

## The Essentials of...Motivational Interviewing

### ► What is it?

Motivational Interviewing (MI) is defined as a directive, client-centred counselling style for enhancing intrinsic motivation to change by identifying and resolving ambivalence (Miller, W.R. & Rollnick S., 2002). Although originally developed for drinkers, MI has been used with a wide range of behaviours and populations, including drug use, eating disorders, smoking, mental health issues, criminal justice populations, and couples counselling.

Motivational Interviewing (MI) has been developed over the past 25 years by William Miller and Stephen Rollnick. Their seminal text *Motivational Interviewing: Preparing People for Change* has received international critical acclaim.

### ► How does it work?

MI is defined more by its spirit or style than by its techniques. The Addiction Foundation of Manitoba's website outlines the key elements of the spirit to include ([www.afm.mb.ca](http://www.afm.mb.ca)):

- Motivation to change is elicited from the client, not instilled by another individual.
- It is the client's task, not the counsellor's, to articulate and resolve his or her ambivalence.
- Direct persuasion is ineffective in resolving ambivalence.
- The counselling style is generally quiet and eliciting.
- The counsellor is directive in helping the client to examine and resolve ambivalence.
- Readiness to change is not a client trait, but a fluid product of the therapeutic relationship.
- The therapeutic bond is more like a partnership or companionship than an expert-recipient relationship.

The central goal of MI is to examine and resolve ambivalence in order to create an opportunity for self-change. Ambivalence is defined as the conflict between wanting to change a given behaviour and maintaining the status quo. Ambivalence is akin to being "stuck" in a situation where certain behaviours lead to negative consequences; this is a normal state for many individuals with addictive behaviours. The counsellor's ability to accept and work with his/her client's ambivalence is important because it serves to build trust and therapeutic alliance.

Ambivalence is resolved once clients are able to recognize the discrepancy between problem behaviours and the values, goals and beliefs that are important to them.

Some examples of this type of discrepancy are as follows:

#### **Problem Behaviour**

I spent my paycheque on drugs instead of paying down my credit card debt.

I was charged with impaired driving while my son was a passenger in the car.

I stole money from my mother to pay for drugs.

#### **Values/Goals/Beliefs**

I'm committed to getting my family out of debt.

I value my son's well-being.

I'm an honest person.



An MI technique used to resolve ambivalence consists of developing a discrepancy between a client's problem behaviour and his/her values, goals and beliefs. Instead of focusing on why an individual does not want to change, it is sensible to explore what the individual *does* want. This provides a context for changing problematic behaviour by focusing first on what is truly important to the individual.

MI focuses on an individual's interests and concerns, reflecting the work of Carl Rogers on client-centred therapy. Rogers did not view the counsellor's role as one of providing solutions, suggestions or analysis. Instead, the counsellor merely needs to offer three critical conditions to prepare his/her client for natural change: *accurate empathy*, *non-possessive warmth* and *genuineness*, with particular emphasis on accurate empathy.

Accurate empathy uncovers the full meaning of what a client is conveying. The counsellor uses reflective listening to clarify and amplify the meaning that the client places on events (rather than the meaning that the counsellor places on those events). The relationship between empathy and positive treatment outcomes is strongly supported by research. Clients are also more likely to respond to reflections than to a series of closed-ended questions that block communication. Therefore, reflective listening, which uses statements instead of questions to uncover the meaning of the client's discourse, is an effective approach to conveying accurate empathy.

Non-possessive warmth and genuineness are expressed by acknowledging and appreciating a client's thoughts and opinions without judging him/her; this empowers the client to make decisions that match their personal values, beliefs and goals.

MI offers a set of principles and a comprehensive range of techniques that help foster conditions favourable to behavioural change. It is beyond the scope of this toolkit to fully outline the principles and techniques of MI. Interested readers are directed to the MI text *Motivational Interviewing: Preparing People for Change* for further information on this clinical approach.

### ► Implications for Substance Abuse and Allied Professionals

MI has implications for both substance abuse and allied professionals. MI is a skilful clinical practice that requires training, ongoing clinical supervision and professional development to properly deliver. MI is widely used by substance abuse specialists in Canada and internationally across a wide range of treatment settings, including outreach, detoxification services, assessment, and outpatient and residential treatment. In addition, MI is increasingly used by allied professionals in Canada and elsewhere (including psychologists, psychiatrists, nurses, social workers, youth workers and corrections personnel) to treat addictive behaviours through brief intervention.

### References

Addictions Foundation of Manitoba's website (<http://www.afm.mb.ca/>) on their home page under "Learn More" and "Tools of AFM".

Miller, W.R. & Rollnick S. (2002) *Motivational Interviewing* (2<sup>nd</sup> Edition): Preparing People for Change. New York: Guilford.