

## A Conversation with William R. Miller

This conversation with Dr. William R. Miller occurred at his home in Albuquerque, New Mexico during the autumn of 2008. An abbreviated version appeared in the journal *Addiction* (2009, volume 104, pages 883-893), for which the original interview was conducted.

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**Addiction:** I thought it would be helpful for the people who are going to read this to first get the basics, the facts of your life – the who, what and where, and where you went to school and all of that and then we'll go back to the interesting part, of course, which is the ideas and experiences.

**Miller:** Well, I grew up in Appalachia in a little coal mining town in Pennsylvania, and went to college with the intention of going to seminary. That was why I went to get a bachelor's degree at Lycoming College in Williamsport, Pennsylvania. Along the way I had the fairly common faith crisis of having a childhood faith that was no longer going to work for me, and not yet having an adult faith that was viable. So I found myself in my senior year an agnostic, and it didn't make a great deal of sense to go to seminary in that circumstance. I had majored in psychology and so applied to graduate schools in psychology. I'd never been west of the Pennsylvania border. I really wanted to go to the University of Oregon. That was my first choice, but I didn't get in. Instead I got into the University of Wisconsin, and so I started graduate school there in 1969, attended for one summer semester, and then my number came up in the draft lottery. This was during the Vietnam War and I had already filed as a conscientious objector, so I worked for two years as a psychiatric aide at Mendota State Hospital in Madison, following in the footsteps of Carl Rogers there, both in the psychology department and at Mendota where he did his research on schizophrenia.

**A:** What happened after that?

**WRM:** At the time that I was ready to go back to graduate school after a couple of years of service, there had been a political conflict within the psychology department and Loren Chapman, the Director of Clinical Training called me in March or April to say that my advisor, Mavis Hetherington, was leaving along with half of the clinical faculty, there would be no new graduate students admitted and no classes offered, financial aid was uncertain, and there was no one on the clinical faculty working in my area of interest. Nevertheless, he said, I could come back, or he would help me get into another school. Obviously Plan B sounded better.

**A:** What were you studying initially?

**WRM:** With Mavis I was exploring topics related to the psychology of humor, and also individual differences in pain and suffering – repressor/sensitizer differences. I hadn't really gotten too much of a start. Dick McFall was also there and I'd done a reading course with him and was becoming interested in cognitive behavioral therapies. Alan Marlatt was also

on the faculty, but I don't think I ever met him when I was at Wisconsin. This was well before I got involved in the addiction field. So, this time around I got into Oregon, and I later learned the reason was that they used a regression equation. The first time I had applied from Lycoming College, which is a small liberal arts college. The second time I applied I had the same Graduate Record Exam scores and the same undergraduate grade point average, but now I was coming from the University of Wisconsin, where I'd had a total of two statistics courses under my belt. Oregon's regression equation took into account the size and quality of school from which you came, and that was just enough to tip me over the edge and get me into the University of Oregon. So this time I went really far west and started over, and I just loved my graduate experience at Oregon.

**A:** Who was your primary mentor there?

**WRM:** Well, Hal Arkowitz was my first mentor. I did my masters thesis with Hal. Back then there were summer internships with the Veterans Administration, and that point the university owned those slots, so we could choose the hospital where we wanted to work.. My wife Kathy, whom I had met in Madison, and I both liked Wisconsin so we said, "Let's go back to Wisconsin for the summer." We chose what was then the Wood VA hospital in Milwaukee. When I got there Jim Hart, the training director basically said, "Well you're just here for the summer. Look around and find a program that looks interesting and have a good time." I toured around the hospital and there was this alcoholism unit that was being run by a psychologist, Bob Hall, Sharon Hall's husband, who asked, "What do you know about alcoholism?" I said, "Nothing at all," And he told me, "Well you need to know about this as a psychologist because it's the second most common diagnosis you'll see. Come on in, and learn something." And I did.

**A:** Now was this a paid placement for the summer?

**WRM:** Yes, it provided a stipend that supported a year of graduate study. They essentially paid for my second year of training and then I worked for the summer for the VA, so it was a wonderful deal. Long gone now, but students would just do service for the summer in a veterans hospital. Anyhow, that was my introduction to alcoholism which I literally knew nothing about, hadn't learned anything about it in graduate studies to that point and had no family history. It was just a blank slate for me. Bob (Hall) had me look into some new research from the Sobells, which had been released in the State of California report and was just hitting the journals.<sup>1</sup>

**A:** So this was what year?

**WRM:** 1973. Bob said, "Read this and see if it's something that we should be doing." I did, and we tried out a little controlled drinking therapy at the inpatient unit and pretty quickly decided this wasn't the right thing for that population.

**A:** Why did you decide that?

**WRM:** It just seemed like the severity was too high and it wasn't a good fit, and they were getting a lot of other messages about stopping drinking and it just was creating more

difficulties than promise. So it didn't seem like the right fit there, but I thought, "Now this is something you could do with people earlier, farther upstream." I had taken a class from Ed Lichtenstein, who was very much emphasizing preventive interventions and pulling people out of the river before they go over the waterfall.

**A:** This was in Oregon?

**WRM:** Yes, back at Oregon. Ed became my dissertation advisor. He was the only one in the department interested in addictions. Ed was actually doing smoking studies at the time, but it was the closest thing to alcohol, so Ed took me on. I wanted to work with earlier problem drinkers from the community so I advertised for people who would like to learn how to moderate their drinking. We got a lot of calls and it wasn't that difficult to find the people for my dissertation. We compared three different approaches for helping people moderate their drinking. One of them was electrical aversion therapy. Remember the days? It looked promising in the literature and there was a set of studies suggesting it did indeed seem to moderate drinking. So, we build a bar in the basement of the psychology clinic at the University of Oregon, and in that [aversion therapy] condition we had people come in and drink and receive electric shocks that were self-administered. We set it up so they actually hit the foot pedal and set it off themselves on a variable ratio schedule. A second condition that we called behavioral self-control training was just basically two people in a room chatting about strategies for moderating drinking. Then the third was an all-out training approach combining methods from the Sobells and from Syd Lovibond.<sup>2</sup> We had practice of moderate drinking in the lab bar setting, a breathalyzer to give feedback about intoxication levels, some skill training, and electrical aversion when they got above a certain blood alcohol level. These were about three-hour sessions and the others were about half an hour to fifty minute sessions. I really enjoyed doing that first trial. The folks who came in were indeed earlier in the development of alcohol problems, and we had pretty good success helping people moderate their drinking. All three worked about equally well,<sup>3</sup> which is a finding I've replicated many times since then. So it seemed to me that the self-control training, which didn't require a bar and shocks and alcohol and all the rest of it, was a parsimonious thing to do to help people moderate their drinking.

**A:** Actually I'm going to stop you for a second, even though I said let's just go through the basics first. You said that fairly matter-of-factly, you know. You said you wanted to look at problem drinkers and people who are farther upstream, but that was not common thinking at that time, at all.

**WRM:** No, not at all.

**A:** There really wasn't much about the idea of people who had drinking problems who weren't diagnosable. Probably the most common stuff on progression was Jellinek's work. So, where did your ideas come from, your ideas about, "Gee there must be these people upstream and there are people who have problems that aren't severe"?

**WRM:** Well, it seemed natural. My training was behavioral and so I've always thought about drinking as a behavior, and it didn't seem to me that alcohol problems came in only one flavor. That was the belief at the time, though, that either you were alcoholic and

incapable of moderate drinking or not alcoholic and you could drink whatever you wanted with impunity. It was pretty clear that wasn't true from the medical literature. In fact one early effect of my reading the medical literature on alcoholism was a big decrease in my own drinking, so it had that benefit for me as well. But it seemed a natural thing to try. Syd Lovibond, even before the Sobells, had done a study in Australia using self control training with heavy drinkers. It was from that that we evolved a sense of moderation training being appropriate with less severe problems, before the person became severely dependent. Now at that point we were still in DSM-II, and alcoholism was listed among the personality disorders. It was only with DSM-III in 1980 that there was some diagnostic recognition of different levels of severity.

**A:** After graduate school, where did you do your internship?

**WRM:** At the Veterans Administration hospital in Palo Alto, California.

**A:** Who was the director [of the psychology internship] then?

**WRM:** Don Lim. I worked with John Marquis, and also did a neuropsychology rotation with Jim Moses there. I had experience at the front door as an intake worker, which is one place where I realized that practitioners often get almost no feedback. I would work up people who came in, give them a provisional diagnosis refer them to what I thought was the appropriate place in the VA system, and never heard anything else, whether I had it right or got it wrong or if they even got there. That's a theme that has stayed with me - that it's easy when you are in practice to operate in a feedback vacuum and literally not get any better at what you're doing because you just don't get any corrective feedback over time. That was really apparent there in the intake service. I also did a couple of studies while I was on internship. One of them was with this little self-help manual that was called *How to Control Your Drinking*, that was co-authored by Ricardo Muñoz.<sup>4</sup> Initially I wrote it because I felt a bit guilty. In the dissertation, I was really just focused on changing the drinking behavior, and I had received enough background in broad spectrum therapy that I felt like I really ought to be talking about something broader than just drinking and how it fits into the person's life. So my friend Ricardo and I put together a little self-help resource with short little modules on anxiety and anger and assertiveness and sleeping problems and so forth to give to people so they'd have something else to consider besides what we had talked with them about regarding drinking.

**A:** Did you and he meet on internship?

**WRM:** He was a year behind me at Oregon. As a matter-of-fact we lived together the last year I was in Eugene. He and Andy Christianson, Charlotte Cook and Kathy and I all shared a big house. It was a wonderful year and we ate well because we were in a competitive cooking situation. Anyhow, Ricardo and I put that together and I was just going to give it to people when they completed the study, but Ed [Lichtenstein] warned "You'd better find out if that has an impact on follow-up." Consequently we randomly assigned people to get or not get the manual at the end of treatment, and then after the 3-month follow up we gave it to the rest of them. To our surprise, the people who received the self-help manual continued to decrease their drinking over that three month period and those

who didn't just plateaued.<sup>3</sup> They didn't get worse but they stayed at the same level, and by 3 months it was a statistically significant difference, so having the book seemed to be helpful to people. The next obvious question was: what if we just gave people the book? Actually the way I framed it was: How much better will people do when working with a therapist than when just given the book and sent home? That was the next randomized trial we did, and the shocking outcome was that they finished dead even.<sup>5</sup>

**A:** Was that also during your internship?

**WRM:** Yes, during internship. I got it started before I left Oregon, so it was done in Eugene by people I had trained before I left, and they completed the data while I was on internship. We got nice reductions in drinking in both groups but no significant difference, so these folks who were told, "Take this, go home, follow the instructions and we'll see you in three months to see how you're doing" did just as well as those coming in to see a therapist for ten sessions over the same period of time, which was not what I expected. My training had been that the more time you spend with me, an expert therapist, the better you get, so that was sort of a surprising finding. In Palo Alto, we also tried a group therapy version of this and it seemed to work pretty well too.<sup>6</sup>

I didn't really know what I wanted to do after internship or what I would apply for. I thought I might go into a clinical situation. Terry Wilson had a possible research job at Rutgers at the alcohol lab, but New Mexico had this faculty opening in October and so I got my resume together and sent it in. They interviewed me in November and offered me a job before Thanksgiving. Nobody else was even interviewing yet, so it was either a bird in hand or wait for someone else to maybe interview me, and I'm not a big risk taker, so I took it. I didn't know anything about New Mexico. Kathy had one college roommate here, so we knew one family in town and that was it. We came here and never left. I've loved New Mexico; it's been a wonderful place to work, and so happenstance, once again, affected the direction of my career.

**A:** This is great. It gives a good framework for everybody who's reading this to understand the basics. Let's go back. You said you went to college planning to go seminary.

**WRM:** Yes, I did.

**A:** Was that in your family?

**WRM:** No, not at all. I really felt a personal calling, a personal urge to do this. It seemed to me that that was what I was supposed to do, so it was quite a struggle to make the decision not to go to seminary. I found my way back into an adult faith a couple of years later, particularly through Kathy, whom I met in Madison. There was a point in my life, soon after I received tenure actually, where I got another sense of, "Maybe I missed to road and I ought to go to seminary." I felt the tug, the doubt, and that was another struggle. "I've just got tenure, for heaven's sake, and now You want me to look at this?" I was on retreat up at Ghost Ranch, which is a place I love to go in northern New Mexico, and Kathy was not with me.

**A:** That is where Georgia O'Keeffe came?

**WRM:** Georgia O’Keeffe lived there, that’s right. I’d been hiking. During a communion service, I was one of the servers, and I had a pretty powerful experience of the elements literally glowing, and I tried to understand, “What’s that about?” My first interpretation at least was, “Well maybe I missed the path back there,” and so I spent a couple of days up there, struggling with letting go of newly won job security. I got to a place where I said, “Well, if that’s what You want, who am I to say ‘No?’”, so OK. But how am I going to tell Kathy?” So I came back home and told Kathy and she said, “Well, if that’s what God wants, OK.” I said “Doggone, I was counting on you to tell me I’m crazy!”

**A:** God could have spoken through her, right?

**WRM:** That’s right! But she did not give me the easy out. So I made a list of people I really respected, pastors and seminary professors, and I started making phone calls to say, “Here’s what I’m thinking.” To a person, every one of them said in essence, “I can tell you about seminary, but frankly I don’t think it will do that much for you and you’ve got a pretty powerful ministry right where you are, because ministers have to believe but psychologists don’t. For your voice to be there in psychology seems to be important, but if you really want to go to seminary I’ll tell you about it.” The first couple of calls didn’t strike me, but I kept getting the same message over and over, and what I came out of that with was the sense that I am on the right path. It sort of resolved for me a nagging doubt that I had, that maybe I really had missed it somehow or I had fooled myself. I felt that I was where I belonged, and how that has been confirmed ever since! The fruit that has come out of my living in that doorway between religion and psychology has been wonderful.

**A:** That’s probably something that most readers of *Addiction* would know less about, that part of your work, so it would be interesting to have you talk it about some more. This happened in the early 80’s right?

**WRM:** Well, let’s see I came here in ‘76 and I was tenured in ‘82, so that was probably 1984 or so. I hit a pretty good clip publishing and was comfortable and tenured, and things were going well. Then this happened.

**A:** So what has standing in that doorway meant to you? How has it been a good place to be?

**WRM:** Being a person of faith and also a hard-nosed scientist in the addiction field, both just fit naturally with who I am. I started out writing a pastoral counseling text with Kathy,<sup>7</sup> thinking, “Here are some things I’ve learned in psychology that I can share with pastoral ministers to use in their work.” That was a reasonably successful book. It went into a second edition and was used in a number of seminaries. I also wrote a little book for Christian laity, called *Living As II*,<sup>8</sup> which was basically cognitive therapy and the psychology of self-fulfilling prophecies, how that can be lived out in one’s life. Then I started passing things in the other direction - taking things that I knew and had learned from the religious side of my life, the spiritual side of my life, and passing those into psychology. I think the first of those was with John Martin at AABT [Association for Advancement of Behavior Therapy]. John was the program chair one year in the mid-

1980's, and he told me, "As a program chair I get to do one symposium with no questions asked. Why don't we do one on religion and behavior therapy?" I agreed, and we put a symposium together. The room was packed and a little book came out of it on behavior therapy and religion.<sup>9</sup>

**A:** So were you talking at all about addiction in that?

**WRM:** Not particularly. No, this was more about behavior therapy and behaviorism and the way in which it interacts with spiritual views of people. My chapter was about doing cognitive therapy in a way that's not arrogant, that doesn't assume that you have the right answers and the client's got it wrong. I described an approach to help people change their cognitions in a way that's consonant with the guiding values and beliefs of their life.<sup>10</sup> That was pretty early, and a special interest group started up within AABT, but was never too active.

Then I began writing about spirituality and psychotherapy and how they could be put together. I was invited to chair a panel on addictions for the Templeton Foundation. Sir John Templeton told us, "What I want you to do is to tell me what do we know from good science, about the relationship of spirituality and religion to your area?" There was one panel on physical health, one on mental health, one on addictions, and a fourth on neuroscience. "What do we need to know? What is keeping us from finding out what we need to know?" That was the assignment. So I got a group of colleagues together.<sup>11</sup> Many of them knew of each other, but didn't necessarily know each other's interest in spirituality and religion, so when they arrived there was a bit of, "What are you doing here?" Through conversations over the years I had known about that side of these folks. I also invited a couple of colleagues from NIAAA [National Institute of on Alcohol Abuse and Alcoholism]: Margaret Mattson and John Allen. They went back and began talking to Enoch Gordis, the Director of NIAAA, about the possibility of doing some research on this interface. Enoch was nervous about it but very open-minded, and bless his heart, he put together a conference on spirituality and alcoholism. He was concerned about what might happen there, even with a good set of papers. As I recall many of the attendees were people from the other NIH [National Institutes of Health] institutes who came to see what was going to happen, and if the ceiling would fall in. It went well, and Enoch approved a request for applications for research on spirituality and alcohol. Again, I think he worried whether they would get enough proposals, and if they would be of good enough quality to fund.

**A:** What happened?

**WRM:** They received a record number of applications - over eighty, and many more good ones than they could fund.

**A:** And, how did the Fetzer Foundation fit into that?

**WRM:** Fetzer agreed to fund another set of applications, a similar number to those funded by NIAAA, which created a nice set of studies being done on this topic. After that I received a call from NIH asking me to chair a trans-NIH panel on spirituality and health to which all of the institutes would be invited. Out of that came a set of papers that appeared

in *American Psychologist*.<sup>12</sup> I wrote a paper with Carl Thoreson on spirituality as a cutting edge area for health research.<sup>13</sup> I think some good things came out of that panel. So I started working on an edited book on spirituality and psychotherapy. I ran into a colleague at APA [American Psychological Association] who asked, “What are you writing?” She was an editor with APA Press, and I told her, “Well, you probably wouldn’t be interested in it.” She was, and to my astonishment APA published it.<sup>14</sup> It was one of the first things they had ever published on spirituality.

Then along came an initiative from the Pew Charitable Trusts. They issued a challenge to eight academic disciplines to compare and contrast the dominant view of the person in that discipline with a Christian view of the person, and explore what would be the implications of considering the view of human nature that is held by Christians. What would be the implications of that for scientific methodology and areas of interest for future research?”

**A:** Well that sounds interesting.

**WRM:** It was. Harold Delaney and I applied and were awarded the grant for Psychology, so I chaired a third panel. Now, the dominant *Menschenbild*, the model of a person in psychology is fairly mechanistic, deterministic and very different from the way in which Jews and Christians think about human beings and, I submit, different from the way in which most human beings think about human nature. The basic assumptions are very different. The panelists wrote a fascinating set of papers that we distributed to them all in advance of the think-tank conference. At the meeting here in New Mexico we discussed the papers and critiqued them, then went back home, responded to the critiques, and wound up with a set of chapters that I sent to APA. Sure enough, they published it.<sup>15</sup> The original title was “Human Nature, Motivation and Change: Judeo Christian Perspectives on Psychology.” We had intentionally incorporated Judaism as the religious origin of Christianity, presenting one continuous historical perspective on human nature. Then one day I received a telephone message saying, “The editor at APA needs to talk to you about the title.” I thought, “Well, there goes the subtitle.” Instead they said, “We want to make the subtitle, the title.” And so, *Judeo-Christian Perspectives on Psychology* became the title of the book, which is the first and maybe the only book ever published by APA with “Christian” in the title. Anyhow, it’s been fun being in that doorway and seeing things happen at this interface. It’s a very lively place to be.

**A:** Do you feel the door has ever swung back and hit you in the face? Or that it has been pushed back? Have you paid prices for that at all?

**WRM:** No, quite to the contrary. Many wonderful opportunities for stimulating conversations with smart people have come out of that. In the Pew project in particular, I got to go to national meetings where there were eight disciplines at the table, having fascinating discussions on literature and philosophy and law, and it was just what a university is all about. So no, I’ve felt very privileged. You will notice, though, that my first publications on spirituality happened after I was tenured.

**A:** Absolutely.

**WRM:** Because it was indeed a kind of anti-tenure factor. Certainly, in my department, there was a lot of skepticism about it at that point, but also I developed some wonderful colleagues, students and collaborations in this area within the department.

**A:** That department is unusual in having had a number of faculty who are very interested in religious and spiritual issues in psychology, which is, as you know, not that common in the discipline.

**WRM:** And there has been interest in the science of it, so we had dissertations and theses on spirituality and religion in the department, which is, I think, reasonably unusual.

**A:** That's interesting. So, now let's go back again. You said something else early on that....again, you often say things in a very matter-of-fact way as though of course this is what everybody would do, but it is often unusual, what you actually do. So, you said you decided not to go seminary, had a lot of struggle in college, and then decided to go to graduate school in psychology. Now, an awful lot of people major in psychology and it's not the matter of course that they go to graduate school. They go get jobs or they do other things outside of psychology. What was the draw of going to graduate school?

**WRM:** Well I have been fortunate to have great mentors every step of the way. I had a couple of professors in particular at Lycoming College who loved psychology and there was a contagious curiosity; we just had to know the answer to these questions. They taught me that there is a scientific methodology for finding out answers to things. One of them was George Shortess, who was the chair of the department and my primary mentor there. I maintained the rat lab for him as my financial aid, and pushed frogs off of jumping stands because he was studying the frog's visual physiology. I almost went to graduate school in physiological psychology. It was between that and clinical. The other important psychology mentor for me there was Cliff Smith who was a clinician trained by Hilgard at Stanford. Both of them fired in me a curiosity about people and this interesting way of discovering new knowledge.

**A:** So the call for you in psychology was knowledge, in a sense. I'm thinking because you were in college in the 60's and for some people the call was social action and social change; and I don't mean to pit them against each other.

**WRM:** Well, they're intertwined. In Madison I was a hippie radical, longhaired, bearded guy out in the streets.

**A:** And you've kept the beard.

**WRM:** The last time I shaved was some time in 1970. It was a political statement to grow a beard back then. I remember people throwing beer cans at me from a passing car and yelling something about a dirty hippie as I was walking down the street. My own reason for growing it was much more mundane. I had a nasty recurrent skin irritation from shaving, and the dermatologist told me that I could either maintain on an expensive medication, or I could just grow a beard and it would go away. Having a beard, though, has probably nudged my politics to the left over the years.

**A:** And playing a guitar.

**WRM:** And playing my guitar, yeah. So I sort of fit that stereotype of the 60's. I edited an underground newspaper when I was an undergraduate. But honestly, I'm not sure that either of those -- scientific curiosity or social action -- was the real call. It sounds very unhumble, but I have felt moved by God in certain directions, not by hearing voices and seeing visions, but a door just opens and other doors close, and I walk through that door and wow, what happens is astonishing. I feel like there has been some intentionality to it beyond my saying, "It would be cool to know some things and that's why I want to go to graduate school." I more felt impelled in that way and the right doors, or at least these particular doors opened. There have been various points in my life where I have just felt like I belonged with something. Christians use the word "call" for that, but it is a sense of "I belong with that. That's the direction I should go in." It is subtle but it's a little tugging in a way, and whenever I have paid attention and followed one of those, amazing things have come out of it. So, there's that aspect of my life, too, that I've tried to listen well and be attentive to those little tuggings and follow them.

**A:** What happens when you ignore them? Are there times you can think of when you have ignored them?

**WRM:** I'm sure I have. I'm sure I've missed some of those opportunities. I don't remember dramatically saying, "No" to one of them, but I'm sure I've not paid attention along the line and missed things. I can't think of any occasion of saying, "No, I'm not going to do that" and bad things happening as a result. It's just the opposite, that when I have taken a chance or a risk, or believed that little voice and followed it... I just simply can't believe the career I've had. I grew up fairly poor. My Dad finished eighth grade and worked on the Reading railroad, and my Mom finished high school and worked in factories. I had no vision outside my hometown even. What's happened in my life is just astonishing to me. It's been a wonderful ride, surfing an unbelievable wave.

**A:** Do you have brothers or sisters?

**WRM:** I had one sister, Frances, who died of complications of diabetes at age eight. They didn't, in this little town, really know how to take care of kids with fragile diabetes so well as we do now. So that was a huge blow to me. I was thirteen years old.

**A:** You were older than she was?

**WRM:** Yes, by five years. We were close, so that was an emotional hit and also a real faith struggle for me as well at the time. But other than Frances, I have no siblings.

**A:** Let's move on to talk about alcohol. So you got interested in alcoholism on this summer internship.

**WRM:** Yep. Just happenstance.

**A:** You know, again, lots of people meet people with alcohol dependence and they don't like them. You hear of course about the manipulation, the lying, "They're not going to change," all of those kinds of things. You obviously had a very different reaction. What was the draw?

**WRM:** I benefited from ignorance.

**A:** No one told you that they lied?

**WRM:** Right. I hadn't read anything about alcoholism. The Sobells' work was some of the first material that I read. I was reading the medical literature, but there wasn't much psychology at that point, and I hadn't read the counseling literature either. Knowing nothing, that summer I mostly listened. I'd had the good fortune of being trained pretty well in client-centered counseling, Carl Rogers' approach, which was another one of those happenstance things. When the second year practicum came around for us and it was time to teach basic counseling skills, nobody on the cognitive-behavioral faculty wanted to do it.

**A:** This was 1973 or so?

**WRM:** The 72-73 academic year. So they hired a woman named Susan Gilmore<sup>16</sup> from the counseling psychology program and she opened us up to Rogers and, helped us learn those skills. That was the year right before I went on internship to Milwaukee, so I mainly just put on my Carl Rogers hat and with reflective listening essentially asked these people - mostly men - to teach me about their experience. "How did you get to this place in your life?" "What's been happening in your life?" and "Where are going from here?" I didn't have any therapeutic advice for them, so I just listened, and they seemed to appreciate that, to respond well. I learned an awful lot from these folk's own stories. I have always loved stories. And, there was chemistry also. I immediately enjoyed talking to them and working with people with addictions. Then I began to read the literature and it said, "Alcoholics are liars and they have this immature personality that it so defended that you can never get through it. You've just got to hit them with a brick to get anywhere, and you can't trust them." It puzzled me, because those weren't the same people I'd been talking to. It didn't seem right.

**A:** It must have been somebody else, huh?

**WRM:** It just didn't feel right, and it certainly wasn't my experience on my dissertation either. The problem drinkers I worked with there, I really enjoyed talking to them. We were doing behavior therapy, but also with a good amount of empathic listening. In one study here in New Mexico,<sup>17</sup> we actually used the accurate empathy scale developed by Truax and Carkhuff,<sup>18</sup> Carl Rogers' students, to rate listening skills while counselors were treating problem drinkers. It was long enough ago that we were observing through one-way mirrors, before videotaping became so easy and affordable. We were rating adherence to the behavior therapy, but also rating how empathic they were by the standards of Rogers' group. It was that study, published in 1980, in which we found a huge relationship between therapist empathy and drinking outcome. It was so much stronger than anything else we

found, accounting for two-thirds of variance in outcome, that it really surprised me. Here's an aspect, a relational aspect, of behavior therapy that hadn't been given much attention. It still hasn't. Why haven't we paid more attention to what's going on in the relationship in behavior therapy? It just happened that I was trained both in behavior therapy and in Rogers. I also remember an experience when I was learning behavioral family therapy, Gerald Patterson's approach. I first read about it, and was trying to do behavioral training with parents who were having trouble their kids,<sup>19</sup> and just wasn't getting anywhere. Then one week they took us over to Oregon Research Institute and I watched Patterson working with a family and thought to myself, "This guy is doing all kinds of things that aren't in the book." He was warm, compassionate, funny - you'd do anything for this guy.

**A:** Yeah, yeah.

**WRM:** "Oh, *that's* how you do it!" So then I went back and began doing it that way and worked pretty well. So, the marriage of a compassionate, empathic, human way of being with people and behavioral technologies just made sense for me. It was definitely rooted in the training I had at Oregon. Those were wonderful years.

**A:** You really moved away from the skills side. Your early work, your dissertation and your work for a little while after that was mostly focused on skills training with problem drinkers. When was your first review on motivation published? 1985?

**WRM:** Yes, 1985.<sup>20</sup>

**A:** Was that a kind of fulcrum in terms of your beginning to move away from thinking about skills to thinking about these other factors?

**WRM:** No, it's not that black and white. The community reinforcement approach that I've collaborated on with Bob Meyers<sup>21</sup> is very skilled focused, and I've been publishing on that until relatively recently.<sup>22</sup> I didn't lose interest in that side of things. I've been interested predominately in evidence-based approaches and what seems to work.<sup>23</sup> At one point we studied covert sensitization for a while, because there was a nice little literature on it.<sup>24</sup> It seemed to be just sitting there unused in practice, so we did some trials with that. I've continued to be interested in cognitive behavioral approaches and certainly through Project MATCH<sup>25</sup> and the COMBINE study<sup>26</sup> I have continued to be actively involved with behavior therapy. In addition, there is this interesting line of work around relationship, listening and empathy and those other interpersonal aspects that used to be called "non-specifics" or "general factors." I've been trying to specify them, and finding that they're actually pretty strongly related to outcomes.

**A:** Okay. Let's talk about motivation and how you started to focus on that and how you're thinking about it these days.

**WRM:** Well, that's more happenstance.<sup>27</sup> I went off with Kathy to Norway on my first sabbatical leave. Some of the very best things that have happened in my academic career certainly came out of sabbaticals, and this one I spent at an alcoholism hospital near Bergen, the Hjeljestad Clinic. They brought me in to lecture on cognitive behavioral

treatment of alcoholism and addictions, so that was what I did. Jon Laberg, who was the chief physician, the director of the center asked if I would also meet with a group of psychologists who were working there, most of whom were pretty green, just out of school, but some more senior, and just have a conversation every other week or so to see what would come of it.” I agreed and, we began meeting. What they wanted to do was to role-play some of the more difficult cases they were seeing, which we did in English, of course. They would take the role of patients they were treating who were posing difficulties for them, and essentially said, “Okay, smart guy, what would you do with this?”

**A:** And, clinician roles plays are harder than real therapy, usually.

**WRM:** No client is really as difficult as the client role played by a therapist. Nowhere close, but I didn’t know that then, so, I just did my best. I noticed that they interrupted me frequently, which I now understand as related to the philosophical, reflective, analytic way in which psychologists tend to be trained in Europe, more often so than here. They would stop me and ask, “What are you *thinking* now at this moment in this session?” “You asked a question there. Why did you ask *that* question, because there are other things you could have asked?” “You reflected what the client said. Why did you reflect instead of doing something else? And, all of the things could have reflected, why did you reflect *that?*” They were really good questions.

**A:** Yeah.

**WRM:** And I began verbalizing a set of decision rules that I had been using that I was completely unaware of, that had to do predominately with having the client make the arguments for change. I was avoiding doing so myself, not being the person responsible to say, “You have a problem and you need to do something about it.” And, also eliciting their confidence and hope, but especially having the client make the arguments for change. I began writing down these decision rules as they were emerging, and gave it the working title of “motivational interviewing.” If I had called it anything else, I think it would have been “motivational conversation.” I sent this to a just a few colleagues, for discussion and comments. (I learned later that Carl Rogers used to do this, too. He encouraged draft discussion papers.) I sent it to Alan Marlatt, and to Ray Hodgson who had just been in Bergen for a visit, and perhaps a few others, asking for comments. To my surprise, Hodgson wrote that he wanted to publish it in *Behavioural Psychotherapy*, which he edited, a journal I had never seen at the time. I told him that I had absolutely no data on this. The only numbers were the page numbers! But he said that was fine, he thought it was an important contribution and he’d like to publish it. So, I distilled it down a bit and it appeared in 1983,<sup>28</sup> and I figured that would be last I’d hear of it. I did come back to New Mexico and began doing some studies on brief interventions designed to elicit motivation for change. That’s how the Drinker’s Check-up emerged.<sup>29</sup>

**A:** So first you were still thinking that something structured needed to occur?

**WRM:** Yeah, there’s a lot of structure to that. I was also thinking of this as a prelude to treatment, something you would do to encourage them to get into treatment.

**A:** This was modeled actually a lot after Griff Edwards' advice condition, was it not - the advice versus treatment study?<sup>30</sup>

**WRM:** Actually, I didn't know Griff's "plain treatment" paper<sup>31</sup> at the time, but when I read that description later it made a lot of sense.

**A:** Really?

**WRM:** I was just delighted because it was so similar. But the Drinker's Check-up arose because we had done a literature review on effective brief interventions, including the Edwards study. We weren't the only ones finding that brief treatment made a difference. I did one review with Victoria Sanchez<sup>32</sup> and another with Tom Bien,<sup>33</sup> and found that brief interventions were working pretty well, so our control group finding was not anomalous. We wondered, "If it doesn't always work, what's true of the studies where the brief intervention did work?" And, that's where FRAMES came from. So I came back to New Mexico and thought, "What if you were to build a therapy intentionally around FRAMES, to manifest those elements. What would it look like? What if you tried to design an intervention specifically do that?"

**A:** For people who don't know about FRAMES, do you want to run through the acronym?

**WRM:** FRAMES is an acronym for six things that often appeared in effective brief interventions: giving people **F**eedback about their individual status on assessment variables, emphasizing a person's **R**esponsibility for change, clear **A**dvice to change, and a **M**enu of options for doing so. The "**E**" is **E**mpathy, because whenever we asked authors about the counseling style, which often wasn't described in the articles, it was a fairly supportive, empathic, respectful style; and then the "**S**" is support for **S**elf-efficacy. Those things together in various combinations seemed to be there most of the time in the brief interventions that worked, so I guess my thought was "Let's be intentional about that and try to build something from the ground up that would be FRAMES from the very beginning." And that's where the Drinker's Check-up came from, which is a combination of the motivational interviewing style with giving people structured feedback from assessment, both pieces of which seem to have an independent impact.<sup>34</sup> In the first study we did with the check-up,<sup>35</sup> we gave people treatment referral information and expected a higher rate of entering treatment. It didn't happen. Almost nobody went to treatment, but the people who got the check-up had the gall to better on their own without the help of a therapist! We replicated that in a later study as well, finding that people responded rather well to single session of what has now come to be called motivational enhancement therapy -- that combination of assessment feedback and motivational interviewing.<sup>36</sup> These first studies were with self referred problem drinkers from the community, which might be considered an easy population, so the next question was what would happen with more severe populations. Here we had series of three studies in which we randomly assigned people coming into a treatment program to get or not get a motivational interview. Janice Brown did one at a private residential treatment program,<sup>37</sup> Tom Bien did his at the Veteran's Administration adult outpatient program,<sup>38</sup> and Lauren Aubrey's dissertation was done at CASAA's substance abuse treatment program for

adolescents.<sup>39</sup> They were done in different years by different investigators, but they all had the same basic design.

**A:** These were all students of yours?

**WRM:** Yes, they were all PhD students of mine. Each study had a similar finding, which was essentially a doubling of the abstinence rate for people randomly assigned to receive the motivational interviewing session, in comparison to people receiving the same treatment program without an initial motivational interview. On virtually any drinking outcome variable, there was a much larger reduction in drinking in the MI group, even though both groups received the same treatment program otherwise. In the Aubrey study, she also examined outpatient treatment retention and again there was big effect. The control group stayed for 8 sessions and the MI group stayed for 20 sessions on average.

**A:** These were the adolescents, right?

**WRM:** In the Aubrey study, yes, that's right.

**A:** And, they didn't do anything with the parents?

**WRM:** Not much at that point. The main focus was on the kids. So there were three studies with large effect sizes. You really didn't need statistics to know that there was something going on there, and these effects were all in addition to treatment as usual. Something that we found later, in Jenny Hettema's meta-analysis of MI studies,<sup>40</sup> is that actually you get the most enduring effects of MI when it's added to another active treatment, which is sort of surprising because you have beat the effect of the active treatment itself. What I think is happening is that both motivational interviewing and the active treatment are working better because they're synergistic. You get better retention and adherence to the treatment so it has better opportunity to work, and the effect of MI is amplified because it's actually increasing adherence to something else that works.

**A:** In some sense, it's opening the client to the other interventions that are available to them.

**WRM:** Yes. In the Brown study, we didn't tell the staff, the residential treatment program staff, which patients had received the motivational interview, and we had them do ratings of patients at discharge. The patients who had received MI were rated as working harder, being more motivated, coming to group on time and having a better prognosis. There was this kind of halo around these people in the staff's eyes, and that predicted outcome, so basically it seemed to be improving their involvement in the program, which was a disease model, confrontational, fairly traditional program.

**A:** So when you think about the mechanisms that underlie this, what do you think this invention is doing?

**WRM:** Well so far I see two likely candidates. We have pretty good evidence that the relationship aspect of it is important by itself. Empathy has been a fairly strong predictor of

outcome – never mind motivational interviewing, just empathy during behavior therapy in our early study was predicting good outcomes. A study by Steve Valle also found that.<sup>41</sup>

**A:** What do you think the experience of empathy is doing? Obviously, it's changing the person in some way so that they function and live differently.

**WRM:** I think Rogers had it right. I think the experience of acceptance is transforming and lets people look at their life in a context that's safe. The normal experience of ambivalence is to think about a reason why you should change, then to think about a reason why you shouldn't change, and then stop thinking about it. When you are talking with someone to whom you can tell things that are scary and embarrassing and nothing bad happens, you don't get judged, you don't get criticized, you aren't given advice, but they listen to you, then it is safe to keep talking, it's safe to keep exploring, and people do. I think that as people are enabled to talk about their present situation without immediately being told what to do, without being given advice, without with being judged, shamed, scolded and so forth, they literally talk themselves into changing. The critical conditions that Rogers talked about are sometimes enough to do that just by themselves. That's pretty potent stuff. Steve Rollnick and I have described the relational spirit of motivational interviewing as a collaborative partnership style, one that respects people's autonomy to choose their own life course, and one that invokes from them their own wisdom rather than trying to install something in them.<sup>42</sup> That style itself affects behavior change. Terri Moyers is finding, in her research at CASAA, linkages between MI spirit and outcome so I think that's a potent piece in itself and that's not new, but is fundamentally what Rogers was talking about. Then there's the technical side of motivational interviewing, which is the one that people most often miss. They get that MI is about being nice to people, but miss the skillful directive side.

**A:** Beyond being empathic?

**WRM:** Yes, beyond skillful listening. Even if all you learn is client-centered counseling with accurate empathy, that's pretty good. That's quite skillful. It's not easy to learn reflective listening and do it well. But, beyond that is this piece that I was first verbalizing in the 1983 paper on causing people to make the arguments for change, and there are strategic things that one does in motivational interviewing to encourage that. Some of them are simple, though that doesn't necessarily make them easy to learn, but simple - like asking an open question the answer to which is change talk.<sup>43</sup> If you ask people, "Why would want to make this change?" they usually tell you. Ask them, "If you did decide to change, how would you go about doing it in order to succeed?", and they tell you. There are ways to help people begin talking about change. Then we selectively reflect this material. Good reflections and summaries in motivational interviewing are more likely to include the client's change talk than other material.

**A:** Do you think Rogers would have hated some of what you're doing?

**WRM:** I think Rogers clearly would not have liked this directive component, because we're consciously trying to cause the person to make certain kinds of statements, and there's a direction in which you're trying to steer the person. There's a particular change

that you're hoping will happen. So, MI is not a counseling method to use for everybody all the time. It really is intended for the particular situation where there's change goal that the person is ambivalent about, and motivation is key piece of the puzzle. If the person has already decided to make the change, you don't need to do motivational interviewing. And, if they're trying to make a choice that you have no business influencing one way or the other, you don't do motivational interviewing.

**A:** What would be example of that?

**WRM:** Well, the one I used in '83 paper was somebody coming in trying to decide whether to have a child or not. Do I want to have a family? You've got no right steering people to reach a particular decision that you may think is best. At least that's my opinion about that. In that case, you actually have to be careful to keep your balance so you don't inadvertently steer them in one direction. You can accidentally move people in one direction by not being aware of what you're doing. So, when you're not wanting to steer people in a particular direction, you've got to keep your balance on this. But if you are trying to move people in a particular direction of change, you ask certain questions and not others, you reflect certain things and not other things. When you put together a summary, either a transitional summary along the way or closing summary at the end of a session, you mainly emphasize the client's own change talk. There are many other ways to construct a therapeutic summary, but that's the particular way we do it in motivational interviewing. So that's the directive piece and we do have some good evidence, particularly from the work of Paul Amrhein and Terri Moyers, that change talk predicts outcome. Paul, who is a psycholinguist, found a particularly strong relationship between commitment language and outcome.<sup>44</sup> Terri's finding it between change talk in general and outcome. So, essentially the more the person argues for change, the more likely they are to actually change, which is consistent with the cognitive literature on implementation intentions.<sup>45</sup> You literally talk yourself into changing, but if the counselor is making the arguments for change, then the client tends to talk himself out of changing.<sup>46</sup>

**A:** Because they have to disagree.

**WRM:** That's right, if ambivalence is present. When you talk to a person who is ambivalent and take up one side of the argument, they naturally respond with the opposite arguments.

**A:** Again a traditional view would be that alcoholics would say anything to get the clinician or other people off their backs. Clients say, "This time is different, I'm really going to change. I know everything; I need to go to meetings, blah, blah, blah." And, the spouse says, "Heard that a hundred times." So, how is change talk different than what people might view as empty change talk?

**WRM:** Well, the whole dynamic is different, first of all. What you're talking about is a dynamic that is not unique to people with alcohol problems. Human beings may do anything, say anything to get out of a situation where they are being judged, criticized, put down, or threatened. That literally evokes defensiveness. Never mind the subject, if it's your relationship or alcohol or your study habits or whatever it is, people just don't like

those kinds of things happening and will try to get out of that situation. So, motivational interviewing is a different interaction to begin with, a different context. There are also verbal and nonverbal clues to help you tell the difference between dissimulation -- someone who's just saying something to get out of there -- and someone who is genuinely talking themselves into change. It's easy enough to refute the cynical assertion that, "Well, change talk is irrelevant," because it isn't, empirically. It predicts outcome, and not just in the context of motivational interviewing. The data are there. Nevertheless, it is clear to me that there are certain situations where the person isn't being honest. Talking to a probation officer, they may be covering themselves so they don't get sent back to jail. There are circumstances under which people will do that. Clinically, I can usually tell the difference by just asking for a little more detail. If a person says, "I'm going to quit drinking, I really am," I want to know "How you going to do that?" and "Why would you want to do that?" - to have the person unpack it a little. If you get clear answers to those things and there's a thoughtful structure about why the person would want to do that and about how to go about it, you're moving in the right direction. And even if that structure wasn't there, the fact that you asked those questions begins to create that structure underneath it. I think clinicians pick up those verbal and nonverbal cues without necessarily knowing exactly what the cues are.

**A:** What are some nonverbal cues?

**WRM:** Well, consider when you say, "I promise." Obviously readers can't see what I'm doing, but if you extend your hands forward as you say it and make a certain gesture towards person with open hands, it increases the intensity of the commitment. If you shrug your shoulders while you say, "I promise", it detracts significant seriousness points from the intentional meaning. The gestural things that go along with speech are cues about whether the person is really meaning it or not. Crossing your fingers behind your back is one you see in cartoons that tells you what the person is saying isn't really what they mean. Some people are better at detecting such cues, but for the most part, I don't experience dissimulation that often. If you're not confronting, judging, criticizing, trying to catch people lying, or suspicious, then people don't tend to behave in that way. They behave in a very different way. The normal human response to confrontation is to be defensive, to want to get out of there, to feel angry or hopeless or discouraged, so that's the response you evoke by a confrontational style.

**A:** Angry push back?

**WRM:** Sure, angry push back happens. It's one kind of defensive response. For a few decades the field misattributed these responses to client personality defects, but it's understandable as a normal response to confrontation. And, the normal response to someone being interested in and trying to understand your view on things is to want to keep talking to that person and to feel understood, to begin to feel hopeful about things. Sometimes in training I say, "Which set of clients would you rather work with?", because they're the same people, responding to the way in which you are with them. This is where all the denial stuff came from, I think. There's never been evidence that there's a uniquely different set of defense mechanisms in people with substance use disorders. It just isn't there. And, there's not much stable personality structure that goes with addiction either, so

if people didn't walk through door all looking the same, how come they are behaving the same in this counseling setting? Well, contextual explanations are the obvious place to look. If you confront people and treat them badly, assume they are liars and try to catch them, then they all begin looking the same. When clinicians say, "Every one of my clients is in denial," they're telling me more about themselves than about their clients.

**A:** So you've evolved over time a very clear set of ideas about motivation and how to enhance it and help people find those qualities within themselves and enable them to change. One of things that's interested me for long time is the fact that there are number of other people who have been interested in issues of motivation and addiction and have certainly done research and written and all, but your ideas have grabbed people's imaginations in a way that is really unusual. You can't turn a page over in a journal, almost, without finding something about motivation or motivational interviewing. Grant applications are addressing these issues all the time, as are clinicians. What's different? Do you have sense of that? What in your ideas or in the way you've disseminated them has made such a difference? Because it's a huge difference, I think.

**WRM:** The response really is amazing, and it's spread into corrections and health care and many other areas. I'm not sure I understand it. The verb that I use is that people seem to "recognize" it. When they hear motivational interviewing described, it's not like they're hearing it for the first time. It's not like, "Wow, I've never thought of this before." The people who take to it sort of recognize it. They seem to have a sense that, "I belong with this," that "I knew this," in a way. What people tell me often is not, "I never thought of this and these are brilliant new ideas," but rather, "You have put into words and structured for me something that I kind of knew and have tried to do, and you've helped me to do it more systematically. But, why is it that people recognize it, and how did I even learn it in the first place?"

**A:** You were doing it yourself

**WRM:** I was doing it without knowing it consciously, and thanks to my Norwegian colleagues, they literally evoked it from me, called it forth from me. I guess I must have learned it from my clients, but somehow I knew that. Michael Polanyi's writings on "tacit knowing" really resonate for me: that there is a lot of unspoken knowledge in many artful things. He used the example of making stringed instruments. Someone who's a master at making violins or cellos knows a lot of things that are hard to put into words, but knows which wood to select and exactly how to shape it and learns that over time. Apprentices learn it by observing and doing it with them. There's this tacit knowledge that doesn't wind up in textbooks and yet is a powerful way of knowing. I think some of that is going on here when, not everybody, but when some people meet this they in way already know it. It's not simple to learn. There are a lot more people who believe they are doing motivational interviewing than actually are, but that sense of being drawn to it and of recognition is really powerful. Honestly we haven't done that much to disseminate it. It just seems to flow naturally. It took off like a rocket in the U.K. I didn't tell you that piece of the story.

**A:** Steve Rollnick's piece.

**WRM:** Yes, Steve Rollnick. On my second sabbatical in Australia, I met Steve, who's South African and lives in Wales, and was in Australia that year doing research. "Miller," he said. "You're that guy who wrote the article in 1983 on motivational interviewing." I was surprised that somebody had actually read it. "I can't keep up with the demand for training. This has become something of preferred practice in addiction treatment in the United Kingdom. I'm going all over the U.K. teaching motivational interviewing, and I'm not even sure that I'm doing it right! You need to write more about it." Well, I didn't even know that this was happening. There was very little interest within the U.S. at that point, but it had really taken off in the U.K. We wound up writing the book together, a book that the publisher says, "has long legs." People began using it in health care and corrections and psychotherapy, so by the time it was time for a second edition, it needed to be a book about change more generally and not just about addictions. It disseminates with very little in the way of marketing.

**A:** Everett Rogers was a colleague of yours here at UNM,

**WRM:** Yes, he was. A remarkable man.

**A:** He had very clear ideas about the diffusion of innovations. Did his work guide you? Did you take a deliberate approach to dissemination?

**WRM:** Not really. I met Ev and read his brilliant book on diffusion after motivational interviewing was already well out of the barn. His theory makes sense to me, but we never went into this proactively planning to disseminate motivational interviewing. It seems to disseminate itself.

**A:** And, you think a lot of it has to do with a sense of recognition.

**WRM:** It's what seems to draw people to it. And I do think that MI has a lot the characteristics that Ev wrote about as favoring diffusion. It has trialability, for example. You can kind of take it home and try it out, and whatever it is about motivational interviewing, doing even a little bit of it seems to get a different response from clients, so you get encouraged pretty early for trying this. It offers an apparent advantage in that many people drawn to it are frustrated that they work their hearts out day in and day out and don't see the change that they'd like to have, and they're frustrated that their patients aren't motivated. When it occurs to them that maybe there's something that they can do to increase that motivation, they want to try it. It's got that the perceived advantage piece to it also. It's fairly compatible with other things that practitioners do, so you don't have to be converted to motivational interviewing and forswear everything you've done before. It fits as well with 12-step approaches as with cognitive behavior therapy. They combine well, so it's not like a new psychotherapy school competing for allegiance. It's a tool that can be used in concert with whatever else you're doing and so people don't have to change their entire outlook on life, although I must say that this does change you when you do it. I joke that I should get informed consent before I train people, because it changes you.

**A:** It also occurs to me that it expresses a view of human beings, a certain philosophical view of human beings that's different than either cognitive behavioral or 12-step kinds of

models. Going back to talking about Judeo-Christian perspectives on human beings, I'm wondering if you have some sense that you're tapping into an optimism and hope about humanity in this approach.

**WRM:** Well, it's certainly a way we want to think about ourselves and each other. It's a self-fulfilling prophecy, either way. If you assume people are defensive and not likely to change very much in the course in their lives that becomes true. And, if you take a more quixotic, optimistic view of human beings, that also tends to become true. I'm not sure that behavior therapy itself has a particular view of human beings, but behaviorism is a philosophical view of human nature, and I've never been a behaviorist. I've been a behavior therapist, but with a humanistic personal philosophy about human nature. As for a 12-step approach, when I read Bill W, I hear a lot that's familiar in terms of how you work other people - a patient, compassionate approach that is not blaming or judging. It's nothing like what the treatment industry created with "12-step disease model treatment." Original A.A. is entirely different, and I think that motivational interviewing is quite compatible with the original 12-step way.<sup>47</sup>

**A:** While we're here, why don't we talk about Quantum Change next?

**WRM:** Okay. That was another product of a sabbatical. I got interested for variety reasons in transformational change, in fairly major shifts that happen over a relatively short period of time. I had seen some of them and certainly read about them, and I've always loved *A Christmas Carol*, the classic fictional representation of this, and *It's a Wonderful Life*, a movie where something mysterious happens to a person and they're transformed by it. I just began wondering, "Is this a real phenomenon? Does this actually happen or is it just glasses that we put on in retrospect?" So on the sabbatical in Australia, while I was working with Steve Rollnick on the MI book, I also was meeting with another group of people to explore how we might study transformational change scientifically. We didn't get past the descriptive point, and decided that a first study would just try to find a set of people who have had an experience like this and let them tell their stories, then see what comes of it. We had one little article in the Albuquerque newspaper describing this kind of experience, and it had a photo of George C. Scott in his Scrooge film role. I had no idea if anybody would call, but the phone rang and rang and rang.

**A:** Really?

**WRM:** Lots of people called, and we offered no money. A few people were hoping to get paid and when they found out there was no reimbursement they disappeared, but 55 people came in and finished a 3-hour interview for no compensation at all. We recorded their stories, and Janet C'de Baca and I tried to understand what are were hearing: what seems to lead up to it, what are the common elements of the experience itself, and what changes in people. In 35 years of research, this was the most fun I ever had with a study, and the most uplifting.

**A:** Really? How so?

**WRM:** It was so rewarding. I love stories, first of all. And these people kind of glow. There's something about them that you feel privileged to be in their presence. They're from all walks of life and all different ages, men and women from different occupations and just as different as people can be, but they have something in common which is this experience, that has some fairly consistent qualities to it. It felt like a privilege to hear their stories.

**A:** What were some of qualities that you'd identified?

**WRM:** Well, leading up to it, perhaps half the people were in some kind crisis. They hit the bottom, the end of the rope, which was certainly Bill W's story" also. And in that moment is when it occurred. A third of the time they had been praying at the moment that it happened, often for the first in a very long time, so that also maps right onto Bill W's experience. But for another set of people, 30 or 40 percent of them, there was nothing particularly out of ordinary. They were just walking across the living room, or like Scrooge, just got home from work. One woman was sitting on the toilet; another one was cleaning her toilet. Just the ordinariness of life, and uninvited, unexpected, BAM! It just happens to people and that quality was another common one -- the surprise of it, the unexpectedness. There was nobody who was expecting or trying to have such an experience when it happened. It just came out of the blue, like for Scrooge. If you stopped Scrooge on the way home and asked him if he would like some psychotherapy, he'd blow you off, "I'm just fine as I am, thank you." But, nonetheless it comes. It's very like Maslow's description of peak experiences, profoundly benevolent experiences, with a transcendent quality to them. They're ineffable; people have difficulty putting them into words and struggle to find a metaphor to talk about it somehow. There is also a noetic quality in the sense of things being revealed to them, of suddenly seeing and realizing things. The most common example of this is the sense of unity with all people or all creation, not being a separate individual but part of a much larger reality. About half the people experienced being in the presence of some Other, for whom some had a name if they had a religious background, some had no name for it, but what they described was always the same, which is intriguing: a profoundly, accepting, loving presence. For just a brief moment they experienced that radical sense of being accepted as they are, in a way that was transforming, and it left them with a fairly permanent sense of safety -- not that they would never have anything bad happen to them, but in some ultimate sense being very safe and centered. Their values also shifted radically. We did a values card sort borrowing from the research of Milton Rokeach. The usual response was that values were just turned upside-down, so that the things that had been highest priority before went to the bottom of the list, and things that had been nowhere on the radar screen before, like spirituality and forgiveness and relationship, came to the top of list. Men and women both moved from sexual stereotypes to a calm and universalistic kind of perspective.<sup>48</sup>

**A:** That's very interesting.

**WRM:** It's fascinating. So, I took all of the stories off to the Oregon Coast during my third sabbatical, to spend a week with them. I tried to integrate them as best I could and discover what was happening before, during and after. It also struck me that the things that had revealed to them were similar, despite how different these people were. I put on a

little “as if” hat and thought, “Suppose that these are messages that are trying to get through to humankind, and these people happen to be the recipients at this particular moment, what are those messages?” There were consistent realizations or revelations that came to these folks that especially have to do with compassion. It could be the text of a talk by the Dalai Lama.

**A:** Yeah, yeah.

**WRM:** And the knowledge came in a way that changed them. Something that surprised me was that there was no evangelism, no proselytizing sense that came of this. They seemed to have no need to convince other people of truth of what they saw. They knew.

**A:** It was very personal in a sense.

**WRM:** It’s very personal and they knew it all the way to the depth of their soul. Another surprising thing about quantum change was they went through a one-way door and knew there was no going back. In our field the normative experience is white knuckle trying not relapse, but these folks know that they are never going back. They know that whatever they went through is a door that only goes one-way and they knew it at the time. And, the revelations the things that are shown to them, they know them to be deeply true at moment they see them. So, now I know that these remarkable changes happen, and I think they’re not even unusual experiences. I think they are fairly common, but it’s certainly a privilege to hear them. Most of these folks hadn’t talked about them. If they’d told anybody, it was only a person or two. The stories sound pretty crazy. We read a couple of them blind to a psychiatrist who opined that the person should have gone into hospital right away. But they were fine.

**A:** And despite how personal they were, they recognized the experience in the newspaper story and picked up the phone.

**WRM:** They were fascinated that this had happened to other people, too.

**A:** They knew it was something out of the ordinary.

**WRM:** They definitely remembered it. In fact they usually had crystal clear memory for it, recalling sensory details of the situation and the day and the time of day and what the weather was like. It had been 11 years on average since the experience, and yet it was emblazoned in their memory.

**A:** This obviously seems like an important topic to you. Of all the things that you’ve done professionally, why does this one stand out?

**WRM:** I still personally feel like it’s the most important thing I’ve done. Few others would say that, and would point to motivational interviewing, which has done some incredible things.

**A:** Right, it’s all over the place.

**WRM:** In some sense, that study still feels to me like the most important piece of work in my 35 years. It's understanding something that certainly happens in addiction recovery. If you go to Alcoholic Anonymous you hear these stories. We don't understand how it works, but it really happens, and people to whom it happens definitely know it and can tell you about it. So that struck me first of all: If this is real, if people can literally in the course of minutes or hours be transformed in that way, go through a one-way door and be a different person after that, shouldn't I be interested in that as a psychologist? We didn't even have a name for it in psychology. Theologians do, but not psychologists.

**A:** Yeah, yeah.

**WRM:** So, I raise it because I think it's important. I raise it because I sense in some way it's related to MI, that what's happening in a motivational interview is like the same thing on a small scale around a particular behavior. The closest model that I can find that encompasses both of those is Milton Rokeach's model of personality, which few psychologists even know about. It's a hierarchical model and it nicely describes, for me, the things that I see happening with the discrete behavior in motivational interviewing, and on a larger scale in quantum changes. I guess that's it. It's not that I understand quantum change, but it seems like something that we ought to be interested in understanding. Most people, though, have no idea that I even did this study.

**A:** It also seems that the messages to humanity are an important part of that in a personal and philosophical sense.

**WRM:** Well, yes. I mean, those resonate with me, too. That's not a unique contribution. I've simply reported what these people say. But, literally the Dalai Lama could be giving you the same list of revelations. I think these are things that come to people whether it's through a life of meditation or in other ways. Perhaps it's like an evolution that we're supposed to go through as a race, a set of things we're supposed to learn and realize. There are all these opportunities to see them, and this study is the closest I got to it.

**A:** Is it an experience you've had yourself?

**WRM:** I didn't think so and I'm still not convinced. But yes, I did have an experience of this kind, that is described in the book. My daughter also had one just before we went to Australia on sabbatical, that really peaked my interest in it, but it wasn't until I was almost done writing the book that I was able to connect it to an experience of my own life.

**A:** It does seem as though in much of the work you've done this is present. You've felt in a sense that your career has been doing God's work and in some ways this feels like one of the things that is closest to that, in a sense because it's really thinking about the experience of humankind. There's a scientific base of the interview, but it's certainly less mechanistic than randomized clinical trials, and it's allowed you to explore.

**WRM:** “Doing God’s work” sounds a little too *hubris* for me, but there are experiences I was brought to and invited to explore, and when I’ve done that I’m astonished at what happens.

**A:** Before we do run out of time, one of the other things that I think is really characteristic of your career has been your collaborations and your work with students, again in a way that I think is unusual. All through this conversation so far you’ve been saying, “Well, I wrote something up and sent it to a few people,” or “I asked this person do you want work together?” That seems to be very characteristic of what you’ve done, and I would be interested in hearing how you think about that, the collaborations and then specifically I’d like to hear something about students and multi-site studies which are real exercises in collaboration.

**WRM:** And, in personal, spiritual discipline, too. [Laughs] Well, the collaboration doesn’t seem extraordinary me, it just seems like, of course that’s what you would do. It’s not even something that I was intentionally seeking out. It’s just that I enjoy talking to people, and ideas arise in conversation and led naturally to, “Why don’t we do something with this together?”

**A:** Yes, absolutely.

**WRM:** ...so that’s just fun. And that’s coming from a profound introvert. I mean, I live waaaaay inside, but it’s the thing I miss most having retired, those collaborations with students and colleagues, because I’ve had such wonderful students and fun people, colleagues over the years.

**A:** But, in traditional academia people worry about getting credit for their ideas, credit for their work, being first author, being the PI on a grant, being “top dog” or their own dog, and again, you say, “It seems like a natural thing to do.” But, in some sense, either you were ahead of your time, in that people now see science as more collaborative, or were a little different. How come you didn’t worry about all those things about credit? Or maybe you did?

**WRM:** No, it’s a set of assumptions. An easy way to say that is that if you are trying to get tenure, you probably won’t. So, I approached tenure as, “I’ve come here and I’m going to do work that I want to do and enjoy doing, and if that’s good enough for tenure, fine, and if not, there’s a world out there. There are all kinds of things to do.” I know I fretted about it some, and was wise enough not to write about religion before I got tenure. But I’ve had more a sense of plenty than of scarcity. That mentality of, “I need credit for this and I need to be first,” involves believing that there are only scarce resources around and I need to grab as much as I can for myself and protect myself. That’s a self fulfilling prophecy of its own. My experience has been that when I collaborate, find ideas together and do things together, in Scott Tonigan’s words, “There is pie as far as you can see – so much pie, that you can’t possibly eat it all.” Living as if – that cycle of self fulfilling prophecy, is really potent stuff. You can choose either assumption. You can choose to believe that people are selfish and will be self serving and will try to lie and cheat and defeat you and are

untrustworthy, or you can assume the opposite and you'll have mostly the experience that you assume, with some exceptions along the line.

**A:** Right, right.

**WRM:** So, why not choose the reality that you want? It's how I came back to faith, really. I didn't come back to an adult faith by having a brilliant light revelation. I came back to faith because it made sense to me to believe. It feels right to me, and the way I look at myself and other people and the world has more integrity and meaning and vibrancy to it through the eyes of faith. So I choose to have faith. You don't have any scientific proof of this. It's a choice, and one that to me has been a very rich center of my life.

**A:** Talk about your students.

**WRM:** Well, the very best thing about my career has been the students I've gotten to work with.

**A:** How have you worked with them? Again, many of your students have been very successful and have done wonderful things and there's a special talent, I think, to mentoring students in a way that they become successful.

**WRM:** I hope I've done it evocatively again, by calling out their own strengths. The one thing that I've insisted on in a dissertation was that the student be passionate about it, had to a question to which they just had to know the answer.

**A:** Yeah.

**WRM:** Not a performance thing to jump over huddles and get your degree and move on to real life, whatever that is. But, no! Do a piece of science that you just have to know the answer to. Until they found that I didn't say, "Okay" to a dissertation. That's later in my career, actually; early on I was less experienced and didn't know how to do that, but at my best anyhow, I think that's what I was doing. So I didn't give people studies to do. I didn't ask students to do my research. I hired people to do my research, but I didn't expect students to be slave labor and do the next study in the series I wanted done. I wanted them to do what they wanted to do, what they had to do, what they had to know the answer to. I think that's a good piece of it. You care about science when you look at it that way, when it's a way of finding out things that you really want to know the answers to, and you're willing to do the hard work and suffer a very long partial reinforcement schedule to get there.

**A:** Isn't that being a scientist?

**WRM:** That's being a good scientist, I hope. It's an incredibly thin reinforcement schedule, and certainly in the beginning, it's very thin. I think it takes that kind of passion and curiosity to sustain you through the early years, and I think that if you don't impart that to clinical psychology students, there are so many other rewarding things they can do that they're not too likely to want to do science. I certainly didn't start out to be a scientist.

In our class at Oregon, there were 8 of us and in the first month we got together and 7 of us confessed that we had just said we were interested in research because we knew we were supposed to in order to get in, but we weren't really. Yet, most of us wound up being academicians, most of us wound up being scientists and some pretty good ones.

**A:** Yeah, yeah.

**WRM:** We caught it in the course of our training at Oregon. We got it that this is exciting and interesting and you can find partial answers at least to things you care about, and even have fun doing it and get paid for it, for heaven sake! I can't imagine a better career than I've had. I just can't.

**A:** Any regrets? Opportunities missed? Things you wished you hadn't done?

**WRM:** There are certainly things I could have done better. I don't regret being an introvert. That's who I am, and, in the interest of time management I've been very on-task in the office. So, when I've been at work, I've been working! If I had 10 minutes in between meetings, I'd be doing something for that 10 minutes, and that's served me well. But, what that means is you miss having coffee with people, you miss going down the hall and chatting, you miss developing some of those friendships with people at work that happen otherwise. So, I'm sure I've missed opportunities for good relationships that way. And, in my early years, I got some not so good evaluations around that as well. I'm just not as sociable as one might be, so I'm sure there are lots of opportunities in life that I've missed along the way, but what has happened has been just remarkable and wonderful. So, I guess if it's a regret it's that I've not spent more time with the people I've worked with along the way. My really good friends have mostly been outside of the academic circle, so a nice thing about that is that when I retired I didn't lose my primary circle of friends, but at work I could have been a better friend.

**A:** Okay, let's circle back around again, one more time. One of your accomplishments was to co-found CASAA (the Center on Alcoholism, Substance Abuse, and Addictions) at UNM. Would you talk about the impetus for CASAA, and how it came to be?

**WRM:** CASAA was originally the vision of Leonard Napolitano, then the Dean of the UNM Medical School. The med school was operating the state's largest public substance abuse treatment system. I had an active research program in the Psychology Department called the Center for Research on Addictive Behaviors, (with the sub-optimal acronym of CRAB). And Phil May in the Sociology Department had very active epidemiological and prevention research, particularly focused on fetal alcohol syndrome. Dean Napolitano said, "Let's get treatment, research, and prevention together in one interdisciplinary facility so they can interact and inform each other." It really worked. We grew from a small group that could meet around the dinner table into the University's largest research center, with over a hundred affiliated faculty in 24 departments. I could not have done half of the research I've done without that amazing group of core staff. I haven't had to hire, train, and supervise my own assessment, QA and data entry staff for 15 years. One good reason for me to stay at UNM was that it would have taken me at least a decade to reproduce that kind of infrastructure somewhere else. We've been through MATCH, COMBINE, and

dozens of individual and collaborative clinical trials together. The community reinforcement approach, CRAFT, and motivational interviewing all came to fruition at CASAA.

**A:** Your mentioning MATCH and COMBINE reminds me that we should talk about the multi-site studies. You were very involved with or a principal in two of them: Project MATCH and the COMBINE study. I was wondering if you could talk some about them, particularly MATCH. How did MATCH come to be? And how did the design come to be what it was? And what was it like to stand up the first time and say we didn't find what we predicted?

**WRM:** I remember so much about that study. Well, the idea of individualizing treatment was emerging in the literature, and there were these individual studies reporting client-treatment matching, so it seemed sensible, that perhaps the reason that there often weren't big outcome differences among treatments is that different people do well with different kinds of treatments. It was a plausible idea and I think it was the right time for that study. The announcement was put out without a prescribed design, except that we were to test attribute-by-treatment interactions. We knew that we didn't have statistical power for more than 3 treatments and we knew we wanted more than 2, so it was clear pretty clear from the beginning there were going to be 3 treatments compared. We figured out along the way that you didn't have to do prospective matching, which was what NIAAA thought we'd be doing, because a retrospective matching design is logically equivalent as long you randomize.<sup>49</sup> That freed us up a bit, for better or worse, to consider dozens of predictor measures that might pan out over time.<sup>50</sup> It was a wonderful group of colleagues. Tom Babor and his staff did such a good job both of keeping us on task and accountable and of creating a collaborative atmosphere. I was the first study chair, and working with them was a real pleasure. Some of my best friends in the field are people that I met and worked with in Project MATCH, and that had a lot to do with the quality of study that got done. We were also in friendly competition with each other across nine sites, so we wanted our recruitment and follow-up rates to be at least at the middle of the pack and not everybody's can be, but that's what everyone was working toward. The quality of methodology and study performance rates that came out of that were pretty impressive, and we learned a lot and had quite impact on treatment outcome methodology in the alcohol field as well.<sup>51</sup>

**A:** Now, you were well known in that group....

**WRM:** In what way?

**A:** In a number of ways, but certainly one of them was as a person who really stimulated and enhanced productivity, and there were a tremendous number of publications that came out of Project MATCH.

**WRM:** It was remarkable, yes. I think something over 200 publications resulted from that trial.

**A:** I have heard from other investigators affectionate comments like, “Yeah, we talked about writing a paper and then Bill wrote the first draft on the way home on the plane.” (Laughter)

**WRM:** Well, that’s my own writing style. I get a lot done on airplanes. But the general productivity in the MATCH trial was very high.

**A:** But the sense I’ve heard, from knowing many of the same people, that you were a “stimulus” or an “inspiration” or a “nudge,” perhaps all of those things.

**WRM:** I did keep a public list of who had promised what, and where each promised publication was in production. I brought an update of that report to each meeting and in that particular collegial and yet competitive atmosphere, it seemed to work.

**A:** I’m just wondering how you think about that? Clearly Project MATCH was tremendously productive in publishing, and the COMBINE Study cost more and probably had as many data, but not too much emerged in the way of publications. So what happened?

**WRM:** Well, the COMBINE investigative group never really gelled in the same way that happened in MATCH. Part of that, I think, was that COMBINE study brought together two very different research traditions, pharmacotherapy and psychotherapy research.<sup>52</sup> We had to do them both well, and though they weren’t incompatible, they were certainly really different ways of thinking about and doing research. Just as an example, in pharmacotherapy research, you are only interested in what happens during treatment, and once the medication is discontinued, there’s not much interest in what happens. Psychotherapy researchers, in contrast, don’t get too impressed with outcomes until treatment is over. The primary MATCH paper,<sup>53</sup> for example, only reported post-treatment outcomes. There is interest in process issues during treatment, but the outcomes of real interest are those during follow-up. That fundamental difference led to long debates about where the endpoints should be. Also, no real forethought had been given to training and quality control of the treatments.<sup>54</sup> That’s just not of interest in pharmacotherapy research, and it was a struggle to make sure that we knew what we were delivering. More generally, though, the group just didn’t gel in the same way, and there wasn’t the same camaraderie that helped us in MATCH. Each of us [in MATCH] would make commitments to do things, and we wrote those down and at every meeting the publication commitments are there and you report on how you’re doing on them.

**A:** Did you reinforce change talk? Or only commitment language? (Laughter)

**WRM:** I certainly asked for it, “You haven’t started it? Well, when will you be starting on the writing? Can we get commitment that this much will be done, by next time?” Which I’ve also done with my students in, I hope, a genial kind of way. I want a specific target, that you will have this much done by this time. And if they don’t make it, then fine. We’ll set another target, but at least there is a concrete goal. If you don’t have a goal, it’s not too likely to get done. So, I think it was nothing more mysterious than that, along with the collegiality and the competitiveness of the [MATCH] group that led to a really high rate of

publications. I do remember the day the findings were revealed to us behind closed doors...

**A:** From the statisticians?

**WRM:** From Bob Stout, in particular. I believe that the opening sentence from Bob was, “Well, not all of the hypotheses were confirmed,” To which another statistician retorted, “Not *all* of them? You mean NONE of them!” And, then we just heard the results, one after another and there was this sort of sinking silence in the room. Now, it wasn’t strange to me because actually most of my life I have not found what I have expected to find in my research, and that’s not discouraging to me, at least after I have some time to absorb it. It makes me curious. If I’ve had a clear reason to expect things to come out a certain way and I’ve done the study well and it doesn’t come out that way, that’s fascinating to me.

**A:** It’s information.

**WRM:** It’s information and I want to understand, “What was wrong with the way I have been looking at things, because I’m missing something here.” I think we got there pretty quickly in MATCH, to say, “What are we learning from this?” We got past the initial paper, which created a vague sense that, “They didn’t find anything.” But, that’s not so. I’ve had students come to me with their dissertation data and say, “I didn’t find anything.”

**A:** Yeah.

**WRM:** And I tell them, “Yes, you did. You didn’t find what you expected, but you have findings. You did the study well. You’ve got findings to teach you something, so believe your data.” It’s basic Skinner, you know: the data are always friendly.

**A:** So what do you think you learned or we are learning from Project MATCH?

**WRM:** We learned how to do research better. We learned that we’re terrible at matching people to the best treatments. That our idea that, “We know best” and can tell what treatment is going to work best for somebody, is about as wrong as it can possibly be. Some of the smartest and most knowledgeable people around went through a very arduous process of formulating hypotheses, and most of them just didn’t come out as expected. A few did, but most of them didn’t. And, that now makes perfect sense to me: that clients are experts on themselves and we’re not the dispensers of insight and wisdom for them. So that was humbling in a good way. It was certainly a surprise to the investigators that the 12-step treatment did at least as well as the other two.

**A:** Yes, because the investigators were not a 12-step group as a collective. Almost not even to a person.

**WRM:** Not a one, not a one. There wasn’t a site at which a principal investigator was hoping that 12-step would be the winner. There was a co-investigator here at CASAA, Scott Tonigan, but no P.I. We knew from the beginning that one of the three treatments would be cognitive behavioral, because that’s what most everybody at the table was doing at

the time. That was a foregone conclusion. We didn't think that comparing different kinds of cognitive behavioral therapy made much sense, so we just put together the best CBT we could muster.<sup>55</sup> There were a lot of discussions about whether to include a 12-step treatment, but ultimately we decided that we really had to include it. It was such standard practice, so we decided to do it right. When we sent our draft 12-step manual<sup>56</sup> off to Hazelden to see if they thought we were on the right track, their response was interesting. They told us that the 12-step material was good, but they were doing a lot more cognitive behavioral things than we had included. Those, of course, were over in the CBT manual. So, in a way our separating of the treatments was a bit artificial, and one that we corrected when we constructed the Combined Behavioral Intervention for the COMBINE Study.<sup>57</sup> What would the third treatment be? It wasn't obvious, but the strength of findings on brief interventions led us to consider trying something brief, even though there were worries about disadvantaging the treatment because was short, and about comparing treatments of different length. So we compromised and stretched the MET intervention<sup>58</sup> from 2 to 4 sessions over the 12. Anyhow, we agreed on the interventions and were largely on the same page with regard to outcome measures. We got the study up and running impressively quickly, for its complexity. It didn't get done on schedule or in budget, but we wound up with a longer follow up<sup>59</sup> and I think there has been a lot of gold in there to mine.

**A:** Still being mined.

**WRM:** Still is, yes. It's a great data set.

**A:** I thought the integrity of that group in terms of designing the research and following through, reporting what you found was really a model for science. How many papers do you read in the literature where "Gee, there's a positive outcome that's consistent with their predications" but it's a funny variable and you wonder how they found that variable. It's very clear that the MATCH group conducted that study exactly in the way science should be conducted. I think also, there's a lesson in there for students.

**WRM:** Well, there were a lot of us watching each other. I guess we could have tried to be more apologetic about it, or cover it up or explain it away or something. But what you see is what we got!

**A:** Absolutely, you did not do that. So, tell me about retirement. You're sort of retired but not terribly, are you?

**WRM:** Well, depends on what retirement means to you, I guess. I have no students, no classes, no grants, no employees, and no studies, so that's a significant change for me. Those are the things that took most of my time, before. That's a big change and one that I'm really enjoying. I'm actually surprised at not missing those things more than I do. The lab meeting with my students is the thing that I think was the most fun, and that I miss having. But, I have a sense of closure about that. I mean, that piece of my life was unbelievable, was wonderful, and there are other lives that I also aspire to live, so I'm enjoying having time to do some other things. I'm a Cub Scout den leader at this point and a Sunday school teacher, and I'm trying my hand at writing choral music. I love

putting voices together and the sounds that one can produce with a chorus, so that's a real passion for me. I'm an absolute duffer at it, on a steep learning curve, but I'm learning, and as with motivational interviewing even a little bit can be really rewarding. I sing in a church choir, so I can bring things in and we sing them, or sometimes I say, "Sorry, I'll go work on that some more."

**A:** Are you doing anything that's connected to your past life?

**WRM:** Well, all of this has roots in my personal history, but if you're asking about work: motivational interviewing. I resigned from all the professional and scientific organizations except for the Motivational Interviewing Network of Trainers.

**A:** The MINT?

**WRM:** Yes, the MINT! I do love acronyms. So that's the only annual meeting that I go to, the only one in which I remain active. I get to interact with people who are teaching MI, and I still enjoy doing training myself. I don't do a great deal of it, and the MINT runs itself now. I'm there as kind of a grandfather, but I don't vote, and there's nothing that I really need to do. The MINT group is just such a wonderful group of people. There is something about people who are drawn to MI at that level, who not only want to do it, but want to learn how to do it really well and then teach it. It's either the kind of folks who are drawn to this in the first place, or that learning, providing and teaching MI does it to you. I'm not sure which it is - probably both. MINT attracts people who are very collegial and not, "I need to be first author." It's a generous, non-commercial group, always willing to give away good work and share it to help promote quality practice. It's just a privilege to be part of that group, and teaching MI is so much fun. It's rare to have people not respond well [to MI]. I guess the worst trainings for me have been those where people were told, "You are going to learn MI whether you like it or not!"

**A:** It seems to go against MI spirit somehow...

**WRM:** It does indeed! That's right, there's something incompatible with that, you know.

**A:** It's like mandating people to go to AA, I suppose.

**WRM:** But even there, as in AA, many people come around and say, "Oh, well, I think I could probably use some of this." So, even with a rough start you can get somewhere. It's fun to teach and it's learnable. You don't have to get it by osmosis. We can actually suggest specifically what to do next to learn more, and become more skillful.<sup>60</sup> I'm still very selectively doing some trainings at beginning or advanced levels. That's pretty much it. I've stopped reading journals. I've stopped keeping up with the literature so I'm very quickly going to become a dinosaur and not even appropriate to speak at scientific meetings because I'm not doing new science now. All of the studies on my guilt list are written now and accepted for publication, so I have nothing else that taxpayers funded that I have to write up. That's all done, though I do have some more books in me.

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