

A Definition of Motivational Interviewing

The definition of Motivational Interviewing (MI) has evolved and been refined since the original publications on its utility as an approach to behavior change. The initial description, by William R. Miller in 1983, developed from his experience in the treatment of problem drinkers. Through clinical experience and empirical research, the fundamental principles and methodologies of MI have been applied and tested in various settings and research findings have demonstrated its efficacy. MI is now established as an evidence-based practice in the treatment of individuals with substance use disorders.

Motivational Interviewing focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change. The method differs from more “coercive” or externally-driven methods for motivating change as it does not impose change (that may be inconsistent with the person's own values, beliefs or wishes); but rather supports change in a manner congruent with the person's own values and concerns.

The most recent definition of Motivational Interviewing (2009) is:

“... a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

The Motivational Interviewing Approach

Motivational Interviewing is grounded in a respectful stance with a focus on building rapport in the initial stages of the counseling relationship. A central concept of MI is the identification, examination, and resolution of ambivalence about changing behavior.

Ambivalence, feeling two ways about behavior change, is seen as a natural part of the change process. The skillful MI practitioner is attuned to client ambivalence and “readiness for change” and thoughtfully utilizes techniques and strategies that are responsive to the client.

Recent descriptions of Motivational Interviewing include three essential elements:

1. MI is a particular kind of conversation about change (counseling, therapy, consultation, method of communication)
2. MI is collaborative (person-centered, partnership, honors autonomy, not expert-recipient)
3. MI is evocative (seeks to call forth the person's own motivation and commitment)

These core elements are included in three increasingly detailed levels of definition:

Lay person's definition (What's it for?): Motivational Interviewing is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

A pragmatic practitioner's definition (Why would I use it?): Motivational Interviewing is a person-centered counseling method for addressing the common problem of ambivalence about change.

A technical therapeutic definition (How does it work?): Motivational Interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

The "Spirit" of Motivational Interviewing

MI is more than the use of a set of technical interventions. It is characterized by a particular "spirit" or clinical "way of being" which is the context or interpersonal relationship within which the techniques are employed.

The spirit of MI is based on three key elements: **collaboration** between the therapist and the client; **evoking or drawing out** the client's ideas about change; and emphasizing the **autonomy** of the client.

- **Collaboration (vs. Confrontation)**

Collaboration is a partnership between the therapist and the client, grounded in the point of view and experiences of the client.

This contrasts with some other approaches to substance use disorders treatment, which are based on the therapist assuming an "expert" role, at times confronting the client and imposing their perspective on the client's substance use behavior and the appropriate course of treatment and outcome.

Collaboration builds rapport and facilitates trust in the helping relationship, which can be challenging in a more hierarchical relationship. This does not mean that the therapist automatically agrees with the client about the nature of the problem or the changes that may be most appropriate. Although they may see things differently, the therapeutic process is focused on mutual understanding, not the therapist being right.

- **Evocation (Drawing Out, Rather Than Imposing Ideas)**

The MI approach is one of the therapist's drawing out the individual's own thoughts and ideas, rather than imposing their opinions as motivation and commitment to change is most powerful and durable when it comes from the client. No matter what reasons the therapist might offer to convince the client of the need to change their behavior or how much they might want the person to do so, lasting change is more likely to occur when the client discovers their own reasons and determination to change. The therapist's job is to "draw out" the person's own motivations and skills for change, not to tell them what to do or why they should do it.

- **Autonomy (vs. Authority)**

Unlike some other treatment models that emphasize the clinician as an authority figure, Motivational Interviewing recognizes that the true power for change rests within the client. Ultimately, it is up to the individual to follow through with making changes happen. This is empowering to the individual, but also gives them responsibility for their actions. Counselors reinforce that there is no single "right way" to change and that there are

multiple ways that change can occur. In addition to deciding whether they will make a change, clients are encouraged to take the lead in developing a “menu of options’ as to how to achieve the desired change.

The Principles of Motivational Interviewing

Building on and bringing to life the elements of the MI “style”, there are four distinct principles that guide the practice of MI. The therapist employing MI will hold true to these principles throughout treatment.

- **Express Empathy**

Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experiences. This approach provides the basis for clients to be heard and understood, and in turn, clients are more likely to honestly share their experiences in depth. The process of expressing empathy relies on the client's experiencing the counselor as able to see the world as they (the client) sees it.

- **Support Self-Efficacy**

MI is a strengths-based approach that believes that clients have within themselves the capabilities to change successfully. A client's belief that change is possible (self-efficacy) is needed to instill hope about making those difficult changes. Clients often have previously tried and been unable to achieve or maintain the desired change, creating doubt about their ability to succeed. In Motivational Interviewing, counselors support self-efficacy by focusing on previous successes and highlighting skills and strengths that the client already has.

- **Roll with Resistance**

From an MI perspective, resistance in treatment occurs when then the client experiences a conflict between their view of the “problem” or the “solution” and that of the clinician or when the client experiences their freedom or autonomy being impinged upon. These experiences are often based in the client's ambivalence about change. In MI, counselors avoid eliciting resistance by not confronting the client and when resistance occurs, they work to de-escalate and avoid a negative interaction, instead "rolling with it." Actions and statements that demonstrate resistance remain unchallenged especially early in the counseling relationship. By rolling with resistance, it disrupts any “struggle” that may occur and the session does not resemble an argument or the client's playing "devil's advocate" or “yes, but” to the counselor's suggestions. The MI value on having the client define the problem and develop their own solutions leaves little for the client to resist. A frequently used metaphor is “dancing” rather than “wrestling” with the client. In exploring client concerns, counselors invite clients to examine new points of view, and are careful not to impose their own ways of thinking. A key concept is that counselor's avoid the “righting

reflex”, a tendency born from concern, to ensure that the client understands and agrees with the need to change and to solve the problem for the client.

- **Develop Discrepancy**

Motivation for change occurs when people perceive a mismatch between “where they are and where they want to be”, and a counselor practicing Motivational Interviewing works to develop this by helping clients examine the discrepancies between their current circumstances/behavior and their values and future goals. When clients recognize that their current behaviors place them in conflict with their values or interfere with accomplishment of self-identified goals, they are more likely to experience increased motivation to make important life changes. It is important that the counselor using MI does not use strategies to develop discrepancy at the expense of the other principles, yet gradually help clients to become aware of how current behaviors may lead them away from, rather than toward, their important goals.

Motivational Interviewing Skills and Strategies

The practice of Motivational Interviewing involves the skillful use of certain techniques for bringing to life the “MI spirit”, demonstrating the MI principles, and guiding the process toward eliciting client change talk and commitment for change. Change talk involves statements or non-verbal communications indicating the client may be considering the possibility of change.

OARS

Often called micro counseling skills, OARS is a brief way to remember the basic approach used in Motivational Interviewing. **Open Ended Questions, Affirmations, Reflections, and Summaries** are core counselor behaviors employed to move the process forward by establishing a therapeutic alliance and eliciting discussion about change.

- **Open-ended questions** are those that are not easily answered with a “yes/no” or short answer containing only a specific, limited piece of information. Open-ended questions invite elaboration and thinking more deeply about an issue. Although closed questions have their place and are at times valuable (e.g., when collecting specific information in an assessment), open-ended questions create forward momentum used to help the client explore the reasons for and possibility of change.
- **Affirmations** are statements that recognize client strengths. They assist in building rapport and in helping the client see themselves in a different, more positive light. To be effective they must be congruent and genuine. The use of affirmations can help clients feel that change is possible even when previous efforts have been unsuccessful. Affirmations often involve reframing behaviors or concerns as evidence of positive client qualities. Affirmations are a key element in facilitating the MI principle of Supporting Self-efficacy.

- **Reflections** or reflective listening is perhaps the most crucial skill in Motivational Interviewing. It has two primary purposes. First is to bring to life the principle of Expressing Empathy. By careful listening and reflective responses, the client comes to feel that the counselor understands the issues from their perspective. Beyond this, strategic use of reflective listening is a core intervention toward guiding the client toward change, supporting the goal-directed aspect of MI. In this use of reflections, the therapist guides the client towards resolving ambivalence by a focus on the negative aspects of the status quo and the positives of making change. There are several levels of reflection ranging from simple to more complex. Different types of reflections are skillfully used as clients demonstrate different levels of readiness for change. For example, some types of reflections are more helpful when the client seems resistant and others more appropriate when the client offers statements more indicative of commitment to change.
- **Summaries** are a special type of reflection where the therapist recaps what has occurred in all or part of a counseling session(s). Summaries communicate interest, understanding and call attention to important elements of the discussion. They may be used to shift attention or direction and prepare the client to “move on.” Summaries can highlight both sides of a client’s ambivalence about change and promote the development of discrepancy by strategically selecting what information should be included and what can be minimized or excluded.

Change Talk

Change talk is defined as statements by the client revealing consideration of, motivation for, or commitment to change. In Motivational Interviewing, the therapist seeks to guide the client to expressions of change talk as the pathway to change. Research indicates a clear correlation between client statements about change and outcomes - client-reported levels of success in changing a behavior. The more someone talks about change, the more likely they are to change. Different types of change talk can be described using the mnemonic DARN-CAT.

Preparatory Change Talk

- Desire (I want to change)
- Ability (I can change)
- Reason (It’s important to change)
- Need (I should change)

And most predictive of positive outcome:

Implementing Change Talk

- Commitment (I will make changes)
- Activation (I am ready, prepared, willing to change)
- Taking Steps (I am taking specific actions to change)

Strategies for Evoking Change Talk

There are specific therapeutic strategies that are likely to elicit and support change talk in Motivational Interviewing:

1. **Ask Evocative Questions:** Ask an open question, the answer to which is likely to be change talk.
2. **Explore Decisional Balance:** Ask for the pros and cons of both changing and staying the same.
3. **Good Things/Not-So-Good Things:** Ask about the positives and negatives of the target behavior.
4. **Ask for Elaboration/Examples:** When a change talk theme emerges, ask for more details. "In what ways?" "Tell me more?" "What does that look like?" "When was the last time that happened?"
5. **Look Back:** Ask about a time before the target behavior emerged. How were things better, different?
6. **Look Forward:** Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?
7. **Query Extremes:** What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?
8. **Use Change Rulers:** Ask: "On a scale from 1 to 10, how important is it to you to change [the specific target behavior] where 1 is not at all important, and a 10 is extremely important?
Follow up: "And why are you at ___ and not ____ [a lower number than stated]?" "What might happen that could move you from ___ to [a higher number]?"
Alternatively, you could also ask "How confident are that you could make the change if you decided to do it?"
9. **Explore Goals and Values:** Ask what the person's guiding values are. What do they want in life? Using a values card sort activity can be helpful here. Ask how the continuation of target behavior fits in with the person's goals or values. Does it help realize an important goal or value, interfere with it, or is it irrelevant?
10. **Come Alongside:** Explicitly side with the negative (status quo) side of ambivalence. "Perhaps _____ is so important to you that you won't give it up, no matter what the cost."

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