

Motivational Interviewing

Introduction

‘A person-centred goal-orientated approach for facilitating change through exploring and resolving ambivalence’

(Miller, W.R., 2006, p 138)

Motivational interviewing is a dynamic intervention that finds its base in the principles of motivational psychology. It is an intervention which employs strategies that are person-centred and aim to mobilise the person’s own change resources rather than advising or training in a specific direction towards a specific outcome.

This intervention is considered by Bill Miller, its true author, as a way of being with people and that the ‘underlying spirit lies in understanding and experiencing the human nature that gives rise to that way of being.’(Miller & Rollnick 2002). There are a number of factors worth mentioning at this point which are integral to the intervention, although most will be mentioned in more detail later.

Within motivational interviewing the practitioner style is very important and can be a powerful determinant of change on the one hand or resistance on the other. This point has been well documented in the papers from Project MATCH (1998). It is firmly believed that the person’s motivation can actually be increased by the style and strategy of the practitioner and the interpersonal interaction between the practitioner and the client is crucial to the growth of motivation to change. Many people make clear links between motivational interviewing and the Carl Rogers style of counselling. There are similarities in that both are person-centred but motivational interviewing is more directed and less passive. It can be seen to contain an element of confrontation in that it aims to enable people to focus on the discrepancies between how they are currently behaving and where they would like to see their lives going. In this respect confrontation is not a style. Arguing is considered to be a poor method for inducing change. When a person appears to be resistant to change the practitioner should develop methods to roll with the resistance rather than arguing. Finally, as mentioned earlier, Ambivalence is very much a part of the change and motivation arena. It is a normal phenomenon and should not be pathologised. Enabling people to resolve their ambivalence is the key to change.

Brief Interventions

Motivational interviewing is often perceived as a long-term process and therefore practitioners in many different settings often express the view, 'I'm sure it is an effective strategy but I just do not have the time. In fact Miller and Rollnick identify Motivational interviewing as residing comfortably within the sphere of brief interventions and suggest that it is about helping people to 'get unstuck from their ambivalence' and therefore 'enable a person to make a decision and move on towards change' (Miller & Rollnick 2002), a point to which we shall return at a later stage. With skill that process can be a brief intervention. Much research has been conducted into what constitutes a brief intervention and in particular Miller and Sanchez (1994) identified the common presence of six elements summarised by the acronym **FRAMES** -

Feedback

Responsibility

Advice

Menu

Empathy

Self Efficacy

Most brief interventions will include some form of assessment and part of the process is providing the person with comprehensive feedback which by itself can often act as a motivating force e.g. if I am advised that tests reveal the presence of a damaged liver which is absolutely attributed to my drinking I may begin to consider the prospect of change because I have information I did not have previously. Responsibility enables the person to have some form of control. No change can take place without their desire and commitment. Advice is often a contentious word because it seems to remove the element of choice and is seen to be quite prescriptive. However, in this context it is used to suggest that a brief intervention must include as much relevant information as possible along with a clear awareness of real outcomes e.g. a person may wish to choose to continue to drink but must be advised that on the basis of available information their liver is already damaged and continued drinking will have serious consequences. If change is to be considered most people respond more favourably if they believe there is a range of options within the change process, rather than one option. It is therefore important to offer a menu of possibilities. Empathy is the cornerstone without which most

interventions will flounder. It is actively listening to what the person has to say in a way that helps the practitioner perceive the situation accurately. Much more will be said about empathy later. Self-efficacy is defined in this instance as believing in your ability to do it. A person is much more likely to engage in the change process if they believe from the beginning that they stand a chance of achieving the goals.

There is an abundance of studies available which document the effectiveness of brief interventions (Bien, Miller & Tonnigan 1993): (Miller 2000).

Motivational Interviewing and the Cycle of Change

Described accurately the Transtheoretical Model of Change offers an ‘integrative framework for understanding and intervening with human intentional behaviour’ (Miller & Heather 1998) Originally the model emerged from a research study considering smoking cessation (Prochaska & DiClemente 1982) This model very appropriately considers that behaviour change is a process which occurs in incremental stages and that there are interventions best suited to each stage which will enable the person to progress through the stages. Consequently a person can move from precontemplation where they are either unaware or unwilling to see the value of change to contemplation where a serious consideration of the pros and cons for change takes place before moving into preparation when the person plans the change. A move into action sees the actual behaviour changing as the person moves towards the maintenance of change.

Where is the link between motivational interviewing and the stages of change you might ask? Clearly, the principles and strategies which we shall go on to consider are an integral part of the stages of change and motivational interviewing can be used most effectively to enable people with problems to move incrementally through the stages in a comprehensive manner. The precontemplation and contemplation stages can be very difficult points in the change process, when a person is facing major life changing prospects and this can be a daunting arena to enter. There can be no doubt that people are much more likely to enter and remain in the arena if they are respected, listened to, allowed to provide their own definitions of the problem and choose their way forward. Most particularly people will remain in the process if the practitioner is non-threatening and supportive but also prepared to enable the person to confront the reality of the situation. This last point must be stressed as being not the practitioner’s perception of the reality but a reflection of the client’s perception.

Clearly motivational interviewing is an ideal intervention within the early stages of change. Once a decision to change has been made there can be a tendency to

consider that other methods of intervention might be more appropriate. However, while other strategies may have a part to play e.g. cognitive behavioural approaches, I would still maintain that clients continue to be responsive when the strategies are conducted with empathy and respect. In particular, as the client enters the action phase the need to believe in one's own ability is crucial and self-efficacy is an integral part of the motivational process. Carlo DiClemente points out that 'researchers and clinicians around the world have embraced the two models' and that it 'is apparent that motivational interviewing and the stages of change are a "natural fit" (Miller & Rollnick 2002).

It would be wrong to move on to next part of this paper before tackling one assumption that is often made by practitioners. We should never presume to know what stage of change the client is in but rather we should spend time assessing accurately the stage. Also this assessment must truly be based on the client's perception of the situation and not on the practitioner's need for the client to be at a particular stage. The quickest and most expedient route to relapse for the client is when they are persuaded for all sorts of reasons that they should be in the action stage when really they are in precontemplation. Time spent assessing readiness is time never wasted.

General Principles of Motivational Interviewing

Express Empathy

Develop Discrepancy

Avoid argumentation

Roll with Resistance

Support Self-Efficacy

(Miller & Rollnick 1991)

Empathy is one of those words that people often struggle to define, often believing that they can somehow step into the client's shoes and have the same experience. Indeed some people believe that if they have had a similar experience this increases their empathy. The best definition I have heard and the one most suited to motivational interviewing is 'accurate empathy involves skilful reflective listening that clarifies and amplifies the person's own experiencing and meaning, without imposing the counsellor's own material' (Miller & Rollnick 2002). Empathy also

means being willing to accept the person the way they are along with their past behaviour, experiences etc. Acceptance is often what begins the process of facilitating change and within that process, the client must believe that it is normal to be ambivalent. The practitioner must skilfully enable the client to explore this ambivalence, so that the change process progresses.

Developing discrepancy is a process whereby a client begins to explore the reality of their behaviour. It is often the case that the connection between present behaviour and future hopes and goals is blurred. Sometimes a person cannot or will not be aware of the possible consequences, believing that they can still achieve certain goals in spite of current behaviour. This part of the process requires to be handled skilfully and employing continued reflective listening would be useful. However, sometimes the practitioner needs to confront the client with the facts. An example might be when a client continues to emphasise the enjoyable factors associated with going out every weekend and getting really drunk with their pals and getting involved in a list of escapades. There may be a bit of boasting etc. It will be important for the practitioner to acknowledge the client's perception of the behaviour but also to present facts which may be about asking the client what are the enjoyable aspects of spending the last three Friday nights in custody in the cell, waking up covered in urine and vomit. This is an attempt to create or increase discrepancy and in so doing intensify ambivalence. However, style is extremely important at this point and the practitioner who chooses to confront with arrogance, self-righteousness or flippancy is likely to increase resistance to change and create a defensive stance. Where a practitioner is able to elicit from the client the issues that create the discrepancy, in a respectful manner, the process will become much more powerfully directed towards change with the client feeling more ownership in the process.

Avoid argumentation and **Roll with Resistance** (Miller & Rollnick 1991) often sounds like a slogan but these are crucial ingredients of the change process. It can be easy for the practitioner to fall into the trap of expert and attempt to persuade and even sometimes bully the client to change, basing arguments on logic and knowledge (expert knowledge of course). Each time the client offers their perception of the behaviour the practitioner has an answer. In this instance the client often becomes very defensive and even more entrenched in their perception, refusing even to acknowledge any ambivalence. The entire change process has been jeopardised. Consequently, when resistance to change is perceived by the practitioner it should be a signal to consider other strategies, take time out, summarise and at all costs end what is likely to become a stalemate situation. Often practitioners wonder why people remain so resistant to change when the reasons for change are so obvious. In the first instance the practitioner's perception is not the important issue at this time.

Nor should the client be seen or described as being 'in denial'. In current terms we should consider the client as possible being in the precontemplation stage and act appropriately.

Miller & Rollnick (1991) describe so succinctly the process of resistance that it is worth quoting at this point:

“Resistance is a key to successful treatment if you can recognise it for what it is: an opportunity. In expressing resistance, the client is probably rehearsing a script that has been played out many times before. There is an expected role for you to play – one that has been acted out by others in the past. Your lines are predictable. If you speak these same lines, as others have done, the script will come to the same conclusion as before. But you can rewrite your own role. Your part in the play need not be the dry, predictable lines that your client may be awaiting....The true art of therapy is tested in the recognition and handling of resistance. It is on this stage that the drama of change unfolds.” (Miller & Rollnick 1991 p.111-112)

Self-Efficacy should be simply understood as a person’s belief in their ability to achieve something, to make the necessary change in their behaviour. This can often be a major factor in a person’s apparent decision to remain in the precontemplation stage, unwillingness to co-operate or frequent relapses.

Some practical guidelines are outlined in another text, which has a focus on behaviour change.

- Self-efficacy is not an all or none quality. Since it varies across situations, one can provide encouragement and praise for those situations where it is high and help the person look at different approaches for improving self-efficacy in situations where he or she feels less confident
- Doing is the best way to enhance self-efficacy. Build as many bridges as you can between the consulting room and the patient’s everyday life (e.g. bringing a partner to the next consultation, returning for brief meetings, keeping records)
- People need to have skills to succeed sometimes these lie dormant; sometimes they need to be built up. They are seldom either entirely present or totally absent
- Feedback should be provided about deficiencies in performance, not deficiencies in the person. (Egan 1994)
- People learn by modelling themselves to others, hence the value of talking about friends who have succeeded, attending self-help groups and so on”. (Rollnick, Mason & Butler 1999)

The Strategies of Motivational Interviewing

The discussion in this section should always be linked to the general principles. In their original text Miller & Rollnick (1991) identified 5 strategies they believed were important to the process:

- Ask open questions
- Listen reflectively
- Affirm
- Summarise
- Elicit change talk

Open questions are questions, which are more likely to elicit an extensive answer rather than ‘yes’, ‘no’ or any single word answer. An example might be ‘In what way does your drinking affect your job (health, marriage, finances etc.)?’

Reflective listening is probably the most important aspect of motivational interviewing and this handout will only offer a glimpse of its meaning and worth. There are many different forms of reflective listening and these can be used to achieve different goals.

A **simple repetition** of what the client has said allows the client to confirm they meant to say that as well as the value of hearing their own words repeated.

Rephrasing allows the practitioner to stay close to what the client has said but the slight change of words can slightly influence direction towards change.

Paraphrasing is a more major restatement whereby the practitioner places emphasis on a particular part of what the client has said, inferring a meaning

When a practitioner has actively listened and is able to reflect the client’s feelings back this can be a very powerful part of the process. If a client believes that the practitioner has listened in such a way as to put them in touch accurately with the client’s feeling the relationship is likely to move forward in a positive note with the client more willing to engage and less likely to be resistant.

A more detailed account of reflective listening should be read in Miller and Rollnick (2002).

Affirm is a method whereby the practitioner takes time out to acknowledge and almost validate the client and the process they are experiencing. Quite simply saying phrases such as, ‘I’m sure this cannot be easy for you ‘or’ I really respect what you are trying to do’ can do this. This should be a sincere statement about the process or the interaction and not done because it is recommended as one of the strategies.

Summarise is a clever tool for a number of different reasons. It can be used to handle resistance especially when the first signs of resistance are noted. It can be used to change direction if things are getting a bit stuck or it can be used to repeat a lot of information if the client has provided much detail without a chance for the practitioner to check out that they have heard accurately.

Change talk is the current description for the process whereby the practitioner elicits the client's own reasons for and beliefs about change. It is dependent on skilful listening and reflection. This was previously expressed as 'self-motivational statements' and participants may still see this used occasionally.

The Traps that Impede Progress in the Change Arena

Inherent in much of what has been said is that where there is good practice the potential for bad practice also exists. My intention at this point is to select some of the traps practitioners might fall into in the hope that they can be avoided.

The Question-Answer Trap occurs when we forget that most information can be elicited by using the already identified strategies. In our quest and sometimes anxiety we fall back on asking closed questions. This trap is linked to the next one -

The Expert Trap happens when the interaction places the Practitioner in a slightly superior position either because they are asking all the questions or because the client defers to them and asks for advice on what action or change they should make.

Premature-focus Trap is fairly clear. Before the client is really ready the practitioner is focusing on change plans or may even be persuading. This can happen because the practitioner has little time, because they believe they are the expert and the client needs to be told what to do or because the practitioner needs the client to be at a particular stage of change for a particular reason.

Confrontation-denial Trap is obviously counterproductive and this paper has already looked at the appropriate ways of dealing with resistance.

Practitioners reflecting on previous practice will be aware of other traps they have used or experienced and have hopefully learnt to avoid.

Change Talk

The preceding points concentrate on effective communication styles employed in Motivational Interviewing – though they are also applicable to many other interventions. What sets MI apart is its directiveness in facilitating a client’s move from ambivalence towards commitment to change. Whilst still respecting the client’s needs and providing a safe platform for the journey, the core skill is in picking out and reflecting the points most likely to progress that journey.

Practitioners should be aware of signs of readiness. Sometimes practitioners become so caught up in the continued ambivalence and handling resistance that they forget to look for readiness. Some of these signs might be:

- Decreased resistance
- Decreased questions about the problem
- Resolve to consider a plan
- Change talk
- More questions about change
- Envisioning a time when change has happened

As these signs become obvious the practitioner should be willing to consider ‘recapitulation’. Evidence of good practice would include a summary of the client’s perceptions of the problem, a summing up of the previous ambivalence, a reminder of stated risks, a strong reflection of the client’s wishes and plans to change. Within good practice at this point the practitioner would engage in key questions where the client is asked about their preferences (eliciting change talk) and answers met with reflection. Reflection will also reinforce change talk. Clearly important at this point is the need for the practitioner to avoid the expert trap and begin to suggest the client could try this or that. Always important is the view that the clients are themselves a resource. As the desire for change becomes more evident good practice suggests that the practitioner engage with the client in negotiation towards goals, a plan and a commitment to translate into action with the necessary supports.

To use the analogy employed by Miller and Rollnick (1991) at this point, as in any good game of chess, endgame has been reached.