MOTIVATIONAL INTERVIEWING -MI, GLOSSARY & FACT SHEET

What is Motivational Interviewing - MI?

The founders of motivational interviewing are Dr's. William R. Miller & Stephen Rollnick,1991. "We have sought to define clearly what MI is, and our descriptions have evolved over time" (Miller & Rollnick, 2009, page 130).
Their current, updated definition of Motivational Interviewing is as follows:
"Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (page 137).

Many people are familiar with the previous definition of MI as follows:
"*Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence*." "Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal."

Some elements of MI defined in this paper will indicate their enduring nature and others will indicate transitions made as MI evolved through research and practice.

Please note: The terms Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) are not interchangeable. MI is a widely disseminated clinical method. MET refers to a specific intervention design that includes assessment and feedback, it was used in multisite trials in project MATCH (Miller & Rose, 2009).

Motivational interviewing addresses many different areas of change.

Motivational interviewing evolved from the addiction field. Now it applies to numerous behavior change areas: mental health; co-occurring disorders\dual diagnosis; primary health care -includes diabetes, weight change, nutrition, medication adherence, HIV; gambling; smoking; substance abuse disorders; criminal justice clients, etc. It is practiced with adults and adolescents.
MI International: There are trainers in 38 languages & MI books translated into 19 languages.

Motivational interviewing terminology and associated terms:

- **Evidence-based** includes practices that are shown to be successful through research methodologies. Models that have shown the greatest levels of effectiveness have the ability to replicate successful outcome with different populations, over time, through research. This is the status of M I. For a thorough account of the evolution of MI via clinical trials and understanding the underlying mechanisms see Miller & Rose (2009).
- **MINT (Inc.):** Motivational Interviewing Network of Trainers. MINT members have met prerequisite requirements and completed a MI sponsored Training New Trainers (TNT) course. Members share their knowledge and materials as a professional group. They improve and revitalize their skills by attending MINT forums and advanced MI training.
- **Client-centered** refers to a fundamental collaborative approach to the client-provider relationship. Client-centered specifically refers to Carl Rogers (1946) reflective listening which is a central skill for a motivational interviewing practitioner. The counselor

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follows the client's thoughts, feelings and perceptions and responds with reflective statements. Reflective statements include degrees of complexity such as possible meaning behind the client's statement and reflection of possible client' feelings.

- **Person-centered:** Person-centered is a transition of the term client-centered. It is advocated for use by those who believe it is less clinical, less role defining, more equalizing and more personable than the term client-centered. The term person-centered also serves to broaden MI's relevance beyond the clinical setting.
- **MI Spirit:** The spirit of MI encompasses collaboration in all areas of MI practice; eliciting and respecting the client's ideas, perceptions and opinions; eliciting and reinforcing the client's autonomy and choices; and acceptance of the client's decisions. In the absence of MI spirit one would not be practicing MI.
- **Ambivalence** refers to the client's experience of conflicting thoughts and feelings about a particular behavior or change – advantages and disadvantages. The MI counselor listens for and evokes the client's reasons for concern and arguments for change (change talk), while also accepting and reflecting perceived disadvantages of change (sustain talk). The counselor reflects both sides, sometimes in the form of a double sided reflection. The recognition of ambivalence may add clarity where the client has not been ready to move forward or reach a decision. The MI counselor listens for and evokes the client's own arguments for change and assists the client to keep moving in the direction of change.
- **Directive:** MI is both client-centered meaning it follows the client's thoughts, feelings and perceptions, and directive. Directive refers to the use of specific strategies and interventions that may facilitate the client's movement toward exploration, change talk, problem recognition (resolving ambivalence) or the decision to change. The practitioner guides the discussion towards the possibility of change.
- **Guiding:** The founders define guiding as a "refined form of the naturally-occurring communication style of guiding when helping someone to solve a problem. Guiding involves a flexible blend of informing, asking and listening…" "MI uses reflective listening in guiding the person to resolve ambivalence about behavior change" (Miller & Rollnick, 2009, page 136).

Key elements of motivational interviewing practice:

- **MI Spirit:** This includes: ***Collaboration –One elicits and conveys respect for the client's ideas, opinions and autonomy. Collaboration is non-authoritarian, ever present, supportive and exploratory. *Evocation: One works to evoke the ideas, opinions, reasons to change, and client confidence that change is possible. One is invested in facilitating intrinsic change pursued with the client's own reasons and motivation.*Autonomy-support: One evokes and fosters the client's experience of choice and control and respects the client's decisions. "You are really getting serious about this now." These amount to "a way of being with people" (Rogers, 1980) and embody the spirit of MI.
- **Change talk:** From its inception a guiding principle of MI was to have the client, rather than the counselor, voice the arguments for change (Miller & Rose, 2009). Change talk refers to client' statements that indicate an inclination or a reason for change. The MI counselor actively listens for change talk in its various strengths (from weak to strong or committed). One strategy is to reinforce it and carry it forward so that it is recognizable in future dialogue. Examples: asking for elaboration or including it in a summary.

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Another strategy is to facilitate strengthening change talk from weak to strong. Example: "I wish things were different" versus "I will change this." Commitment talk has been shown to correlate with actual behavior change (Amrhein, Miller, et.al, 2003). Other motivational modifiers include *preparatory change talk* – DARN, Statements of Desire, Ability, Reasons and Need for change; and *mobilizing change talk* -CAT, Commitment, Activation and Taking steps to change.

- **Sustain talk** refers to the client's stated reasons not to make a change or to sustain the status quo. Sustain talk is noted to counter change talk, but it is not client' resistance. Where techniques such as the pros and cons and the decision balance elicit sustain talk, this is now seen as potentially contraindicated to MI in practice (unless it serves some specific purpose). One is cautioned in general not to elicit and thereby risk reinforcing sustain talk and to shift the focus to change talk, if possible, when sustain talk emerges. The objective is to facilitate high levels of change talk and low levels of sustain talk.
- **Resistance:** Client' resistance may be a result of a client-practitioner relationship that lacks agreement, collaboration, empathy or client autonomy. The client and provider are not moving together toward a mutually agreed upon goal. Client' resistance may be expressed by arguing, ignoring, interrupting, etc. A MI counselor seeks to identify the source of dissonance in the relationship, and works to join with the client. A MI counselor recognizes resistance and handles it strategically. One does not confront resistance or push up against it. There are a variety of MI strategies and skills used to diminish or side step resistance. The goal is to join with the client in moving together.

The four principles of motivational interviewing:

- **Express empathy:** Refers to the practitioner making a genuine effort to understand the client's perspective and an equally genuine effort to convey that understanding to the client. This is an inherent element of reflective listening. It embodies the spirit of MI. Rogers (1962) "…as I see it is that the counselor is experiencing an accurate empathic understanding of his client's private world, and is able to communicate some of the significant fragments of that understanding." "When the client's world is clear to the counselor…he can also voice meanings in the client's experience of which the client is scarcely aware…" He referred to this "highly sensitive" empathy as important for making it possible for a person to get close to himself and to learn, to change and develop.
- **Develop discrepancy:** This is to listen for or employ strategies that facilitate the client's identification of discrepant elements of a particular behavior or situation. Example, values versus behaviors: It is important to the client to be a responsible parent; the client is having difficulty averting heroin addiction. Discrepancy may result in the client's experience of ambivalence. Areas of discrepancy may include: past versus present; behaviors versus goals. Evoking change talk is one way to develop discrepancy.
- **Roll with resistance –avoid argumentation:** This refers to the provider's ability to side step or diminish resistance and proceed to connect with the client and move in the same direction. It also refers to avoiding arguments. Expressing empathy, understanding why a client has a particular belief might be the intervention. Shifting focus might be another.

- **Support self-efficacy:** This is the provider's ability to support the client's hopefulness that change or improvement is possible. Identifying and building upon a client's strengths, previous successes, efforts and concerns. These are some areas that may open the process of addressing and supporting the client's hope and confidence.

Five Strategies used throughout Motivational Interviewing:

- **Open ended questions:** Open ended questions facilitate a client's response to questions from his or her own perspective and from the area(s) that are deemed important or relevant. This provides the opportunity for clients to express their point of view, and for counselors to discover and follow the client's perspective. This is in contrast to closed questions that are leading; they target specific information and give the client very little room to move. Example open question: "What makes you think you should make a change?" (Following). Example closed question: "Don't you think you drink too much?" (Leading). Another distinction between open and closed questions is that open questions elicit fuller responses where closed questions can often be given a yes or no response.
- **Affirm:** Affirming means to actively listen for the client's strengths, values, aspirations and positive qualities and to reflect those to the client in an affirming manner. Example: client discusses many previous efforts to change a particular behavior from the position of feeling like a failure or hopelessness. Counselor *reframes* (from a negative to positive perspective) and affirms. "What I am hearing is that it is very important to you to change this behavior. You have made numerous efforts over a long period of time. It seems that you have not found the way that works for you." This reframe accomplishes both affirming the client for his or her efforts and perseverance and provides a framework for the client and counselor that entails finding a solution that will work for the client. This is in keeping with collaborative change plans that are used in motivational interviewing.
- **Reflective listening:** Reflective listening entails a skillful manner of responding to what a client says. In MI one responds to clients with more reflective statements than questions. Reflections vary in complexity from simply repeating, to reflecting implicit meaning or reflecting feelings. The counselor follows the client's ideas, perceptions and feelings making every effort to convey understanding; the client explores, defines or discovers what the behavior or lack of action may be about. Rogers noted that if the client perceives the counselor as "trying" he may be inclined to communicate more of himself. Reflective listening facilitates the client's focus on his or her knowledge and resources. Reflections are always collaborative and non-judgmental. By many accounts when practiced skillfully reflective listening is a powerful and empowering response. For an insightful discussion of client-centered reflective listening see Rogers, (1946).
- **Summarizing:** Summarizing is an important element of MI methodology. Sessions are ended with a strategic, collaborative summary. Interim summaries are used throughout the session. Summarizing includes directive elements. The provider may reinforce the client's change talk; or highlight realizations; or identify transitions or progress (affirm); or identify themes. An interim summary has additional applications such as reviewing the direction of the session or changing focus; slowing down and addressing client' statements; or clarifying what has been discussed so far.
- **OARS:** The four preceding strategies make up the acronym OARS. This acronym may serve as a reminder for practitioners to use these interventions regularly in their practice. .

- **Elicit Change Talk – self motivational statements:** In addition to responding to change talk that is offered by the client the provider uses strategies that elicit change talk. Some examples: *Evocative open questions - here the practitioner asks open questions that are targeted to change talk areas. Examples: "In what ways does this concern you" or "What do you see as a problem?" If the client responds, change talk has been elicited. *Looking ahead can be a written exercise or a verbal dialogue. "What might your life look like in five (1, 2, 3) years if very little changes?" What might your life look like in five years if a good deal of change takes place?" Responses to these questions may include client change talk. Example: "If very little change takes place I'll probably lose my children and end up in jail." Negative consequences. "If a good deal of change takes place I will no longer be involved with the criminal justice system, I will have a good relationship with my children and I will have a job." Benefits of change.

Skills and Communication Methods:

- **Engagement - Building rapport:** In MI a client-provider consonant relationship is not left to chance or chemistry. The MI practitioner begins by developing trust, building rapport, by following the client with empathic reflective listening. Expressing empathy, respect for autonomy, collaboration, genuineness -MI spirit is essential to the engagement process. One creates an atmosphere of safety and acceptance. The practitioner is careful not to prematurely address topics that may result in client-provider dissonance.
- **Goal Directed** refers to identified target behaviors, goals and objectives. The counselor attains clarity about the target behavior or goal being addressed and works toward keeping the discussion focused on it. One may shift away from the topic if the client is expressing resistance or does not want to continue in this area. An example of a goal directed discussion is as follows: The client discusses historic or developmental issues that may be disturbing or painful. Once this discussion is completed the counselor will facilitate discussion of the relationship between the client's historic developmental experiences and the client's present goals.
- **Resolving ambivalence** refers to facilitating the client's exploration of ambivalence in a thorough manner, with the emphasis on change talk and tipping the balance towards behavior change. In effect, guiding the client to intrinsic recognition of whether or not the behavior is a problem and towards reaching a decision about change.
- **Menu of options:** refers to a number of actions that a client and provider collaboratively identify and agree to include in a behavior change plan. Menu specifically refers to the identification of at least several (six, seven, etc.) actions versus one or two. Emphasis is placed upon the client's willingness to pursue an identified action. Only actions that a client wants to pursue are included in a plan. The plan is fluid and can be changed. This menu and flexibility are noted to be directed toward confidence building (each action is prioritized via potential for success) and to convey hope that change can be attained.
- **Pros and Cons** refers to a strategic intervention that facilitates the exploration of the positive and negative experiences a client may have regarding a particular behavior. It also serves to elicit change talk when a client may not have identified any disadvantages voluntarily. One begins with an exploration of the positive experiences the client may have –sustain talk; reaches a level of comfort in this discussion; and then moves on to what is "not so good" about the behavior. A client who is comfortable may begin to

identify some elements of concern either for the first time or in a way that is not resistant or guarded. Within the new MI definition there is more emphasis on guiding the client to change talk with less emphasis on sustain talk. As noted eliciting sustain talk may be counterintuitive to MI, sustain talk may be reinforced or it may deflect from change talk.

- **The decision balance** This technique is not to be confused with MI itself. It has been noted that it is used routinely by some MI practitioners as a required technique (Miller & Rollnick, 2009). It is a form of identifying pros and cons within four quadrants. A. What is good about continuing the behavior; C. What is not good about changing the behavior; B. What is not good about continuing the behavior; D. What is good about changing the behavior. Weight is given to Columns A+B as compared to columns C+D. This technique has transitioned to limited use in MI. It is seen as potentially useful when the client is in early readiness for change; or offers very little in the form of change talk; and when providers do not want to influence client' choice. One is cautioned about the elements of this technique that elicit sustain talk for the same reasons as the pros and cons.
- **Ask permission to give advice or information:** In contrast to giving direct advice – "AA groups would be good for you." A MI practitioner asks permission first. "Would you be interested in hearing my ideas about what might be useful?" If the client says yes, the practitioner might recommend AA or make other suggestions. One also provides an opportunity for the client to reject the suggestions. "How do you think this might work for you?" The client pursues action only in areas agreed upon. Also, ask permission to provide education. "Would you be interested in learning more about this medication?" If yes, some written materials might be provided. Discussion and feedback would follow.

Integrating the use of MI with other clinical approaches:

Across an array of clinical problems the addition of MI to other active treatments yielded positive effects of greater size than MI alone as well as more enduring effects (Miller & Rose, 2009). For the past seventeen years MI has successfully been used in combination with dual diagnosis, co-occurring disorders treatment (Sciacca, 1997; 2007).

What Motivational Interviewing *is not* (Miller & Rollnick, 2009):

*MI *is not* based on the transtheoretical model - the stages of change. They are two discrete models, and neither one requires the other; *MI is not a way to trick people to get them to do what they do not want to do; * MI is not a technique, it is more complex and better understood as a communication method; *MI is not the decision balance, this has been over utilized and misperceived as MI methodology; *MI does not require assessment feedback, this design is specific to MET; *MI is not a form of cognitive- behavior therapy, nothing is installed, rather MI elicits from people what is already there; *MI is not *just* client-centered counseling, MI departs by being goal oriented and having intentional direction towards change; *MI is not easy, it involves a complex set of skills that are used flexibly; *MI is not what you are already doing, learning MI requires training, supervised practice and feedback; *MI is not a panacea, it is not meant to be a school of psychotherapy, rather it is a particular tool for addressing a specific problem. For an important, full discussion of *what MI is not* see Miller & Rollick (2009).

How does one become a motivational interviewing practitioner?

- MI practitioners come from a variety of disciplines: psychologists, nurses, counselors, educators, corrections providers, social workers, doctors, case managers, therapists, psychiatrists, etc. Education, training, skill building and supervised practice are important experiences that lead to becoming a proficient practitioner of motivational interviewing.
- Training seminars that provide experiential skill building opportunities are available. Supervised practice may be available through the employment of a MINT trainer; or by training supervisors within an agency or group to use MI in clinical supervision.
- Feedback from taped sessions scored with the Motivational Interviewing Treatment Integrity scale, MITI, coupled with on-going clinical supervision may be optimal. Tapes are reviewed and scored by a professional who is trained in using the MITI.
- Self-evaluation following sessions with clients to rate oneself on the use of MI interventions or the use of MI non-adherent interventions can direct one's attention to improved practice. The MIA: Step MI clinician self-assessment report is one example.
- Transitioning from a practitioner who is versed in question-answer and advice giving interventions (the expert trap) to a motivational interviewing practitioner who is collaborative and client-centered is a major shift. It usually requires self-direction and perseverance. Self-direction is usually attained when practitioners experientially learn the benefits of motivational interviewing for their clients and for themselves.
- Training is available for practitioners, supervisors and training new trainers. Advanced training in clinical supervision and training new trainers requires that the participant has attended practitioner training and has reached proficiency -competency as a practitioner.

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