Motivational Interviewing Brief Overview

What is Motivational Interviewing? (MI)

- MI was developed by William R. Miller, PhD. and Steven Rollnick, PhD. *(Miller, W.R., & Rollnick, S. Motivational Interviewing, 3rd ed. Guilford Press, 2012.)*
- It is a system for evoking change (originally designed for problem drinkers but useful for a variety of substance abuse and mental health issues)
- It is based on increasing **internal motivation for change**
- It is about resolving ambivalence to change based on the premise that all patients have some reasons for change, clinicians just need to draw that out
- MI is **non-confrontational –** labeling, arguing, and confrontation and other "traditional" strategies are avoided as they usually build clients resistance instead of breaking it down as MI is designed to do.

What Research Shows:

- Patient engagement and retention rates are enhanced when interventions are matched to the patient's stage of readiness to change – *Start where the patient is*
- Therapist style of interacting with patients is more important than theoretical approach or philosophy

Working with Ambivalence:

- How you respond to a client's ambivalence determines whether you help increase or decrease client readiness for change
- Clinicians often jump too quickly and too far ahead in pressuring for change, which often provokes reactance or resistance.
- The challenge is to learn how you can therapeutically join with the client to work through ambivalence and strengthen motivation for change.

Some Key Concepts:

- ***Non-Judgmental Empathy*** – Whether you agree or not is not as important as whether or not your client feels like you understand him or her. You do not have to have experienced a similar circumstance in order to empathize (Although it can help, yet it also can hurt depending upon your personal reaction as compared to the clients)

- ***Goal Setting***: Goals must be relevant for client. Therapist helps client to set attainable short term goals and to identify and develop the skills necessary to attain them

- ***Explore Pros and Cons of Change*** – Decisional balance is a practical MI tool

- ***Reframe Experiences in a Positive Light*** – Use mistakes and relapses as learning tools.

- ***Promote Hope and Positive Expectation For Success.*** – Be positive, encouraging (but realistic), Relapses can be strong motivators for future change

MI Strategies: Acronyms **REDS** and **OARS** that aid in understanding MI strategies:

R – Roll with resistance. Confrontation builds resistance, therefore avoid argumentation.

E – Express empathy. Allow client to let you know you understand (even if you don't agree)

D – Develop Discrepancy – Help client to see difference between their current negative behavior and desired change behaviors

S – Support Self-Efficacy. Empower your clients for change

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O – Open ended questions: Use them effectively to find out where client is at with regard to change

A – Affirmations – Accentuate the positives as this motivates desire for change

R – Reflective listening. Express empathy through empathetic responses and allowing client to continue to elaborate rather than simply asking one question after another

S – Summaries. At key points in session, stop and summarize what has been covered, as this is an effective tool in getting clients to take a look at what they've said in order to increase motivation for change

Other Important Aspects of MI:

- Remain client-centered throughout the process
- MI effective with co-occurring disorders and a wide variety of other issues
- MI can help a clinician be accepting and engaging through a non-judgmental approach
- MI does not require a huge body of knowledge to use. (Client provides a lot of the info)
- Non -recovering therapist can be just as effective as recovering therapist using MI because therapist personal experience not a major contributing factor in therapy