Canadian Centre on Substance Use and Addiction

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The Essentials of … Series

Motivational Interviewing

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What Is Motivational Interviewing?

According to founders William Miller and Stephen Rollnick, "Motivational Interviewing (MI) is a person-centered counseling method for addressing the common problem of ambivalence about change."[1] MI is a conversational style of interviewing used in counselling to address the ambivalence that clients often experience when faced with the need to change. Collaborative, person-centred and goal-oriented, MI aims to strengthen the client's motivation toward healthy behaviour change.[1]

The Essentials of…. is a series that offers evidence-based guidance and practical information to enhance practice in the substance use field. The topics complement CCSA's *Competencies for Canada's Substance Abuse Workforce*.

MI's roots go back to the humanistic psychology of Carl Rogers,[2] whose client-centred counselling emphasized reflective listening based on unconditional regard and accurate empathy. MI emerged in the 1980s in reaction to conventional treatment approaches that saw people with addiction problems as being in denial, unwilling to take responsibility and needing to be confronted to accept abstinence-based addiction treatment. Miller observed that people with addictions behave in ways that are surprisingly similar to other people with health challenges who commonly have mixed feelings about the need for change, as well as their ability to enact change.[3]

Miller and his colleagues noted that the ways counsellors interact with clients can have powerful effects on how the client's ambivalence is resolved.[1,4] Pressuring an ambivalent person to accept change often results in pushback. Rollnick, Miller and Butler refer to the urge to correct the client and prescribe solutions as the righting reflex, a problematic response, but also a valuable signal.[5] They advise counsellors to respond by following the mnemonic **RULE**:

- **R**ecognize and resist the righting reflex; focus instead on
- **U**nderstanding the client by
- **L**istening reflectively to
- **E**mpower the client to explore change.

Rather than wrestling with a person about the need to change, MI avoids confronting and opposing the client by aligning with him or her in a collaborative partnership to co-develop practical goals for change.

What Does the Evidence Say?

Miller worked initially with problem drinkers with mild to moderate drinking problems, observing that MI helped clients move from ambivalence to becoming mobilized to try change. The initial focus was on preparing people for change. Once prepared, a more practical, skills-based treatment such as cognitive behavioural therapy (CBT) would take over with the concrete task of behaviour change.[3] But since Miller's research was released in the early 1980s, MI has emerged as a therapy with efficacy

comparable to other evidence-based approaches to addictions treatment.[6,7] Not only does it prepare people to change, but it helps people initiate and maintain change. MI, with its focus on how to engage and work with ambivalent clients, is now recognized and used in the treatment of a wide range of populations with mental and physical health problems and in the broad domain of health behaviour change, in both individual and group therapy formats.[5,8,9] Ambivalence is not a unique problem of people with addictions, but a common problem with people facing the need to give up old behaviours and take up new ones. Being able to work more skillfully with ambivalent clients improves engagement, retention and therapy outcome.

How Does It Work?

Building on the reflective listening skills of Rogerian client-centred therapy, the MI approach adds an active, more intentional dimension to the counsellor's role to guide the client towards healthy change. Rather than just following the client or directing and pushing for change, MI opens up a middle way, called guiding.[1]

MI replaces notions of denial and resistance toward change (traditionally used to blame the client for treatment avoidance and failure) with the concept of ambivalence to change. MI takes the compassionate view that people faced with the need to make significant behavioural change often feel stuck. In fact, people stuck in addictive behaviours often see clearly the pros and cons of both staying the same and changing to new behaviours. The counsellor works to engage the client and focus on understanding the client's dilemma about change options. Even when the client admits to the importance of change, the client might lack confidence or knowledge about how to change. As the client talks and the counsellor listens reflectively, the counsellor guides the conversation towards the practical goals the client wants to work on, the reasons for doing so and the plan of action that will help the client get to where he or she wants to be.

Not only does research support the efficacy of MI in addictions treatment,[7,10] it also suggests how it works. Moyers and colleagues found that talk consistent with MI led to clients talking more about change (self-motivational statements), whereas talk inconsistent with MI (directing, advising, confronting and warning) led to more talk by clients about sustaining behaviour (statements in favour of the status quo).[11] Gaume and colleagues found that MI-consistent skills were linked with better recovery outcomes.[12] This finding suggests that MI-consistent behaviour based on reflective listening leads to enhanced talk of change by the client, which results in better outcomes in treatment.

While most well-developed therapies for addiction or other behavioural problems do equally well, clients with therapists who measure higher in empathy have better therapy outcomes than those with therapists lower in empathy, regardless of the method of therapy they use.[13,14] MI is a communication style that aims to make an empathic connection with the client and build on that to work collaboratively for change.

What is MI Spirit?

The heart of MI is empathy and MI spirit manifests empathy in the counselling relationship in four ways:[1]

- **Partnership:** the counsellor joins with the client to work collaboratively on change goals;
- **Acceptance:** accepting the client as he or she is, the counsellor affirms the client's autonomy and need to make his or her own decisions;
- **Compassion:** the counsellor holds nothing higher than the client's well-being, working to understand what that means from the client's perspective; and
- **Evocation:** rather than seeing the client as in need of instruction and direction, the counsellor evokes from the client what the client's goals are and how he or she wants to be helped.

In MI, skills are not mere techniques, but MI spirit put in practice. The skills appear to be simple, but grounding the counselling process in them is not easy. It takes practice, feedback and commitment.

In practice, the MI counsellor has three key tasks:[15]

1. To listen reflectively;
2. To elicit client change talk; and
3. To offer information, feedback and advice using the MI style.

Task One: Listen Reflectively

Of the five core skills in MI, four are used to listen reflectively. They can be remembered by the mnemonic **OARS**:

- **O**pen questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

Open questions seek to get the client to say more, unlike closed questions that can be answered "yes" or "no." A goal in MI counselling is for the client to speak at least half the time. Open questions invite the client to elaborate, and show that the counsellor is interested in listening to and understanding the client.

Affirmations are how the counsellor using MI takes an active curiosity in interacting with the client. Providing affirmations is unlike unfocused cheerleading or, even worse, treating the client suspiciously. Where there are things about the client's values and behaviours that can be credited, the MI counsellor seeks to do that. Such affirmations can be as simple as acknowledging that the client made the effort to come to the appointment or recognizing the client's willingness to persist in seeking healthy change, especially if the client has experienced slips and relapses in the past.

Reflections are statements, not questions. They are based on what the counsellor observes in interacting with the client. Simple reflections stay on the surface, mirroring or paraphrasing what the client is saying, always in a tentative way that seeks to check with the client that you are understanding as you listen actively. Complex reflections go beneath the surface in a variety of ways, such as reflecting what the counsellor thinks the client might be thinking or feeling, even if not stated explicitly. A reflection might also note the client's ambivalence about change: on the one hand, you want a better life; on the other hand, you are not confident you can give up old behaviours. The skillful MI counsellor is able to intentionally choose the reflective response made to the client. The evidence suggests that when the counsellor makes more reflections than asks questions, and more complex reflections than simple ones, the more effective the counselling and the stronger the empathic connection.[1]

Summaries allow the counsellor to draw on his or her active listening by pulling together key points in what the client says and offering it back to the client for confirmation and comment. Summaries are ways of keeping track of what is important for the client, wrapping up one part of the conversation and shifting to another, and ending an interaction by highlighting important points in the conversation. They are an important way the counsellor can guide the counselling process so that the client feels understood and the process is guided towards change.

Learning MI can be thought of as becoming progressively skillful at reflective listening, starting with moving from asking closed questions to using **open questions**. Building on open questions, the MI counsellor learns to make **reflections**, first, ones that are simple, and then those that are complex. **Affirmations** are a particular kind of reflection: statements that aim to recognize and acknowledge

the positive values and behaviours of the client. **Summaries** allow the counsellor ways of organizing and giving feedback to the client about what has been talked about in ways that can be powerfully effective in shaping movement towards change. Together, these four skills form the skillset the counsellor relies on to build an empathic connection with the client, leading to a compassionate understanding of the client and setting the stage for eliciting talk of change in the client.

Task Two: Elicit Change Talk

In using the MI skills, the counsellor actively pays attention to what is happening with the client. Is the client speaking more? What is the client saying? Is it talk in favour of change or talk about the status quo? Change talk is client speech in favour of healthy behavioural change. Sustain talk is client talk against change and in favour of leaving things alone. Change talk comes in two forms: talk in preparation of change and talk about change that is already happening. Altogether there are seven types of change talk, remembered by the mnemonic **DARN CAT**s.[1]

DARN describes preparatory change talk, which occurs whenever the client speaks about:

- **D**esire to change: "I want to get better; I hope I can do this";
- **A**bility to change: "I've been able to stop at times in the past; I'm able to do this";
- **R**easons for change: "If I can do this, my health will improve; I don't want to lose my job"; and
- **N**eed to change: "I can't stand living like this; I need to stay out of jail."

CATs describes talk of active change, which occurs whenever the client speaks about:

- **C**ommitment: "I am going to get help for this problem";
- **A**ctions: "I have talked to my boss about needing time off to get help"; and
- **T**aking steps: "I've started cutting back on my drug use to make it easier later to stop."

Task Three: Offering Advice and Sharing Information

The fifth core skill in MI is sharing information and offering advice. When done in MI style, it is used to give feedback to the client, when requested, that draws on the counsellor's knowledge, expertise and experience. Providing information and advice are important parts of the helping process. In MI, the counsellor works to get the client to ask for advice rather than foisting it upon them. Offering advice is always preceded by asking the client's permission to share feedback with the client, as well as inviting the client to give his or her ideas and thoughts first.

When giving advice or information to the client, MI emphasizes the importance of sharing it in small chunks, stopping to ask the client what he or she is hearing and what it means for them. This process has various descriptions including Check — Chunk — Check, and Elicit — Provide — Elicit. That is, Check (for permission), then Chunk (offer a short bit of advice or information), and then Check (for feedback and if it is ok to go on); or Elicit (permission), then Provide (advice, information), then Elicit (feedback and permission to proceed). MI shifts the focus of giving advice, information and feedback to include not just what the counsellor says, but also what the client hears, what it means to the client and what it inclines the client to want to do.

The measure of how I am doing as a counsellor is not so much what I think, say and do, but the effect it has on the client. In earlier years, MI keyed on OARS skills and reflective listening, perhaps underplaying the important role of information, feedback and advice in counselling. More recently the value of sharing information, advice and feedback effectively using an MI style has been given more explicit attention.[1,5] It is now an integral feature of MI training and practice.

The Four Processes of MI: Engaging, Focusing, Evoking and Planning

Miller and Rollnick observe that counsellors are often in a hurry to take action.[1] However, the evidence suggests that if the client is not really engaged, if there is no shared sense of focus, and the client's motives and goals are not clearly understood, action will be ineffective. Before moving to action planning, the MI counsellor ensures that the client feels connected and understood, which does not need to take a long time. In brief interventions, it can occur in one session. With clients who have more chronic and extended problems, it will likely need more time, and is crucial in building ongoing care and support.

MI sees counsellor engagement with the client as a necessary process to be maintained through all the phases of care. By connecting with the client, counsellor and client can both develop an effective understanding of one another, allowing them to collaboratively focus on goals and evoke reasons for change. That collaboration sets the stage for the final step: planning for change and setting a change agenda.[1,16] By drawing attention to the importance of engaging the client, focusing on goals and evoking reasons for change, the counsellor using MI skills builds a foundation for plans and actions that are more likely to be effective because the client is committed to them.

One guiding metaphor in MI is that counselling is about dancing, rather than wrestling, with the client. MI counselling is about building rapport. By using the MI skills, the counsellor nurtures the empathic connection that is at the heart of MI practice. MI practice brings skills and spirit together. The skills can be learned and sharpened. Spirit provides the compass points that guide the counsellor in the challenging situations he or she will experience in counselling. Miller and Rollnick suggest that having skills without spirit is like reading the words of a song without playing the music.[1] Spirit without skills is like feeling moved to play the music without having an instrument to perform it on. Skills and spirit working in concert is what makes counselling effective.

Implications for Substance Use and Allied Professionals

Clinical research has repeatedly found that the methods and techniques that counsellors use in their work might not be as important in affecting clinical outcome as their ability to make empathic connections with their clients.[17,18,19] Studies have repeatedly shown that well-conceived and well-supervised interventions by well-trained counsellors usually have comparable efficacy and produce good outcomes. What makes a bigger difference than the method of treatment is the empathic abilities of the counsellor. Clients of counsellors demonstrating higher levels of empathy have been shown to have better outcomes that those of counsellors with lower empathy. Being empathic is an evidence-based practice that has dramatic implications in the recruitment and training of counsellors in addiction and allied health domains.[13]

MI started as an effective way of working with problem drinkers who had mixed feelings about changing their behaviour. Decades later it is now recognized as an evidence-based practice in the treatment of substance use problems and other addictive behaviours, and as an effective way of helping people who are ambivalent about health behavioural change across many domains of mental and physical health. Its relevance today in clinical practice is increasingly supported by the clinical research literature and the growing number of counsellors who either make it a foundational part of their clinical work or have added to their clinical approach by making it MI-enhanced. It is also emerging as an element in the curriculum in the colleges and universities that train healthcare and social service professionals, including psychologist, social workers, psychiatrists, family doctors, nurses, pharmacists and addiction workers across Canada.

The MI goal is a modest one: to help people who could benefit from behavioural change. The skills it relies on are easy to understand and difficult to practice. While conveying acceptance and compassion, the counsellor gives special attention to the language of change, using the skills of reflective listening

to engage the client in a process that leads to setting a specific goal that leads to an action plan. MI is described by its practitioners as a style of counselling and a way of being with clients.[20]

Practicing MI requires more than knowing about MI. It requires knowledge and that comes from practice. Workshops and readings offer energizing starting points. Moving from novice to expert is a gradual practice. One of the heartening things about MI is that most people recognize MI spirit and are already familiar with some of the skills described above. MI training is about becoming better at connecting with clients and helping them succeed at making healthy changes. The practice of improving clinical skills is a continuing one.

The Motivational Interviewing Network of Trainers (MINT) is an international body that offers training for practitioners who want to be recognized as MI trainers. Trainers with good standing in MINT have access to emerging knowledge and approaches in MI and to approved training materials and tools. MINT is developing policies and protocols for more formal certification of MI practitioners and trainers.

Learning MI is a matter of practice. Miller and colleagues offer these suggestions for starters:[13]

- Listen actively before jumping in with questions;
- If you find you have asked three questions in a row, use one of the other OARS skills;
- Try to make at least half your questions be open ones, rather than closed; and
- Aim to offer two reflections for each question.

In MI, the focus is on what the client is saying and helping the client decide what he or she will do next. MI counsellors work to give the client the good lines. As the client feels heard and hears him or herself speak, the counsellor guides the process in ways that evoke change talk from the client, rather than as something the counsellor feels obliged to provide. Engagement is the foundation stone, which leads to the collaborative focus and goal setting that result in plans for change. And it starts with this invitation to the counsellor: Always connect.

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Selected Resources

Motivational Interviewing: Helping People Change (3rd ed., 2012)
An authoritative clinical guidebook on MI by William R. Miller & Stephen Rollnick for professionals and students, focusing on the four processes of MI. Includes vignettes and interview examples.
Source: Guildford Press
Available at www.guilford.com/books/Motivational-Interviewing/Miller-Rollnick/9781609182274

Motivational Interviewing Network of Trainers (MINT)
MINT is an international organization of MI trainers that promotes quality practice, use research and training in MI. The website includes an extensive list of MI resources.
Available at www.motivationalinterviewing.org

Pour les professionnels de la santé: l'entrevue motivationnelle
Website that provides downloadable practical tools and worksheets that can be used by all types of healthcare professionals using motivational interviewing.
Source: PSYMontréal
Available at psymontreal.com/pour-les-professionnels-de-la-sante/

Motivational Interviewing Step by Step (2012)
Series of four videos; the first video includes foundational principles of MI. Subsequent videos feature vignettes that demonstrate how various MI strategies can be applied.
Available at www.psychotherapy.net/video/motivational-interviewing-series
Cost: see website

Motivational Interviewing for Tobacco Cessation (2014)
Series of videos on using motivational interviewing in tobacco cessation. Select Motivational Interviewing (English or French) video playlist from youtube.
Source: Centre for Addiction and Mental Health
Available at www.youtube.com/user/teachproject/playlists

Motivational Interviewing in Respiratory Health Care: Trainers' Toolkit (2014)
MI toolkit for those who are training practitioners working in respiratory healthcare. Includes facilitation tips, learning objectives, lesson plans, presentation slides, video vignettes, interactive exercises and more.
Source: Centre for Addiction and Mental Health
Available at www.nicotinedependenceclinic.com/English/teach/Pages/OLA-toolkit.aspx

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