

# What Is Motivational Interviewing?

Welcome to the world of helping people change! The desire to help people improve their lives is a noble calling. However, all too often our efforts are spent trying to get people to change, rather than helping people tap into their own motivation for change.

Consider whether you've ever heard your colleagues (or yourself) utter something like this:

- I give people my best advice, but they just won't listen.
- She resists everything I suggest.
- She just needs to eat more nutritional food.
- He's in total denial about the status of his health.
- Some folks just don't want to be helped.

Many of us are very experienced at trying to persuade, educate, entice, cajole, bribe, guilt-trip, or use other means to *get* people to change. It is a natural human instinct to fix, or make right, what we perceive as misguided or harmful. However, such efforts to persuade someone to change are typically counterproductive, especially if the person is not convinced that making a change is desired or needed. It turns out that people don't like being pressured to do something because someone else thinks they should do it, even if it's in their best interest. The desire for self-determination runs deep in the human spirit.

**Motivational interviewing** (MI) is a method of talking with people about change. It is “a collaborative conversation style for strengthening a person's own motivation and commitment to change” (Miller & Rollnick, 2013, pp. 12). The individual determines the focus or change goal while the practitioner serves as a guide. The MI mind-set assumes that people already possess within themselves much of what they need to change. They are not empty vessels in need of being filled by an external source. They're already filled with life experience, values, hopes, knowledge, skills, wisdom, and more.

MI helps shine a light on and explore the rich resources people already possess, in order to help them make decisions about next steps on their life's journey. According to positive psychology, this process builds positive emotions, which in turn opens people up to their internal and external resources that they can use to improve their lives.

## WHERE AND WHEN DID IT DEVELOP?

The concept of Motivational Interviewing (MI) grew out of the experience of providing treatment for problem drinkers and was first described by psychologist William R. Miller in an article published in 1983.

Historically, the addictions treatment field, especially in the United States, has been characterized by a highly confrontational, shame-based approach believed to break down people's denial so they will come to their senses about their need to change. This approach has proven to be mostly ineffective. In general, human beings tend to resist other people's attempts to get them to change, even when those efforts are well intended.

With the publication of William R. Miller and Stephen Rollnick's seminal book, *Motivational Interviewing*, in 1991, practitioners were introduced to an alternative way to engage in a "helping conversation" with people misusing substances. The authors described a way of interacting based on a particular conversation style and use of specific communication skills and strategies.

A second edition, *Motivational Interviewing: Preparing People for Change*, was published in 2002. It further refined the MI approach, provided an emerging research base for MI, and detailed its spread to other areas beyond substance use disorders, including health, behavioral health, corrections, and schools.

A third edition, *Motivational Interviewing: Helping People Change*, 2013, expanded on the MI approach and included some new concepts, including the four processes of MI conversations (engaging, focusing, evoking, and planning) and distinguishing between sustain talk and discord.

Today, MI has circled the globe, and support and respect for the practice is growing.

## HOW DOES IT WORK?

Practicing MI requires a healthy sense of humility. It brings us face to face with the recognition that we don't have the power to change others. In truth, we can only change ourselves. However, we *are* able to have an influence on others and their motivation to change. As Madeline Hunter says: "They say you can lead a horse to water, but you can't make him drink. But I say, you can salt the oats." The goal of MI is to help people become "thirsty" for change by creating conditions under which a fruitful conversation about change can occur.

While the MI approach is generally low-key, it has the potential to stir up uncomfortable thoughts and feelings for people due to its evocative nature that invites them to look at difficult realities in their lives. The aim is to help people look honestly at their behaviors without becoming overly defensive. As practitioners, we seek to create a safe, trusting partnership with individuals so that they see us as allies in the process of looking at discrepancies between who they are and who they want to be and between their actions and their values.

If we confront, people will tend to defend themselves. MI differs significantly from advice-giving or confrontational styles of counseling in this way. The MI style is not flashy or “in the client’s face.” The focus is on drawing out the person’s own knowledge, experience, and inner wisdom in a genuine, empathic manner.

Those who are used to confronting and giving advice may feel they’re not “doing anything.” As one practitioner—more accustomed to a confrontational style of counseling—observed, “I feel like MI ties my hands behind my back.” For some helpers, this approach can feel dangerous, like we’re giving permission for people to maintain risky positions. But as Miller and Rollnick (2013) point out, these aggressive strategies, typically driven by a desire to help, more often push the person away from engagement and retention in services, as well as miss their goal of enhancing motivation to change and improve. The evidence is in the outcome.

## THE EVIDENCE

A wealth of studies indicate that MI has a statistically significant positive effect on behavior change, with some studies showing that those changes are durable over time. MI remains effective when used as a stand-alone intervention, infused within other approaches to treatment, as well as a precursor to other treatment (Lundhal et al., 2013). A number of studies have revealed that patients defined as “least ready to change” experience the largest MI effect (Heckman et al., 2010).

Of course, MI works only as well as the practitioner using it and the quality of the alliance that develops between practitioner and person. Poor MI promotes poor results. Structural and environmental factors can also affect the success of MI, like any best practice. For example, housing instability can hinder efforts to address substance use. For others, a history of trauma may create obstacles to accessing mental health treatment. MI sees people’s struggles in the context of their lives and works with them to focus and prioritize.

## DEVELOPING PROFICIENCY

Ongoing practice with accurate feedback and coaching is needed to develop MI skills. Research shows that MI proficiency requires expert feedback based on observed practice and coaching to support shifts from current practice to MI proficiency. Many individuals and organizations have instituted Learning Circles as a way of increasing their MI knowledge and skills. In addition, many excellent training and coaching opportunities exist. It is recommended that you seek them out.

For information about MI resources, including the latest MI related research, visit the Motivational Interviewing Network of Trainers website at: <https://motivationalinterviewing.org/motivational-interviewing-resources>