

Spirit and Guiding Principles

** Express empathy **

1. Collaborate with the person.
2. Support autonomy and self-efficacy.
3. Evoke a person's *own* reasons to change.

Goals:

Explore and resolve ambivalence about change.
Increase confidence about making a change.

Key Techniques

- Ask permission to give advice.
- Talk less, listen more.
- Use more open than closed questions.
- Affirm strengths, intentions, efforts, choice.
- Reflect back and summarize what you hear.

You are not listening to me when:



- You say you understand.
- You say you have an answer before I finish telling you my story.
- You cut me off before I have finished speaking.
- You finish my sentences for me.
- You tell me about yours or another person's experiences, making mine seem unimportant.
- Your response is not consistent with what I said.

You are listening to me when:

- You really try to understand, even if I am not making much sense.
- You grasp my point of view, even when it's against your own view.
- You allow me the dignity of making my own decisions, even when you feel they may be wrong.
- You do not take my problem from me but allow me to deal with it in my own way.
- You hold back the desire to give advice (or only offer it with permission).
- You give me room to discover what is really going on.

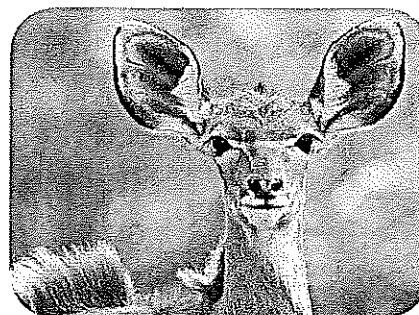
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BE CURIOUS



Ask about:

- Goals and values
- Strengths and challenges
- Reasons to change or not change
- How they see and understand the situation



LISTEN FOR CHANGE TALK

Change Talk:

Desire
Ability
Reasons
Need



REMEMBER:

Commitment is necessary for change to happen.

To get someone talking about change:

Ask for it!

Why might you want to make this change?

If you decided to change, how would you do it?

What would be the best reasons to change?

How will your life be better if you change?

Explore pros and cons...of the behavior and of changing

What are the good things about smoking?

...and what are the not so good things about smoking?

So, on the one hand...

...and then reflect back

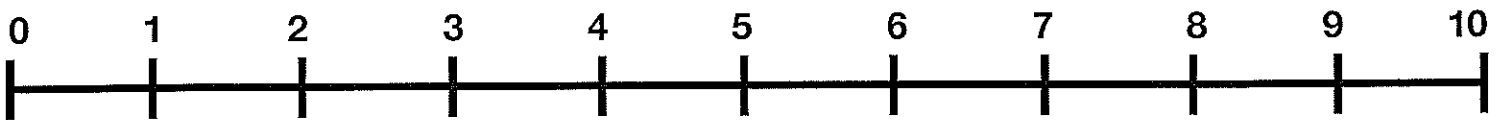
And on the other hand...

Assess importance and confidence

On a scale from 0-10, how **important** is it to you to _____?

On a scale from 0-10, how **confident** are you that you will be able to _____?

0-10 Ruler to Assess Importance and Confidence:



Followed by:

"What makes you a 4?"
(for importance)

"What would help you feel more confident?"
(for confidence)

Table 2. Primary Techniques of Motivational Interviewing

| Techniques | Exemplar Statements |
|-------------------------------|--|
| Open-ended questions | How does smoking fit with your role as lead singer in the chorus? |
| vs | How does smoking fit with your dreams of becoming a pro basketball player? |
| Closed-ended questions | How do you feel about smoking? |
| | How many cigarettes did you smoke today? |
| | Did you take your medication? |
| Reflective listening | You're tired of being different from the other kids. |
| | It is embarrassing not being able to eat the same things as your friends. |
| Affirmations | You have already done this for 10 years; having to stick with this diet for longer does |
| | Coming in every week for treatment is really tough. You are handling a difficult treatment. I'm impressed with how mature you are. |
| | Absolutely! It is really tough to do all that you need to do when you're not feeling well. |
| Summary statements | diet makes it easier for you to do your chores, complete your homework, and hang |
| | It's important for you to fit in with your friends. Sometimes adhering to your chest physiotherapy |
| | On the other hand, when you don't adhere to your therapy, you notice that you don't feel as well, it's even harder for you to keep up with the energy of your friends. Is that something that I may have missed? |
| Evocation of change talk | I will quit smoking. |
| | I will exercise more. |
| vs | I wish I could quit smoking. |
| | I wish I could lose weight. |
| Importance and ability rulers | To a child with diabetes mellitus who indicates that the importance of checking their glucose |
| | Why are you at a "3" and not a "1"? |
| | What would be necessary for you to feel like you could get from a "3" to a "5"? |

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Table 1. Four Underlying Principles of Motivational Interviewing*

| Underlying Principles | Exemplar Statements |
|------------------------------|--|
| Express empathy | Acceptance facilitates change. Skillful reflective listening is fundamental. Ambivalence is normal. |
| Develop discrepancy | The client rather than the counselor should present the arguments for change. Change is motivated by a perceived discrepancy between present behavior and important goals or values. |
| Roll with resistance | Avoid arguing for change. Resistance is not directly opposed. New perspectives are invited but not imposed. The client is a primary source in finding answers and solutions. |
| Support self-efficacy | Resistance is a signal to respond differently. A person's belief in the possibility of change is an important motivator. The client, not the counselor, is responsible for choosing and carrying out change. The counselor's own belief in the person's ability to change becomes a self-fulfilling prophecy. |

*Adapted from Miller and Rollnick.¹

The spirit of motivational interviewing

We believe it is vital to distinguish between the *spirit* of motivational interviewing and *techniques* that we have recommended to manifest that spirit. Clinicians and trainers who become too focused on matters of technique can lose sight of the spirit and style that are central to the approach. There are as many variations in technique there are clinical encounters. The spirit of the method, however, is more enduring and can be characterized in a few key points.

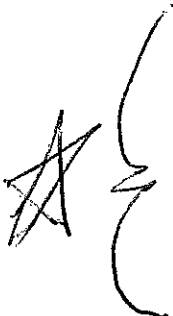
1. *Motivation to change is elicited from the client, and not imposed from without.* Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing which relies upon identifying and mobilizing the client's intrinsic values and goals to stimulate behaviour change.
2. *It is the client's task, not the counsellor's, to articulate and resolve his or her ambivalence.* Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of this conflict, for example, "If I stop smoking I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive." The counsellor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.
3. *Direct persuasion is not an effective method for resolving ambivalence.* It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change. It is fairly clear, however, that these tactics generally increase client resistance and diminish the probability of change (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).
4. *The counselling style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing and are explicitly proscribed in this approach. To a counsellor accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready.
5. *The counsellor is directive in helping the client to examine and resolve ambivalence.* Motivational interviewing involves no training of clients in behavioural coping skills, although the two approaches not incompatible. The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training. The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centred and respectful counselling atmosphere.
6. *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.* The therapist is therefore highly attentive and responsive to the client's motivational signs. Resistance and "denial" are seen not as client traits, but as feedback

regarding therapist behaviour. Client resistance is often a signal that the counsellor is assuming greater readiness to change than is the case, and it is a cue that the therapist needs to modify motivational strategies.

7. *The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.* The therapist respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behaviour.

Viewed in this way, it is inappropriate to think of motivational interviewing as a technique or set of techniques that are applied to or (worse) "used on" people. Rather, it is an interpersonal style, not at all restricted to formal counselling settings. It is a subtle balance of directive and client-centred components, shaped by a guiding philosophy and understanding of what triggers change. If it becomes a trick or a manipulative technique, its essence has been lost (Miller, 1994).

There are, nevertheless, specific and trainable therapist behaviours that are characteristic of a motivational interviewing style. Foremost among these are:

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- Seeking to understand the person's frame of reference, particularly via reflective listening
 - Expressing acceptance and affirmation
 - Eliciting and selectively reinforcing the client's own self motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change
 - Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client.

Affirming the client's freedom of choice and self-direction