's that much more invested in my being successful, and she'll be that much more disappointed if I don't live up to her expectations. But it's her idea of success, not mine." She felt that her future had become such a source of conflict that her mother was now mildly angry with her all the time.

At the same time, Anna was determined to enroll in online courses so that she could graduate from high school early; however, she would need Eileen's permission to do this, and she was worried about the argument that would ensue if she brought up the idea. "I get this feeling of extreme rage when she can't understand my point of view, and that's when I start yelling and lose control. I'm almost madder at *myself* for not explaining well enough, not so much that I'm directly mad at her," she explained. Anna became teary several times during the session as she spoke.

The therapist listened intently during most of the session, occasionally making brief empathic comments or reflecting what Anna had said.

Session 2. Anna was 30 minutes late to her second session because she had gotten lost while running an errand between school and the clinic. She was flustered, apologetic, and frustrated when she arrived. The therapist used open-ended questions, reflections, and affirmations to explore Anna's response to the situation.

Therapist (T): You seem pretty upset about being late today. Do you think you could describe where that's coming from?

Anna (A): Well, I guess. I assumed you would be pretty ticked off with me for being so late. I guess I wanted to, sort of, neutralize you by being even madder at myself.

T: [nodding] That's a really interesting observation about yourself. You were thinking, "If I'm beating myself up by the time I get there, she'll see that I'm already being punished enough."

A: Yeah, exactly.

T: How does it feel now, my reacting so differently than you expected I would?

A: I feel a little silly, actually. I think I do this a lot.

T: Can you say a little more about that?

A: Like, with my mom. When I feel her getting mad or frustrated with me, I get mad at myself to preempt her madness. That way hers seems like nothing compared to mine.

T: You get so mad at yourself that you're numb to her madness. Does that fit?

A: Well, not exactly numb ... I get mad at myself so she won't feel like she needs to be as mad at me.

T: Oh, I see. To neutralize her anger.

A: Mm hm.

T: What would happen if you just let her get mad, instead of neutralizing it?

A: Well, nothing would happen, I guess. I just don't want to cause her distress like that. I love my mom.

T: You really love her, and you don't want her to feel badly because of you.

A: Right. I'm not *trying* to make her mad.

T: So on one hand, you love your mom and don't want to cause her pain. And then on the other hand, you're an individual with your own ideas and needs, and you make mistakes like all of us. So, sometimes it's inevitable that you'll do something that could make her mad.

A: Yeah.

This exchange helped clarify what would become the focus of the therapy: Anna's ambivalence about which of her conflicting values she should act upon. The double-sided reflection, "on one hand... and on the other," was an important tool in summarizing her conflict. The therapist also gave Anna the opportunity to correct misunderstandings by checking whether her reflections were accurate. This session started to build a close relationship between Anna and the therapist, as it demonstrated to Anna that the therapist would be understanding and warm even when Anna made mistakes.

Session 3. The third session further clarified the discrepancy between Anna's values. Anna reported that she had obtained the materials to apply for online classes and that she was hurt when her mother refused to look at the materials with her.

A: I wish she could be excited for me about the future. [sigh] But I guess if she would just sign the papers, I could live with that.

T: On one hand, you'd like her to be as excited as you are, and on the other hand, you really want to take these courses.

A: Yeah. It hurts that she's so mad at me for wanting something different.

T: I wonder if this might relate at all to the things we discussed last week. What do you think?

A: I'm not sure.

T: Would it be all right if I shared my thoughts on that?

A: Yeah.

T: Well, last week, we talked about how you want to please your mom because you love her a lot, and then you also want to pursue a future that's different than the one she envisions for you. Am I remembering that about right?

A: Yes.

T: I wonder if this might be a theme for you, this competition between wanting to please those you love and wanting to be independent and true to yourself. You know Anna better than I do, though, so what do you think?

A: I guess so [pause] Yeah, I think that comes up a lot. I wish there were a clear-cut answer.

T: It's hard to go one way or the other. Which of those wants would you say is stronger for you: the want to please your mom or the want to make your own choices?

A: I don't know. They're both really strong.

T: [nodding] They're both valid and important. You're really torn between them.

In this exchange, the therapist gently pitted the client's competing values against one another, again using double-sided reflection to highlight the discrepancy between them.

Session 4. Anna appeared more animated and cheerful the following week, but she stated that she was still feeling depressed. Her mother had agreed to sign the papers for her online courses, but they subsequently had had an explosive argument about an orientation session, about which Eileen felt Anna had not given her any notice. Anna had tried to talk to her mother about it nearly every day for the last week, but Eileen never had the time when she brought it up. Anna felt guilty for not trying harder to make sure that her mother had the information, and felt that Eileen was justified in being upset.

The psychotherapist wondered aloud what Anna "should" have done to get her mother's attention, beyond the efforts she had already made. Anna was unable to generate ideas, realizing that she had gone to great lengths. The therapist asked, "What would it mean for you to let your mom be mad without feeling guilty?" Anna replied that if she didn't feel guilty, Eileen might see how ungrateful a daughter she was. Anna did indeed feel grateful for her mother, but was afraid that if Eileen didn't see this, she would withdraw some of her love. Feeling guilty was a way to show her mother how grateful she was. Anna explained, "When I outright thank her and tell her that I love her, she doesn't seem to hear me." At the end of the session, the therapist again asked Anna whether this discussion could relate to the ambivalence they had previously discussed. This time, Anna quickly made the connection, saying, "I'm sacrificing my own peace of mind by feeling guilty for my mom ... I'm not being true to myself, but I don't want her to be mad."

Session 5. Anna seemed excited at this session. She immediately began describing an incident the previous day in which her mother had become upset with her for neglecting to complete a homework assignment. This had turned into a heated

discussion of Anna's time management, but Anna had responded differently than usual.

A: Instead of yelling or just holding in my feelings, I actually talked to her! I said that I knew I should have been more responsible, but asked if she could be a little more tolerant of my mistakes. I asked her to help me understand why my mistakes are so frustrating for her.

T: It sounds like you expressed yourself really well, Anna! What allowed you to respond differently than usual?

A: I think what you and me talked about last week ... I saw that by getting so upset, I was being, I don't know, selfish maybe.

T: Selfish?

A: Well, like the bad emotions, the guilt or whatever, were more about making me feel better than about making her feel better. But really, guilty is just another bad feeling for me, too.

T: You made the decision to be true to yourself. What was that experience like for you?

A: It was different than usual ... I think I just saw that something had to change.

T: You made the choice to handle things differently.

A: Yeah. And it turned out OK ... she seemed surprised and she actually listened.

This event represented Anna's first concrete step toward resolving the conflict between her desire for independence and her desire to please her mother. She had expressed her needs to Eileen without yelling or backing down and, at the same time, had made an effort to understand her mother's anger. When Anna made a statement that showed her commitment to changing her interactions with her mother ("I just saw that something had to change"), the therapist reflected the statement in a manner that emphasized Anna's active role in making the change ("You made the choice to handle things differently"). As the session went on, the therapist continued to selectively reflect and reinforce statements that indicated Anna's commitment to this new way of behaving.

By this halfway point in Anna's course of therapy, a close relationship had developed between Anna and the therapist. Anna saw the therapist as a warm and noncritical role model, and the therapist found Anna pleasant and insightful. Thus, the therapeutic relationship was potentially healing, as it could provide Anna with a reassuring guide when her mother was upset with her or she felt unsure about her actions. Sessions 6 and 7 took advantage of this positive relationship.

Session 6. From the moment she arrived for session 6, Anna seemed anxious, fidgeting, and making even less eye contact than usual. When the therapist gently asked what was going on, Anna stated that she was "feeling shy for some reason."

A: I guess ... I felt like I had done really well last week and you thought highly of me. So I was worried that this week I wouldn't "measure up" and then you'd think less of me.

T: Thank you for being willing to share that with me. [pause] Now that you're here, do you have any guesses about what I'm actually thinking of you?

A: I really don't know.

T: Would it be okay with you if I shared some of those thoughts now?

A: I guess so.

The therapist affirmed Anna's courage in bringing up her concern, emphasizing that while Anna had indeed taken a big step the previous week, the therapist's feelings toward her had remained stable and positive since they met. The therapist

chose to share these thoughts bearing in mind Anna's expressed belief that her mother would withdraw her love if Anna upset her; in this manner, the therapist could use the therapeutic relationship to provide in-session evidence that an alternative response was possible.

T: So, what do you make of all this?

A: I guess ... that it's OK to be honest?

T: You can be true to yourself.

A: Yes. [smiling]

T: That seems like an idea we've returned to several times. Ever since our first session, you've been battling between being true to yourself versus pleasing other people, like your mom.

A: I don't want other people to be mad at me. But in a way, it feels good to say what I'm really thinking.

T: Acknowledging your own thoughts and wishes is really important to you, something you'd like to do more of.

In this exchange, the psychotherapist reinforced Anna's change-oriented statements by selectively reflecting them back to her in slightly exaggerated language. In this way, the therapist avoided pushing Anna or arousing reactance.

Session 7. Anna appeared somewhat depressed at the next session. "For the last couple of weeks, I've been trying to be more tolerant with myself. But I keep getting really, really frustrated when I do my schoolwork," she said. "When I sit down to work on a paper, I can't get it done because I want it to be perfect." Anna could see that her perfectionism was not productive, but got her stuck in the small details of every assignment.

A: Do you ever have that kind of problem?

T: Are you asking whether I personally do?

A: [looking down] Yeah, I mean, I was just wondering.

T: [smiling] I do have that experience sometimes. I think most people do at some point or another.

A: How do you handle that?

T: I appreciate your courage in asking that question. I'll answer it, but first I'd like to hear your thoughts on how that could be handled. After all, you're an autonomous person, so the things that work for me might not be the things that work for you. And of the two of us, you're the expert on you.

The psychotherapist asked Anna for her own ideas for several reasons: to avoid sounding prescriptive and thereby arousing reactance in Anna; to reinforce Anna's ability to think independently by generating these ideas on her own; and to encourage change talk. Anna generated several practical time-management strategies and, as promised, the therapist shared some of her own strategies. The therapist agreed to this small amount of self-disclosure in this instance. The modest self-disclosure minimized a power differential between herself and Anna, and it validated Anna, who saw that the strategies she had generated were similar to the therapist's.

By this point in the therapy, Anna had demonstrated an understanding of how her conflicting values were contributing to her distress, a tendency to move in the direction of making her own decisions about her future, and a high degree of comfort and honesty with the therapist. She felt less angry with her mother, although she experienced guilt when Eileen became angry or frustrated with her. The last four sessions of therapy focused on (a) supporting Anna in adjusting her relationship with

her mother as she asserted her own wishes for her future, and (b) ending the therapeutic relationship in a positive manner.

Session 8. Anna arrived at the session looking flushed. She had come directly from a meeting with her mother and her school counselor regarding college options. Anna felt that neither her mother nor the counselor understood her reasons for wanting to postpone college after high school, so the meeting was distressing for her. She tearfully explained, "I can't make these decisions without my mom, so I have no choice but to get along with her right now. But that means not saying what I'm thinking. I felt like I was getting better at that, but maybe not."

The psychotherapist affirmed Anna's progress thus far and asked Anna what she thought would help her to feel less stuck. Anna suggested having her mother join their next session; she wanted to express her feelings toward her mother without yelling and to get some clarification from Eileen about why she has trouble understanding Anna's desires. The therapist agreed that this was a reasonable idea if Eileen would agree to it. After the session, the therapist spoke briefly to Eileen on the telephone, and Eileen was enthusiastic about joining a session.

Session 9. The following week, both Anna and Eileen were present and emotional. Anna told Eileen that she would like more support from her, saying, "I know you love me and want the best for me, I really do, but I just don't want the same things you want for me." Eileen expressed her deep love for Anna and explained that her feelings of depression and fatigue since the separation had drained her coping resources: "I know I need to accept your different ideas about your future, but I'm afraid to support you because I don't know whether I'll be able to fulfill your needs." Both expressed themselves clearly during the session, and both received the other's comments without argument. The therapist then asked each of them to summarize what the other had said. Eileen and Anna spontaneously discussed fun activities that they could do together, such as cooking, and the possibility of attending family therapy together.

The therapist was mainly an observer during this session, interjecting only to facilitate speaking turns. She structured the session so as to facilitate an MI-style interaction between Anna and Eileen: giving each a chance to speak without criticism; asking each to reflect the other's words; and letting them generate ideas about how to change problematic aspects of their relationship. Anna was smiling as she left the session. As she left, the therapist reminded her that they had two sessions left.

Session 10. Anna appeared more cheerful the next week than she had been in any previous session. The therapist asked Anna for her thoughts about the previous week's session. Anna replied that it had been very different than her usual interactions with her mother because her mother had allowed her to speak and did not yell. Anna felt that although she had expressed herself well, her mother had not understood her. However, she was glad that the session had occurred because it had helped her to understand Eileen's behavior; Anna had not realized how depressed Eileen was feeling.

Anna then asked for the therapist's impressions of the session. The therapist replied that she was impressed with Anna's ability to express herself clearly to her mother and with her willingness to consider her mother's perspective. The therapist also observed that while Anna's relationship with her mother had some problems, it had been clear from their interactions that they loved each other a great deal.

The rest of the session was spent discussing termination, as only one session was remaining. Anna stated that the therapy had “gone by fast” and that she had found it helpful because it clarified her reasons for feeling particular ways. She said, “I’ve never talked about myself this much! It’s been a relief to have a place to do that.” She also revealed that she had reached a compromise with her mother the previous day: she would finish high school without graduating early, but would not be obligated to apply to colleges right away. She expressed happiness with this decision. As she was leaving the therapy room, she turned and gave the therapist a quick hug.

Session 11. In the final session, the therapist used open-ended questions to elicit a summary from Anna of the gains she had made in therapy. Anna stated that she felt “pretty good” about ending therapy because her feelings of depression had decreased and she was feeling more comfortable regarding her mother and her future. When asked what she would take with her from the sessions, she replied, “Well ... I’m more comfortable interacting with others and just being myself. And also, the knowledge that I am capable of becoming more confident and happy.” The therapist affirmed the progress she had seen in Anna and expressed her enjoyment of their work together. Anna thanked the therapist for her help as she left the clinic.

Outcome and Prognosis

By the end of treatment, Anna’s affect had become more cheerful and less anxious. Although she experienced some fluctuations in her mood during the treatment, she experienced fewer symptoms of depression and anxiety. She also seemed to feel more comfortable about her future and her relationship with her mother. Eileen had arranged conjoint family therapy in the near future; this boded well for Anna’s continued improvement.

Anna’s post-treatment assessments were consistent with the clinical observations. Her scores on the Beck Anxiety Inventory and the Beck Depression Inventory had decreased by 20 and 24 points, respectively, placing her in the non-clinical range. She showed a smaller reduction on the Penn State Worry Questionnaire (down to 47, 10 points lower than her baseline score), suggesting that she was still experiencing substantial worry. In the space for comments at the end of the questionnaire packet, she wrote, “[My therapist] always made me feel worthwhile. She gave me strategies to help me improve myself.”

Clinical Issues and Summary

MI methods were particularly appropriate for this client, whose distress stemmed in large part from a conflict in values. This conflict was contributing to Anna’s feelings of guilt and her anger toward her mother, which were important themes throughout the therapy. MI emphasizes “developing discrepancy,” that is, making explicit the conflicts between clients’ values or behaviors and exploring these conflicts in the therapy sessions. In this case, the psychotherapist reflected Anna’s conflicting values back to her, making the direct conflict between them salient to Anna and giving her “permission” to explore both sides of the conflict. Later in treatment, the therapist used selective reflections to reinforce statements that indicated Anna’s commitment to changing her behavior in ways that could resolve the conflict. Unlike the more common use of MI, in which selective reflection is used to reinforce movement toward a clearly desirable behavior change, the therapist’s goal in Anna’s case was to help her achieve some resolution that might relieve her symptoms of depression.

Anna did not present as particularly resistant to treatment; however, as her acting-out at home seemed largely related to not feeling heard by her mother, it was useful to employ an approach that values the voice of the client. In this sense, MI techniques were easily compatible with client-centered therapy: Both therapies emphasize the value of the client's thoughts, feelings, and wishes, implying to the client that he or she is valuable—something many depressed individuals may not believe. Within this context, Anna was able to explore her anger toward her mother and eventually express it to Eileen with respect and confidence during the conjoint session.

The therapeutic relationship seemed to play a crucial role in Anna's positive outcome. Anna came to therapy feeling that the most important figure in her life—her mother—did not understand her or value her wishes. Anna's relationship with the therapist provided a forum in which Anna felt heard and respected, and not criticized. This relationship may itself have provided therapeutic benefit, or perhaps it simply created a forum in which Anna felt comfortable to examine her thoughts and feelings. In any case, both Anna and the therapist perceived that their relationship had been a strong and beneficial part of the therapy.

There are two important limitations to the conclusion that MI was effective for this client. First, the client still experienced considerable worry at the end of treatment; in fact, the therapy did not seem to be very helpful in that regard. Second, as there is little controlled research on MI for depression, it cannot, at this point, be recommended as an “empirically supported” treatment for depression. It warrants further investigation and may be useful for clinicians to experiment with, and as such, this case illustrates a possible application of MI principles rather than providing definitive evidence of its effectiveness.

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