

Motivational Interviewing - A Basic Synopsis

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Motivational Interviewing is a guided dialogue where the practitioner, in the Spirit of Motivational Interviewing – compassion, autonomy, acceptance, collaboration, and evocation – has the overall goal of calling from the client their own internal motivation towards change and strengthening it. You, the Motivational Interviewing practitioner, are responsible for the intervention and for doing your best to guide the person towards their own self-defined “health”. The outcome remains the sole responsibility of the person seeking help with change.

“Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.”

— Stephen Rollnick and William R. Miller, Sheffield, UK October 2011

Motivation is fundamental to change. It is neither a trait, nor a defining personality characteristic. It is a state, fluid and dynamic, and it can change *from* a commitment directed toward some course of action *to* a return to old behaviors. In the face of that changeability, it is important to remember:

“We do not regard attainment or even endorsement of this underlying spirit to be a prerequisite for the beginning MI therapist. Indeed, we have found that this spirit is less a precondition than a result of practicing MI. What does seem to be important as a starting point in learning MI is an openness to this way of thinking about clients and consultation, at least a willing suspension of disbelief and active curiosity about the client's perspective. We have found that the extent to which therapists practice such a perspective is a good indicator of how readily they will acquire expertise when learning MI.”

— Miller, William R. and Theresa B. Moyers. “Eight Stages in Learning Motivational Interviewing,” *Journal of Teaching in the Addictions* 5(1) (2006).

Working with clients in a way that is *collaborative* rather than prescriptive, honors the person's autonomy and self-direction, and is more about evoking than installing. This involves at least a willingness to suspend an authoritarian role, and to explore client capacity rather than incapacity, with a genuine interest in the client's experience and perspective.

Principles and Processes in Motivational Interviewing

There are three fundamental principles that must be present to be called Motivational Interviewing:

- Expressing Empathy
- Amplifying Ambivalence
- Supporting Self-efficacy

They are presented here with their relationship to the not necessarily linear processes (in capitals) of a Motivational Interviewing intervention.

Expressing Empathy (ENGAGEMENT) ~ Sensing the hurt or pleasure of another as he or she has experienced it; being able to hear and feel what a person is *not* saying; that is, what they *mean*.

Amplifying Ambivalence (HEIGHTENING AMBIVALENCE) ~ Exploring the person's internal thoughts and feelings about what is important to them, in particular, their values and self-image, highlighting their present behaviors that do not match up with those values, and illuminating the two conflicting agendas occurring internally. In this way you guide the person towards resolving the ambivalence he or she feels about the object of change or the conflict they are experiencing sufficiently enough to move them toward change.

Supporting Self-Efficacy (EMPOWERMENT) ~ Encouraging the person's own beliefs about his or her ability to control his or her own behavior and other events that affect his or her life; eliciting choices (autonomy) about how to accomplish his or her dreams, desires, and goals according to his or her values; reinforcing his or her confidence in their ability to realize those dreams.

The goal is to bridge the conversation from what the person perceives to be important to the target behavior that needs to be reached.

Engagement / Building Rapport

In the initial stages of working with a person seeking aid, your role is to *engage the person in the process of his or her own change*. The intentional and specific use of **O**pen-ended questions, **A**ffirmations, **A**ccurate Empathic **R**eflections, and **S**ummarizing (**OARS**) help you to create a safe environment and a strong therapeutic relationship in which the person feels heard and understood enough to be willing to undertake the work of change.

OARS:

Open-Ended Questions ~ The kind of questions that open the door to more words from the client than from you. This in comparison to closed questions which invite single word or short responses (e.g. yes/no, a specific number, or the name of a thing) and are usually used in collecting data or information.

- ❖ *Attitude*: Being gently curious in order to learn the details of how the client sees the target behavior as part of his or her life.
- ❖ *Why*: Asking closed questions or too many questions, leads the person to feel less validated, less the expert on his or her life and less in control.
- ❖ *Competency level*: At minimum, you want 70% of your questions to be open-ended

Affirmations ~ Affirmations comment favorably on a specific trait, attribute, or strength of the person. The reference should be to a positive aspect of the person that endures across time and across different situations.

- ❖ *Attitude*: Genuine belief in this strength, attribute, or trait.
- ❖ *Why*: Recognizing specific strengths and linking them to supporting the person's own change goals and continued engagement in conversation helps to move the client toward that change.
- ❖ *Examples*:
 - “Your ability to hold back from hitting your daughter shows great control.”
 - “I see you are being responsible with reporting for testing. Thank you.”

Reflections ~ Accurate empathic reflections involve listening not only to what the person *says*, but also for what the person *means*. This requires you to be aware of nuances in tone and verbal and non-verbal expression. ***Empathic reflections are the cornerstone of building a therapeutic alliance and are fundamental to Motivational Interviewing.***

- ❖ *Attitude*: Non-judgmental, and avoiding criticizing or blaming. It is important to note that you and the person seeking help do not have to agree for these reflections to be accurate, empathic, and effective.
- ❖ *Why*: Accurate empathic reflection allows you to check your assumptions and create a sense of unconditional positive regard and acceptance for the client. The greatest goal of accurate empathic reflection is for the person to feel heard and believed.
- ❖ *Competency levels*: Use empathic reflection at least twice as often as you ask either open-ended or closed questions.

- ❖ There are **two** distinct types of empathic reflections:
 - Simple reflections (verifying what the person *said*): Restating exactly what the person said, reformulating it slightly without adding meaning to convey understanding.
 - Complex reflections (verifying what the person *meant*, adding meaning): Amplifying the person's statement or the value stated, double-sided, continuing the paragraph, using a metaphor, reflecting the person's emotion.

Hypothesizing based on fundamental human needs and fears creates complex reflections. These, in their turn, often open doors of understanding for the person seeking help and help to mobilize the person's motivation to change.

One way to create complex reflections is to take the *question* about the person's behavior that you have in your own thoughts, answer it with a hypothetical response, and say that response aloud in an assertive, clear *statement*, that is, a reflection.

- ❖ *Attitude*: a gentle curiosity showing interest in understanding the person's experience.
- ❖ *Competency level*: Try to use at least twice as many complex reflections as simple reflections.

Summarizing ~ is a special form of empathic reflection where you collect statements from a part of or the whole of the conversation. You choose what to include, and the emphasis should reflect the person's concerns about change, target behavior recognition, optimism about change and/or the person's ambivalence about change. The summary lets the person know you are listening, and gives the person a chance to amend or change your summary. Summaries can serve as a way to make the transition from one subject to another and are great endings to sessions.

- ❖ *Attitude*: interest in assuring a full understanding of the conversation thus far, including being open to the person's corrections or additions as a way to complete the record.; also an attention to the positive and forward-moving statements that the person has made.
- ❖ *Why*: It shows the person that you are listening carefully and allows you to emphasize and guide the person by his/her own statements, toward his/her stated change goal. It is also a graceful way to move to another topic, offering closure on the current topic before moving on to the next one.

Heightening Ambivalence

“It’s not so much that we are afraid of change or so in love with old ways, but it is that place between that we fear ... It’s like being between trapezes. It’s Linus when his blanket is in the dryer. He has nothing to hold on to!” – Marilyn Fergusson

Let’s talk about AMBIVALENCE.

Ambivalence ~ A state of mind in which the person has co-existing but conflicting feelings, thoughts, and actions about something. The “I do but I don’t” dilemma. Discrepancy can be developed on both sides of the dilemma.

Clarifying Ambivalence ~ When the discrepancy between present behavior and stated goals and values becomes large enough, and the importance/willingness to change becomes sufficient, we must then tackle building the confidence to make changes. The two key elements for success in this area are confidence in one’s ability and sufficient importance to make the change. General efficacy refers to a method of change that the client *believes* he or she can do. If you are able to move a client to a place where they become alarmed by a discrepancy (where they are vs. where they want to be) and can shift their thought processes and perceptions away from what is often called “defensiveness,” i.e. denial (“It’s not really so bad.”), rationalization (“I didn’t want it anyway.”), and projection (“It’s not my problem, it’s theirs.”), the probability that the person seeking help will make the change rises.

The level of importance a person places on making a change from what he or she is currently doing is directly connected to the level of willingness one will have to make the change. A low level of perceived importance is sometimes seen as being “in denial” or “resistant”. In Motivational Interviewing, we choose to look at denial and resistance at face value (low importance/willingness to change = low motivation to change). It simply suggests that there is a lack of sufficient discrepancy to motivate action, and that you need to enhance the perceived importance of change.

In the face of the changeability of motivation, it is important to remember that, although one’s level of motivation is a great predictor of outcomes, it is a complex process. To be successful, the person must believe that the change is important, have confidence he or she can be successful at making the change, have the energy and be committed to work in the immediate future on the target issue.

Practitioner’s Role in Ambivalence: Resistance vs. Sustain Talk

Resistance involves feelings, actions and behaviors of an interpersonal nature where there is a lack of collaboration, a push against the relationship. Resistance is not considered to be a character trait or a chronic condition of the person seeking help. Resistance is one form of expressing ambivalence. Your approach can have a strong impact on resistance. You can facilitate change if you understand the importance of ambivalence and are willing to explore it. Rather than labeling the *person* as resistant,

begin to view ‘resistant behavior’ *as a signal that something is amiss in the relationship* between you and the person seeking help, and that it is up to *you* to try something different in your intervention.

- ❖ **Examples:** arguing, interrupting, denying, ignoring, insulting, missing or being late to appointments, talking too much (about non-target issues), not talking.

Sustain talk, on the other hand, is when the person focuses on why he or she can’t change, why it isn’t worth the effort to comply, or what is right about the target behavior. The more the person engages in sustain talk, the more likely he or she won’t change. Sustain talk is also a form of expression of ambivalence. Here again, your approach can influence the movement of the person toward his or her change objective.

Resistance talk and/or sustain talk is the opposite of change talk.

It is useful to help the person talk more about doing something about the target behavior (change talk) and avoiding the status quo behavior because increasing change talk increases the probability that the person will make the targeted change. We will see more about this in the section about change talk.

Rolling with Ambivalence ~ The goal is to identify ambivalence as normal and move the person to argue for change. This helps the person get unstuck, make a decision, and move toward change.

Reflective Responses to Resistance ~ A good general principle is to respond to resistance and/or sustain talk with non-resistant, empathic reflection.

- Simple reflection ~ A simple acknowledgement of the person’s disagreement, feelings, or perceptions can permit further exploration rather than continued defensiveness, thus avoiding the trap of taking sides.
- Double-sided reflection ~ Reflecting both sides can acknowledge what the person has said and show that you understand the conflict between what he or she wishes for and what he or she is currently experiencing as a manifestation of their own (not your) ambivalence.
- Amplify reflection with emphasis on autonomy/personal choice. A statement of an even more extreme fashion. If successful, this will encourage the person to back off a bit and will elicit the other side of ambivalence in which the person may argue for change or for a less severe situation, moving him or her from the original more polarized position.

Rolling with Resistance

Whenever the person describes why he or she can’t change, why it isn’t worth the effort to change, or what’s right about the target behavior, you want to do something to move the client away from this position (see Change Talk, below). Remember, the client is more likely to change his or her thinking and behavior based on what he or she says or feels rather than on what *you* say.

Empowerment

Change Talk

One would think that the combination of high importance/willingness and high confidence would be enough to instigate change; a third element, however, is as necessary as these two. One can be willing and able to change, but not ready to do so. It becomes a matter of relative priorities “I want to do it, but not right now” meaning that there may be other aspects of one’s life that are more important to work on at this moment. Relative priorities are a part of normal human functioning. *Rather than viewing a low level of readiness as pathological or a symbol of self-deception, look at it as information about what is the next step toward change.*

The more you can draw out a discussion of the person’s desires, abilities, reasons, and need to change the target behavior, the more likely the client will be able to move in that direction. If the client is saying why he or she *can* change and why he or she *should* change, you want to strengthen those statements and keep the conversation there. The goal is to move the person to a point of discussing the target behavior, whether the discussion is in favor of or not in favor of the target behavior. Initially, it is not important to reach statements of change, but simply to engage the client in discussions about the target behavior.

Listen for the DARN-C

The following are the categories of change talk you are hoping to hear. When you hear them, you want to strengthen them. If you are not hearing them, you want to elicit them.

Desire ~ indicates wanting, wishing, willingness	<ul style="list-style-type: none"> – “I really wish I could cut down.” – “Part of me wants to quit.” – “A little of me would miss the booze.”
Ability ~ indicates personal perceptions of capability and general level of ability/inability	<ul style="list-style-type: none"> – “I’m positive that I could quit.” – “Very likely, I could do it if I tried.” – “I could. I think I have it in me.” – “I guess I could. I might not be able to.”
Reasons ~ specify a particular rationale, basis, incentive or motive for making/not making the change	<ul style="list-style-type: none"> – “There’s no way I want to go back to jail because of my urine test.” – “I really can’t afford to get another OUI.” – “I don’t want to set the wrong example for my – kids.” – “The reasons to quit are starting to pile up.” – “I guess I’d be healthier if I quit drinking.” – “Mostly I don’t see the benefits of quitting.”
Need ~ indicates a necessity, urgency or requirement for change or non-change	<ul style="list-style-type: none"> – “I absolutely have to quit drinking.” – “I need very much to be sober.” – “It’s pretty important for me to clean up my act.” – “I guess I need to cut down.”
Commitment Language ~ implies an agreement, intention or obligation regarding future behavior	<ul style="list-style-type: none"> – “I guarantee I can quit.” – “I promise to take the steps I need to avoid a relapse.” – “I plan to attend AA meetings 3 times a week.” – “I hope to stay clean for the rest of my life.”

Remember your goal is to elicit & strengthen change talk and/or commitment language.

8 Tasks of Learning Motivational Interviewing

- Getting the *Spirit* of Motivational Interviewing
 - Expressing empathy
 - Evoking discourse from the person
 - Supporting autonomy

- Using client-centered skills (OARS)
 - More reflection than questions
 - More complex reflection than simple
 - Of your questions, more open than closed
 - And finally, no unsolicited advice, directions, or feedback given by the practitioner

- Recognizing change talk
 - Desire
 - Ability
 - Reason
 - Need
 - Commitment language

- Eliciting and reinforcing change talk
 - More, and more intense change talk increases the probability of actual change.

- Rolling with resistance
 - Resistance, sustain talk, and ambivalence are normal parts of the change process.

- Developing a change plan
 - Collaborating with the client to make a plan that they perceive as doable.

- Consolidating client commitment
 - Elicit more commitment talk about the change plan.

- Integrating MI with other intervention methods

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Stephen is the Chief Energizing Officer of Health Education & Training Institute, the co-founder of the Men's Resource Center of Southern Maine (whose mission is to support boys, men, and fathers and oppose violence), and the visionary for InnerEdge, a compassion focused practice working with addiction, criminal justice, and mental health. He was the Substance Abuse Coordinator for a public school system and the Executive Director of an adolescent alcohol and other drug prevention/treatment agency, as well as the founder of a recovery camp for adults. Stephen maintains a private practice in Portland, Maine and facilitates men's, co-ed, couple's, and caregivers groups. Stephen has been a member of the International Motivational Interviewing Network of Trainers (MINT) since 2003. He is a MIA-STEP trainer (Motivational Interviewing Assessment; Supervisor Training Program) for the New England ATTC since 2007. Stephen has been MITI trained and has over 100 hours of training in Motivational Interviewing and has been asked by his colleagues to present "*dynamic and engaging workshops*" within the MINT community. He also presents workshops internationally (seven countries) for criminal justice, health-care, social service agencies, substance abuse counselors, and other groups on adolescents and adults & addiction, ethics, dual diagnosis, men's issues, Motivational Interviewing, and group work, and is the co-author of a new book with two friends, David Powell & Alan Lyme, *Game Plan: Emotional Fitness for Men*.