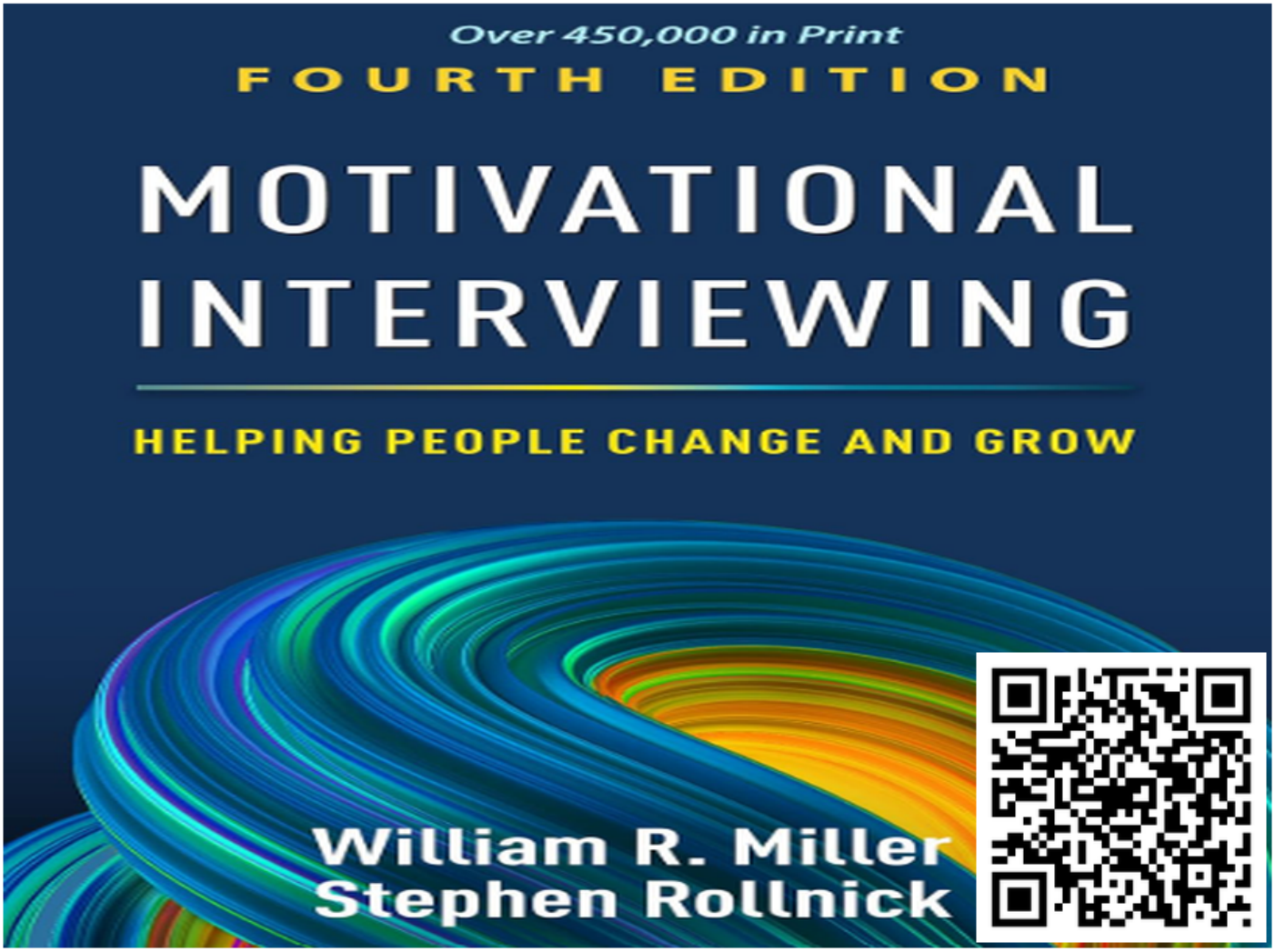
Motivational Interviewing Helping People Change and Grow 4th Edition PDF

Visit the link below to download the full version of the ebook

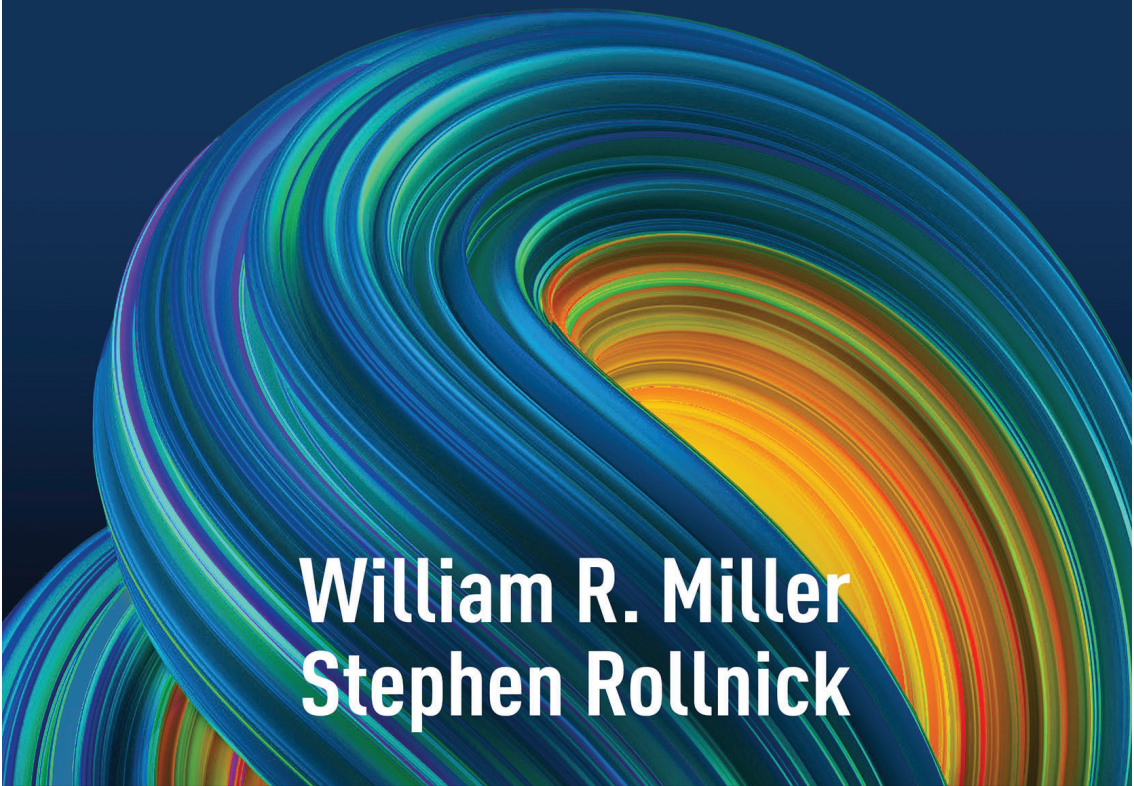


Over 450,000 in Print

FOURTH EDITION

MOTIVATIONAL INTERVIEWING

HELPING PEOPLE CHANGE AND GROW



William R. Miller
Stephen Rollnick

GUILFORD PRESS
e-book

MOTIVATIONAL INTERVIEWING

Applications of Motivational Interviewing

Stephen Rollnick, William R. Miller, and Theresa B. Moyers, Series Editors

Since the publication of Miller and Rollnick's classic *Motivational Interviewing,* now in its fourth edition, MI has been widely adopted as a tool for facilitating change. This highly practical series includes general MI resources as well as books on specific clinical contexts, problems, and populations. Each volume presents powerful MI strategies that are grounded in research and illustrated with concrete, "how-to-do-it" examples.

RECENT VOLUMES

Motivational Interviewing in Schools:
Conversations to Improve Behavior and Learning
Stephen Rollnick, Sebastian G. Kaplan, and Richard Rutschman

Motivational Interviewing with Offenders:
Engagement, Rehabilitation, and Reentry
Jill D. Stinson and Michael D. Clark

Motivational Interviewing and CBT:
Combining Strategies for Maximum Effectiveness
Sylvie Naar and Steven A. Safren

Building Motivational Interviewing Skills:
A Practitioner Workbook, Second Edition
David B. Rosengren

Coaching Athletes to Be Their Best:
Motivational Interviewing in Sports
Stephen Rollnick, Jonathan Fader, Jeff Breckon, and Theresa B. Moyers

Motivational Interviewing for Leaders in the Helping Professions:
Facilitating Change in Organizations
Colleen Marshall and Anette Søgaard Nielsen

Motivational Interviewing in Social Work Practice, Second Edition
Melinda Hohman

Motivational Interviewing with Adolescents and Young Adults,
Second Edition
Sylvie Naar and Mariann Suarez

Motivational Interviewing in Health Care, Second Edition:
Helping Patients Change Behavior
Stephen Rollnick, William R. Miller, and Christopher C. Butler

Motivational Interviewing, Fourth Edition:
Helping People Change and Grow
William R. Miller and Stephen Rollnick

MOTIVATIONAL INTERVIEWING

FOURTH EDITION

HELPING PEOPLE CHANGE AND GROW

William R. Miller
Stephen Rollnick

THE GUILFORD PRESS
New York London

A Division of Guilford Publications, Inc.
370 Seventh Avenue, Suite 1200, New York, NY 10001
www.guilford.com

Printed in the United States of America

This book is printed on acid-free paper.

Last digit is print number: 9 8 7 6 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data is available from the publisher.

ISBN 978-1-4625-5279-5 (hardcover)

To my beloved spouse of 50 years,
Kathleen Jackson

—WRM

Looking to the next generation:
for the wonderful and loving Jacob, Stefan,
Maya, and Nathan Rollnick

—SR

About the Authors

William R. Miller, PhD, is Emeritus Distinguished Professor of Psychology and Psychiatry at the University of New Mexico. He introduced motivational interviewing (MI) in a 1983 article and in the first edition of *Motivational Interviewing* (1991), coauthored with Stephen Rollnick. Dr. Miller's research has focused particularly on the treatment and prevention of addictions and more broadly on the psychology of change. He is a recipient of two career achievement awards from the American Psychological Association, the international Jellinek Memorial Award, and an Innovators Award from the Robert Wood Johnson Foundation, among many other honors. His publications include 65 books and over 400 articles and chapters. His website is *https://williamrmiller.net*.

Stephen Rollnick, PhD, is Honorary Distinguished Professor in the School of Medicine at Cardiff University, Wales, United Kingdom. He is cofounder of MI, with a career in clinical psychology and academia that focused on how to improve conversations about change, and helped to create the Motivational Interviewing Network of Trainers (*http://motivationalinterviewing.org*). He has worked in diverse fields, with special interests in mental health and long-term health conditions such as diabetes, heart disease, and HIV/AIDS. Dr. Rollnick has published widely in scientific journals and has written many books on helping people to change behavior. He has traveled worldwide to train practitioners in many settings and cultures, and he now works as a trainer and consultant in health care and sports. His website is *www.stephenrollnick.com*.

Preface to the Fourth Edition

As we finish writing this fourth edition of *Motivational Interviewing,* we have each devoted half a century to understanding how and why people change and how to help them do so. For each edition, including this one, we have almost completely rewritten the book, benefiting from what has been learned in the decade since the prior edition.

Psychological methods tend over time to become ever more technical and complex. The textbooks grow larger. Practitioners and instructors seek advanced training and certificates of proficiency in the brand-name method, which in turn can lead toward restricting practice to those so qualified. There are some understandable reasons for this progression, and early in the development of motivational interviewing (MI) we were advised by respected colleagues to trademark and copyright the name and to license its practice: "You'll be sorry if you don't."

We declined to do so, and MI has followed a very different course. Our conscious reason was our disinclination to become MI police, occupied with preventing bad practice, if indeed that is even possible. Instead we and the MI Network of Trainers (*http://motivationalinterviewing.org*) have chosen to focus on understanding and promoting better practice, freely sharing what we have learned along the way. MI is like open-source software, available for those who want to learn and practice it, which may be one reason for the surprisingly rapid and wide dissemination of MI. Still, many ideas that are freely available do not spread so readily. There seems to be something more to why MI has been adopted across so many different settings, professions, cultures, and languages and why it has been applied to such a wide range of change challenges. It is as though helpers seem to *recognize* MI when they meet it, like something they had already known. It

is not a totally new or strange approach. To some it feels more like a friend they had known long ago and perhaps lost touch with for a while.

Writing this fourth edition has posed many interesting challenges for us. For readers new to the method, this book serves as their introduction to MI. Some have heard of MI, perhaps learned a bit about it in presentations or readings, and are interested in understanding how to practice it. At the same time, this has also been the authoritative book on MI to which people turn for scientific documentation and a more advanced understanding. Some readers are teachers and trainers who help others to develop skillfulness. How could we write for all these audiences?

The first three editions of *Motivational Interviewing* did grow in size and complexity. Each time, hundreds of new studies had appeared to clarify the promise, processes, and limitations of MI. We could now write a still larger and more complicated fourth edition, but we are drawn instead toward simplicity. When understanding something more deeply, it may become possible to explain it more clearly and with less jargon. U.S. Supreme Court Justice Oliver Wendell Holmes Jr. opined: "I would not give a fig for the simplicity this side of complexity, but I would give my life for the simplicity on the other side of complexity." In this fourth edition we pursue the challenge of conveying simplicity on the far side of complexity in hopes that what we have learned over the decades may be of use to a still broader range of professional helpers.

MI is certainly being applied now in areas far beyond our initial imagining. It is used not only in counseling and psychotherapy but also in health care, education, nutrition, coaching, preventive dentistry, sports, social work, corrections, leadership, and management. Note that this includes some professional roles that are less about effecting discrete behavior changes and more about accompanying people over a longer period of growth, roles such as teachers, mentors, parents, spiritual directors, supervisors, leaders, and life coaches. Already more than a hundred books have been published on particular applications of MI. Thus, we are writing for an ever-broader range of helping professions. People in many such roles have the common experience that attempting to push (coax, cajole, coerce, persuade) someone into changing often fails or even backfires. Trying out the spirit and method of MI can yield observable change in how people respond, improve their outcomes, and even make work more enjoyable for practitioners and clients alike. MI is a way of practicing a helping profession. If you are relatively new to this method, we hope that this edition affords you a clear introduction and welcome to MI. If your practice of MI is more seasoned, we aim to deepen your understanding of how all this applies in your own work.

Addressing a broader array of professional fields creates some special challenges in language. Terminology varies across these fields, but the essentials of MI remain the same. Those essentials are our focus in this

fourth edition—the fundamentals of this method that apply in helping relationships. People who are being helped may be called *clients, patients, relatives, students, athletes, advisees, residents,* or *employees*; we have used *client* or *person* as a generic term, and we hope that works for you. The practitioners of MI come from many different professions and fields, and we have written simply to "you" as the reader. To avoid sexist language, we have used plural pronouns when referring to people in general.

We are conscious, too, that many readers of this edition are specialists in behavioral health fields—practitioners, counselors, and psychotherapists who treat psychological problems. For this reason, we have included a new feature, special "For Therapists" sections that offer more advanced material within the context and terminology of psychotherapy. Using these sections allows us to fill in some specialist pieces without assuming that all readers will be interested in treatment issues or will be familiar with psychotherapy jargon.

For those already familiar with MI, we have introduced some changes from prior editions. Writing for helpers more broadly, we have sought to move away from specialist jargon toward more everyday language. Whereas early editions focused on *preparing* people for change, we now understand MI as a way of accompanying people throughout the journey of change and growth. Within the spirit of MI we have retained the constructs of partnership, acceptance, and compassion, but we have broadened "evocation" to "empowerment," affirming clients' own strengths, motivations, resourcefulness, and autonomy. We describe the four processes of MI (engaging, focusing, evoking, and planning) more simply as component "tasks" of MI. Informed by ongoing discussions about praise versus affirmation, we adopted the distinction between simple and complex affirmations introduced by Miller and Moyers in their 2021 book, *Effective Psychotherapists*. Our prior term, *righting reflex,* has been changed to the clearer *fixing reflex*. A technical procedure that we had inaptly termed *running head start* is now called a *pendulum* technique. We give greater attention to the strategic use of *directional* questions and reflections that are chosen intentionally to invite and strengthen change talk. With increased remote delivery of services via telephone and digital technology, this edition addresses issues in providing MI beyond in-person contexts.

Documentation in this book remains thorough, but we have switched away from an American Psychological Association citation format that interrupts text with names and dates. Instead, citations and additional information are provided in numbered endnotes within each chapter. Some of the illustrations of MI dialogue in this edition are from transcription of video demonstration interviews by highly experienced practitioners. We have also added a "Personal Perspective" feature in each chapter with one of us (Bill or Steve) commenting on a particular aspect of MI practice. Throughout this edition, we highlight some terms and phrases that merit

special attention or have particular meaning within MI. The first time they are discussed in the book they are printed in ***boldface italic*** font, and they are also listed in alphabetical order at the end of the chapter. A definition of each of these concepts is included in the updated glossary at the end of the book. You will encounter some intentional repetition from chapter to chapter of points that we regard as particularly important.

As we provided with the third edition, a website with additional resources for learning and teaching MI is available at *www.guilford.com/miller2-materials*.

Despite all the changes we have made in this edition, the method of MI itself remains the same. We just know far more about it than when we first described it. Although there can be a freestanding "pure" version of MI as an intervention in itself, most often it is now being used in combination with other evidence-based methods. Rather than an add-on technique, MI is becoming a way of doing what else you already do as a helping professional, a way of being with those you serve. It is meant not to replace but to enhance what you do. The fundamentals of MI overlap substantially with what makes helpers more helpful. Our hope for this fourth edition, then, is that you will find in it a welcome way of being a guide for those who seek your help on their journey toward change and growth.

Acknowledgments

We first acknowledge our indebtedness to Carl Ransom Rogers (1902–1987), founder of a humane, person-centered approach to counseling, psychotherapy, education, and clinical science. MI is a person-centered method built on the solid foundation of the work provided by Dr. Rogers and his students.

We are grateful to the remarkable community of colleagues known as MINT—the Motivational Interviewing Network of Trainers—for stimulating discussions that have informed us over the years as we developed successive editions of *Motivational Interviewing*. Professor Theresa Moyers has been at the forefront of MI process and training research, advancing our understanding of how MI works by applying scientific method while also clearly recognizing its limitations. The MINT members who asked us good questions and contributed their knowledge and perspectives to this fourth edition are far too numerous to name here. We tried, and we were quickly overwhelmed just by the long list of people we recalled, plus troubled that we would surely be omitting important others.

This is the 19th book, including new editions, that we have personally authored or edited with The Guilford Press, in addition to serving as series editors for other Guilford books on MI. Having worked with many other publishers, we continue to be impressed with and grateful for the outstanding level of care, quality editing, and attention to detail that has been our consistent experience with Guilford. It has been a great pleasure over the years to work with Guilford editors like Jim Nageotte, Jane Keislar, Kitty Moore, and Chris Benton—not necessarily when we are in the midst of yet another rewrite, but always in the quality of the final product. As before, the copy editor for this book, Betty Pessagno, was most helpful in getting the language just right. Finally, we are grateful to Theresa Moyers, David Rosengren, and Allan Zuckoff for their careful reviews of the manuscript, offering suggestions to improve its flow and clarity. Like MI itself, this book is the collective work of many dedicated, generous, and talented people.

Contents

Reproducible materials from this book and supplementary downloadable resources, including two annotated case examples, reflection questions, and a personal values card sort, are available at *www.guilford.com/miller2-materials* for personal use or use with clients (see copyright page for details).

PART I

HELPING PEOPLE CHANGE AND GROW

In this section, we introduce you to the spirit and method of motivational interviewing (MI). Chapter 1 offers a broader context in the guiding style of MI that lies in between directing and following, and the underlying helper's attitude of partnership, acceptance, compassion, and empowerment. Chapter 2 then introduces you to the method of MI—how it began, the dynamics of ambivalence, and four component tasks in MI: engaging, focusing, evoking, and planning. Finally, Chapter 3 illustrates the flow of MI—how it sounds and feels in practice.

CHAPTER 1

The Mind and Heart When Helping

> Anyone who willingly enters into the pain of a stranger is truly a remarkable person.
>
> —Henri J. M. Nouwen, *In Memoriam*

We wrote this book for helping professionals, those who choose to spend a significant proportion of their lives in service to others. How did you decide to become a helper? A common motivation is the compassionate desire to foster well-being and happiness, alleviate or prevent suffering, and facilitate positive change. There is the joy, indeed the privilege, of being witness to growth and change, knowing that you have made a difference. These motivations are often what attract and retain people as counselors, educators, clergy, coaches, and health care professionals along with many other kinds of helpers who accompany people on life's journey.

Wanting to help is a good beginning. Having particular skills can then be the difference between making matters better or worse. When trying to help someone with a health crisis or injury, for example, having specific life-saving skills can be vital. Knowing what to do is part of a helper's expertise, and service professions appropriately emphasize using methods with scientific evidence of effectiveness.

In helping vocations, it does matter *what* you do, and it also matters *how* you do it. Beyond technical know-how, there are particular communication skills that make some helpers more (or less) effective than others.[1] In this book, we focus on ***motivational interviewing*** (MI) as an evidence-based method for promoting change and growth. For a definition, MI is *a particular way of talking with people about change and growth to strengthen their own motivation and commitment*. Its component skills such as empathic listening are not personality traits or inborn talents. They are practices you can learn and develop over time.

FOR THERAPISTS: **Effective Practice**

Although MI began as a method for behavioral health counselors and psychotherapists, it is now being used in many other helping professions. Throughout this edition, we have included special sections "For Therapists" to offer additional information and perspectives for the many practitioners whose work does focus on treating behavioral health concerns. In these more advanced sections, we assume familiarity with technical therapeutic concepts that may be less relevant for other readers.

A common finding in psychotherapy research is that clients' outcomes vary with the therapist who provides treatment. Even when following a structured treatment manual, some therapists are simply more effective than others, and it has very little to do with years of experience. At least eight observable clinical skills differentiate therapists whose clients have better (or worse) outcomes regardless of theoretical orientation. In reviewing 70 years of psychotherapy research,[2] we were struck by the parallels between these eight characteristics of more effective therapists (highlighted in *italic* font below) and the foundational elements of MI described in this book. *Accurate empathy* has been part of MI from the very first description of the method in 1983, as have sharing *hope* and *positive regard* or affirmation. *Acceptance* is a core component of the underlying spirit of MI described later in this chapter. Having *shared goals* for change and a strategy for reaching them is an essential element of a working alliance and is central to the focusing task of MI. *Evocation* of the client's own perspectives and motivations for change is a defining task of MI, which also includes *offering information and advice* in a particular person-centered way. The eighth of these therapeutic skills, congruence or *genuineness,* is one to which we have paid too little attention in our prior writing and is now addressed in this fourth edition.

These therapeutic skills are broadly applicable, and for this reason they have sometimes been called "nonspecific" factors, meaning that they are not specific to a particular theoretical orientation. Yet they are specifiable, observable, and learnable, and they predict client outcomes. Our work in developing and evaluating MI has operationalized many of these therapeutic skills to make them more specifically observable and learnable. We do not intend for MI to be used instead of but rather in addition to other treatment methods. Indeed, this is the most common use of MI now: in *combination* with other effective therapies. For us MI became a *way of doing* cognitive, behavioral, and health care interventions, an evidence-based *way of being* with clients as you use your expertise to help them change and grow.

Our own research on MI began in the 1980s, when we initially sought ways to help people change the harmful use of alcohol and other drugs.[3] We soon found that the skills we were studying and teaching are helpful not only for reducing bad habits but also for promoting positive, healthy changes. To our surprise and with relatively little assistance from us, MI spread into medical care, social work, counseling, coaching, mental health, nutrition, dentistry, education, public health, corrections, rehabilitation, and sports. It also crossed cultures on six continents and is now being used and taught in at least 75 languages around the globe.

Through decades of research and three prior editions of this book we have waded deep into complexity in the study and practice of MI. Countless studies have documented outcomes of MI, plumbed the depths of what happens in helping relationships to promote change, linked specific counselor and client responses, and explored what it takes to develop these salutary skills. As we write this, the scientific literature includes more than 2,000 controlled clinical trials involving MI across a wide range of fields and nations.[4]

What we hope to convey now in this fourth edition of *Motivational Interviewing* is a simplicity beyond the complexity of decades of research.[5] *Starting* with simplistic generalizations may be unhelpful—like telling parents to just love their children or urging teenagers to just say no to drugs—if it lacks the specific *how* that is involved. When you understand something deeply, however, it may become possible to explain it more simply and clearly. MI *is* simple but it is not easy, at least not when you are beginning to learn it. There may be some old habits to restrain and new ones to develop. There is an underlying mindset or spirit to MI that you can cultivate as you practice. Yet we do understand—much better now than when we began developing MI—how to teach this way of helping people change and grow.

A Helper's Presence

MI is not a novel approach to be used *instead* of other forms of helping. Rather, MI is a *way of doing* what else you do, a *way of being* with those you seek to serve, and it is grounded in a view of some fundamentals of a helping relationship.

First and foremost, we believe helping should be ***person-centered***.[6] When your work is person-centered, you're not primarily seeing deficits, diagnoses, or problems to be solved. You are talking to a *person* first and a client, patient, student, employee, or athlete second. You see this person as someone with strengths, hopes, and relationships, someone who appreciates being heard, valued,

MI is a way of doing what you already do.

and regarded as competent. You are in a relationship with a real human being who makes choices, and you are present as a real person yourself. In a helping profession it can be tempting to put on a mask of distance, authority, or objectivity. That may be appropriate for an actor or a courtroom judge, but person-centered practice calls on you to be *yourself* as a helping professional, aligned in heart and mind.

Here are some broad brushstrokes of a person-centered approach. Be curious. Bring a humble beginner's mind to your helping relationships, not assuming you already know what's happening and what's needed. Pay close attention. Notice how someone responds as you say and do specific things. You are in an interaction, a dance, and not a solo performance. Respond in the moment rather than following a rehearsed routine, checklist, or manual, and be mindful of your own reactions.

At the same time, practice restraint. The focus in a person-centered approach is on your client, not yourself. Regulate your own emotions and provide a calm presence. Be modest with your own desire to fix things and provide solutions. You are not the only wise person in the conversation. As a helper, you are a guest in the person's world.

Some helpers think that all they need to do is follow along and listen sympathetically. Others believe the way to help people is to solve problems and tell them what to do. In between these two communication styles of ***following*** and ***directing*** is a sweet spot of ***guiding***. If you travel to a new country, you might hire a guide to help you on your way. You don't expect the guide to decide when you will arrive and leave or to order what you will see and do. Neither do you expect the guide just to follow you around. The guide's job is to help you get where you want to go and do what *you* choose to do—safely, enjoyably, perhaps even economically. The guide's expertise is important, and so are your own goals and choices. A guide normally walks alongside, neither pulling from the front nor pushing from behind. Ideally, there is mutual respect between the guide and those being guided. That middle ground of guiding is where MI lives, drawing both on following with good listening and on offering direction when appropriate. Box 1.1 offers some verbs associated with these three communication styles of directing, guiding, and following.

The Guiding Spirit of MI

MI involves not only particular skills, but also an underlying attitude, a particular state of mind and heart with which you engage in a helping relationship. It shuns domination. This attitude calls for being open, calm, and compassionate—sometimes in the midst of chaos. It also calls for a posture that may seem radical if you understand your job as that of providing solutions and treatments for problems. If you begin with an intention to

BOX 1.1. **Some Verbs Associated with Each Communication Style**

Directing style	Guiding style	Following style
Administer	Accompany	Allow
Authorize	Arouse	Attend
Command	Assist	Be responsive
Conduct	Awaken	Be with
Decide	Collaborate	Comprehend
Determine	Elicit	Go along with
Govern	Encourage	Grasp
Lead	Enlighten	Have faith in
Manage	Inspire	Listen
Order	Kindle	Observe
Prescribe	Lay before	Permit
Preside	Look after	Shadow
Rule	Motivate	Stay with
Steer	Offer	Stick to
Run	Point	Take in
Take charge	Show	Take interest in
Take command	Support	Understand
Tell	Take along	Value

persuade, fix, or correct someone, you have already lost the person-centered path. Human beings are fine-tuned to sense clever manipulation, even if unconsciously. It matters how you think about your role as a helper and how you understand the process of helping. We refer to this attitude toward helping as the guiding ***spirit of MI***, without which the technical skills are hollow. There are four interlocking elements of that underlying spirit: partnership, acceptance, compassion, and empowerment.[7]

If you begin with an intention to correct someone, you have lost the path.

Partnership

As a helper, it's easy to fall into an expert stance that has you in essence talking down to the person from a position of superiority. Some professional contexts amplify this imbalance with diplomas on the wall, a barrier desk or window, or a white coat. Professional expertise is often part of what people seek from helpers; yet in any helping relationship you are not the only one with expertise. People are experts on *themselves*. If the topic

of conversation involves a change in people's behavior or lifestyle, then you will *need* their expertise. No one has more experience with or knows more about them than they do, so a helping relationship is a ***partnership*** of your expertise and theirs. You both bring strengths and capability to the relationship. It is not an adversarial task like wrestling but is more like dancing together with flowing motion, adjustments and direction.[8] If you're dancing in a ballroom, you can move gracefully without pushing or dragging your partner. Helping relationships can be like that. Skillful guiding requires a collaborative partnership.

Acceptance

Nonjudgmental ***acceptance*** is widely recognized and scientifically demonstrated to be a healing factor in psychotherapy.[9] The most effective practitioners, therapists, and counselors are those who are empathic, warm, accepting, and affirming.[10] The same characteristics are found in effective teachers, organizational leaders, and coaches.

Acceptance in helping relationships bespeaks in part a general reverence for humankind and its diversity. For an open-hearted helper, people have inherent worth and do not need to earn or prove that they deserve respect. More than this, helpfulness involves respect for and interest in the particular unique person you are serving. Acceptance does not mean agreement or approval. For example, you can accept opinions very different from your own without agreeing with them. Acceptance is importantly conveyed by what you are *not* doing: judging, disapproving, criticizing, or shaming.

How can accepting people *as they are* help them to change and grow? There is an ironic paradox here: When people experience being accepted as they are, it becomes possible for them to change.[11] In contrast, feeling unacceptable can be immobilizing. Motivation for change is rarely fueled by feeling sufficiently terrible about oneself—guilty, ashamed, or worthless. Nonjudgmental helping involves taking an interest in and understanding people's unique experience whatever it may be.

When people feel accepted as they are, then they can change.

Compassion

What we mean by ***compassion*** is not a *feeling* such as sympathy or pity (feeling *for* someone). Sympathetic feelings may nudge you into the role of a fixer or technician who is there to find the problem and correct it or may prompt you to make unjust preferential decisions.[12] Rather, what we mean here by compassion is an *intention* to give top priority to the health and well-being of the one you are serving.[13] It is a commitment to benevolence, an intent to alleviate suffering and support positive growth. Some of

the skills we will describe in this book can be and have been used in self-serving ways to influence others to do something that is in the practitioner's own interest.[14] MI is not about getting people to do things that *you* want them to do. With compassion, the prime directive is the best interest of the person whom you are helping. MI is compassion in action.

Empowerment

Professional helpers are sometimes called "providers." So much of what happens in the name of helping is based on a deficit model indicating that the person is lacking something that needs to be provided. The implicit message is, "I have what you need, and I'm going to give it to you," be it knowledge, insight, diagnosis, wisdom, reality, rationality, or coping skills. Clinical evaluation is often focused on detecting faults or deficits to be corrected by professional expertise. The underlying assumption is that once you have discovered what the person lacks, then you will know what to install. This approach is reasonable in automobile repair or in treating infections, but it usually does not work well when lifestyle change is the focus of the conversation.

To empower can mean giving what the person did not have before—for example, granting an authority that was not theirs to begin with. A second common meaning of empower, however, is to help people realize and utilize their own strengths and abilities. The spirit of MI starts from this latter strengths-focused premise, that people already have within them much of what is needed and your task is to evoke it, to call it forth. It is not just accepting a person's autonomy, but actively supporting and encouraging it, looking for assets and opportunities rather than deficits.[15] The implicit message in MI is, "*You* have what you need, and together we will find it." From this perspective it is particularly important to focus on and understand the person's own strengths and resources. The view here is that people truly do have wisdom about themselves and have good reasons for doing what they have been doing. They already have motivation and abilities within them that they can call upon, which is a primary purpose of the *evoking* task in MI (see Chapter 2). One of the surprises in our early MI research was that once people resolved their reluctance about change, they often went ahead and did it on their own without additional professional assistance or permission.[16] ***Empowerment*** in MI, then, is not primarily giving people something they lack but rather helping them appreciate and use what they already have. It is an optimistic view that prizes strengths and competence.

Not just accept, but actively encourage a person's autonomy.

Empowerment also affirms people's ability to make their own choices, sometimes called ***autonomy support***.[17] Short of extreme coercive measures

like incarceration, a client's autonomy cannot be taken away no matter how much you might wish to do so at times.[18] The opposite of autonomy support is domination: to exert power or control over another from a superior position, the attempt to *make* people do things. There is a paradox here. Telling people that they "can't" do something, and more generally trying to constrain choices, typically evoke a desire in them to reassert their freedom. On the other hand, directly acknowledging someone's freedom of choice often diminishes defensiveness and can facilitate change.[19] Approaching your work with this understanding of empowerment involves letting go of the idea that you have to (or can) make people change. It is in essence letting go of a power that you never had in the first place.

We hasten to acknowledge here that in some cultures one's sense of self is intimately connected with the well-being of one's family, group, or community. In such contexts, the concept of autonomy may expand beyond the individual. In indigenous and other more collectivist cultures, for example, primary consideration is often given to the well-being of the community, and thinking first or only of oneself is peculiar. MI was originally developed in a more individualistic Western context, but it has now been adopted and adapted in a wide range of world cultures. Indeed, MI can be applied in macro-level changes at a system or social level.[20]

In sum, MI as a way of helping starts from your state of mind and heart when you are working with others. As a helper you are not a hero arriving to fix things, but rather a companion and guide on the client's journey of change and growth.

A Way of Being

Happily, embodying the underlying spirit of MI is not a prerequisite for practicing MI. If it were, few could begin. MI is grounded in a willingness and intention to be an accepting, compassionate, and empowering partner on the path to change and growth. You learn how to don that underlying attitude as you practice the technical skills of MI. As you begin the journey of learning MI, your best asset is a clear mind, letting go of needless mental clutter or seeking clever things to say.

It is our experience that over time the practice of MI can change you as a person. Those in helping professions have told us that learning and practicing MI has lifted an emotional burden from their shoulders, allowing them to enjoy their work much more. Though more studies are needed, we suspect MI is an antidote for the poison of burnout.[21] Practicing empathy and acceptance for others may help you become a more accepting person, more patient not only with others but also with your own shortcomings.[22]

There is a common situation that gives rise to MI in helping professions. The helper sees a beneficial change the client could make, and the person seems reticent or even uninterested in doing it. The helper is

championing change and the client is reluctant about it; they seem to have different goals, and attempts to convince or persuade are often fruitless at best. This situation can be frustrating for client and helper alike, who can wind up blaming each other for the impasse with labels such as "rigid," "resistant," and "unmotivated." MI is about arriving at shared goals to move toward while finding and strengthening the client's own motivations for change.[23] Over time we have come to realize that the very term *resistance* is an unhelpful way to think about helping relationships. If you practice the spirit and method of MI, this kind of oppositional struggle is far less common from the outset. We certainly will address in detail the issues of differing goals and resistance once the fundamentals of MI are in place.

MI is about arriving at shared goals to move toward.

As you learn this way of working with others, you may soon notice significant changes happening in how people respond to you. They become less defensive or "resistive" and more appreciative. It is easier to develop and pursue common goals. The engaging skills of MI can equip you to develop trusting relationships surprisingly quickly. The experience of being listened to in this way is sufficiently rare that people will be eager to talk to you more.

Practiced with a compassionate and accepting spirit, MI is a method for helping people change and grow. In the beginning MI was focused on specific changes, often decreasing a harmful behavior or increasing a healthful one. There is ample evidence that MI can be effective in helping people change behavior, but we now think about its usefulness in facilitating change and growth more generally. The concept of ambivalence applies well when considering a specific change like being more physically active—wanting and not wanting it at the same time. Human growth more often is about choice within a broader field of options. What do you want to be and do in the long run? What and how would you like to learn? Where are you stuck? How will you choose to spend your time? What kind of life do you hope to pursue for yourself, your loved ones, your community or nation? MI is a way of accompanying people on these growth journeys as well.

PERSONAL PERSPECTIVE: **An MI Meditation**

Living in the American Southwest, I have often been privileged to talk with Native American helpers about MI. Some have told me that this respectful way of relating to others is quite compatible with tribal conversational norms. A tribal leader once observed, however, that in order to teach MI to Native American people, it should have a prayer, a song, and a dance. I leave the dance and song to more capable people, but I did craft this prayer with assistance from a Navajo elder.

This version reflects a meditative preparation to work with a woman, but the pronouns are easily changed.

> Guide me to be a patient companion,
> to listen with a heart as open as the sky.
> Grant me vision to see through her eyes
> and eager ears to hear her story.
> Create a safe and open mesa on which we may walk together.
> Make me a clear pool in which she may reflect.
> Guide me to find in her your beauty and wisdom,
> knowing your desire for her to be in harmony:
> healthy, loving, and strong.
> Let me honor and respect her choosing of her own path,
> and bless her to walk it freely.
> May I know once again that although she and I are different,
> yet there is a peaceful place where we are one.
>
> —BILL

In Chapter 2 we will describe what MI is, how it began, and its four component tasks, each of which is then explained in more detail in Chapters 4–7. Together these chapters portray the fundamentals of MI.

KEY CONCEPTS

- Acceptance
- Autonomy support
- Compassion
- Directing
- Empowerment
- Following
- Guiding
- Motivational interviewing
- Partnership
- Person-centered
- Spirit of MI

KEY POINTS

- Motivational interviewing (MI) is an evidence-based, person-centered method for fostering change and growth, and is applicable across a broad range of helping professions.
- MI is a particular way of talking with people about change

and growth to strengthen their own motivation and commitment.

- MI does not compete but is compatible with many other means of helping. It is a way of doing what else you do.
- The underlying guiding spirit of MI includes four elements: partnership, acceptance, compassion, and empowerment.
- Over time, the practice of MI can change how your clients respond and may also change you as a person.

Notes and References

1. Perhaps the most extensive research on what makes helpers more helpful is in the field of psychotherapy, where the therapist who delivers a treatment significantly influences its outcome. A review of 70 years of research on this subject is provided in Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford Press.
2. See note 1.
3. Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy, 11*, 147–172.

   Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. Guilford Press.
4. The website of the international Motivational Interviewing Network of Trainers (MINT) (*https://motivationalinterviewing.org*) is a good resource for up-to-date references and perspectives on MI.
5. We were inspired by a quote from U.S. Supreme Court Justice Oliver Wendell Holmes Jr. that "I would not give a fig for the simplicity this side of complexity, but I would give my life for the simplicity on the other side of complexity."
6. The concept of person-centered counseling was pioneered by Carl Rogers and his students in the 1950s and 1960s, inspiring patient-centered health care and student-centered learning.

   Rogers, C. R. (1951). *Client-centered therapy*. Houghton-Mifflin.

   Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy*. Aldine.

   Gordon, T., & Edwards, W. S. (1997). *Making the patient your partner: Communication skills for doctors and other caregivers*. Auburn House Paperback.

   Rakel, D. (2018). *The compassionate connection: The healing power of empathy and mindful listening*. Norton.
7. Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy, 23*, 325–334.
8. We thank Jeff Allison for suggesting this analogy of dancing rather than wrestling.
9. Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy: Noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 270–376). Wiley.
10. Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford Press.
11. This perspective lies at the heart of Carl Rogers's person-centered approach. In his own words, "The curious paradox is that when I accept myself just as I am, then I can change." Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

12. Bloom, P. (2016). *Against empathy: The case for rational compassion*. Harper Collins.
13. The Dalai Lama, & Vreeland, N. (2001). *An open heart: Practicing compassion in everyday life*. Little, Brown.
14. To our dismay, one book describing MI was entitled *Instant Influence: How to Get Anyone to Do Anything—FAST*. We recognize that it is usually the publisher, not the author, who chooses the title of a book.
15. Milner, H. R. (2012). Beyond a test score: Explaining opportunity gaps in educational practice. *Journal of Black Studies, 43*(6), 693–718.
16. Miller, W. R., Sovereign, R. G., & Krege, B. (1988). Motivational interviewing with problem drinkers: II. The Drinker's Check-up as a preventive intervention. *Behavioural Psychotherapy, 16*, 251–268.
17. Ryan, R. M., Deci, E. L., Grolnick, W. S., & La Guardia, J. G. (2006). The significance of autonomy and autonomy support in psychological development and psychopathology. In *Developmental psychopathology: Theory and method* (Vol. 1, 2nd ed., pp. 795–849). Wiley.
18. Vansteenkiste, M., Williams, G. C., & Resnicow, K. (2012). Toward systematic integration between self-determination theory and motivational interviewing as examples of top-down and bottom-up intervention development: Autonomy or volition as a fundamental theoretical principle. *The International Journal of Behavioral Nutrition and Physical Activity 9*, Article 23.
19. Hagger, M. S., & Protogerou, C. Self-determination theory and autonomy support to change healthcare behavior. In A. Hadler, S. Sutton, & L. Osterberg (Eds.), H*andbook of healthcare treatment engagement: Theory, research, and clinical practice* (pp. 141–158). Wiley.

    Chatzisarantis, N. L. D., Hagger, M. S., & Smith, B. (2007). Influences of perceived autonomy support on physical activity within the theory of planned behavior. *European Journal of Social Psychology, 37*, 934–954.

    Deci, E. L., & Ryan, R. M. (2012). Self-determination theory in health care and its relations to motivational interviewing: A few comments. *International Journal of Behavioral Nutrition and Physical Activity, 9*, 24.
20. Avruch, D. O., & Shaia, W. E. (2022). Macro MI: Using motivational interviewing to address socially-engineered trauma. *Journal of Progressive Human Services*, *33*(2), 176–204.
21. Pollak, K. I., Nagy, P., Bigger, J., Bilheimer, A., Lyna, P., Gao, X., et al. (2016). Effect of teaching motivational interviewing via communication coaching on clinician and patient satisfaction in primary care and pediatric obesity-focused offices. *Patient Education and Counseling, 99*(2), 300–303.
22. Endrejat, P. C., & Kauffeld, S. (2021). Learning motivational interviewing: Prospects to preserve practitioners' well-being. *International Journal of Workplace Health Management, 14*(1), 1–11.

    Pastore, O., & Fortier, M. (2020). Understanding the link between motivational interviewing and self-compassion. *Journal of Counselling and Psychotherapy, 54*(4), 846–860.
23. Magill, M., Martino, S., & Wampold, B. E. (2022). Goal setting and monitoring with alcohol and other drug use disorders: Principles and practices. *Journal of Substance Abuse Treatment, 132*, 108650.

CHAPTER 2

What Is Motivational Interviewing?

> You are a midwife, assisting at someone else's birth. Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the mother is helped, yet still free and in charge. When the baby is born, the mother will rightly say, "We did it ourselves!"
>
> —Lao Tzu, *Tao Te Ching*

To get a big picture of MI, let's begin with the name itself. *Motivation* is whatever actually gets someone moving: acting, changing, or growing. No one is unmotivated. People are always doing something even if it's sleeping or relaxing. The prompts for action can be external (such as drawing your hand away from a hot stove) or internal (such as eating when you feel hungry). Yet the line between external and internal motives can be blurry. For example, hunger can be triggered not by stomach contractions but by the sight or smell of food or by cues associated with eating such as time of day. Rather than some mysterious internal force such as will power, motivation arises from both internal and external sources and is often interpersonal, something that happens between people.

Interviewing is a particular kind of interaction. An interviewer has a different role from that of the person being interviewed. We might have called the method "motivational conversation," but two people who are conversing typically have similar roles, just as two friends do when they are talking to each other. An interviewer has a particular guiding role that is different from the role of the person who is being interviewed. We also chose the term "interviewing" because in English it does not imply the balance-of-power relationship between the people involved. The interviewer could be an employer deciding whom to hire, thereby holding the

balance of power. An interviewer might also be a student completing an assignment by posing questions to a famous visitor. In both cases, the interviewer's task is to ask particular questions, listen with curiosity, and learn.

MI is a specific form of interviewing. When practicing MI, the interviewer has a guiding role in using the particular skills we describe in detail in this book. The recipient of MI is being served and ultimately is the one who decides what to change, if anything. MI is not about *installing* motivation in people but rather *evoking* it from them. You don't provide the motivation any more than a midwife provides the baby. You bring it out, calling forth what is already there.

MI is not about installing motivation, but evoking it.

A key in MI is discovering the person's *own* motivation for the change that is being considered. As we will discuss shortly, people are often *ambivalent* when considering change: they perceive reasons both for and against changing. MI is a particular way of having such conversations about change.

How MI Began

MI is a work in progress, continuing to evolve with experience and research.[1] It was not derived from a preconceived theory.[2] Like the person-centered approach of Carl Rogers, it arose from closely observing and reflecting on clinical practice.[3] Although MI is broadly about change and growth, it originated in clinical efforts to alleviate problem behavior. It began from a series of discussions in 1982 with a group of Norwegian psychologists and social workers who were treating people with alcohol use disorders.[4] The group listened carefully to examples of clinical practice, asking good questions such as:

- Of all the things the client said, why did you focus on and reflect that specific comment?
- Of all the questions you could have posed, why did you ask that particular question?
- Why didn't you push harder on that point?

We paid close attention to what the interviewer was *thinking* that guided what they said and to how clients replied to particular counselor responses. Together the group developed a tentative set of guidelines to help people change their drinking, including the following[5]:

- Change is a process that emerges over time, often through personal interactions.
- Ambivalence is a normal experience when considering change.
- It is necessarily the client who decides whether change is going to happen.
- It is important to understand the client's own experience and perspective.
- It is the client and not you who should be voicing the reasons for change.
- It matters what you choose to ask, affirm, reflect, and include in summaries.
- Don't push back against what feels like resistance because doing so usually strengthens commitment to the status quo.
- Foster hope and optimism regarding the person's *ability* to change.

At the time, we did not know how well an approach using these guidelines would actually work. It was in stark contrast to the authoritarian confrontational style in vogue for treating addictions at the time, but we discovered that it does, in fact, work. (Evidence for the effectiveness of MI would emerge over the subsequent decades, and if you're interested, in Chapter 18 we will summarize what has been learned from research.)

We were surprised when MI began being applied in a variety of areas even before there was research supporting its efficacy. Then as now, across contexts and settings there seemed to be something engaging about this approach to a helping relationship. When people learn about MI, they often seem to *recognize* it as if they were being re-minded of something they already knew about being human. They tell us things such as "Yes, *this* is how I want to work with people!" or "I have already been doing something like this, but you helped me to understand what I'm doing and to do it better." As research accumulated, the scientific evidence base became another reason for interest in this way of helping people change and grow. Together these two factors—a humane appeal and scientific evidence that it works—contributed to the surprising diffusion of MI in so many fields, nations, and languages.[6]

Ambivalence

What is it that inhibits people from making a change? Reluctance is a normal human response when faced with change and growth. There is a cozy familiarity in the ***status quo***—in one's accustomed ways of doing and

being. Hesitancy can be about whether the change is important, necessary, or advantageous; there may also be doubt as to whether it is even possible. "Can't I just keep on as I have been?" Usually, the answer to that question is, "Yes," that people *can* choose not to change or grow. Knowing and accepting this fact can help you to practice MI well.

On the other hand, change could have some advantages—for example, in choosing a new place to live or work, taking steps to be healthier, getting more education or training, or having a family. When considering change, a person commonly experiences ***ambivalence***—simultaneously wanting and not wanting it. Ambivalence about change is quite normal and is not resistance or pathology.[7] Holding that idea in mind can help you to see your hesitant clients in a better light.

Often a new way of doing or being has both perceived advantages (pros) and disadvantages (cons). (Perhaps you are even right now weighing the pros and cons of MI as a way to engage in helping relationships.) This balance of pros and cons predicts whether change or growth is going to happen.[8] When listening to people talk about possible change, you can hear them voice their own arguments both for and against. In the following example, the pros are followed by a plus sign (+), and the cons are indicated by a minus sign (–).

> "My daughter says that I should move to live with them now that I'm a widow. I'd enjoy being closer to our grandchildren (+), but it's also kind of exhausting when I'm there even for a few days (–). It sure would be a relief not to have to take care of this house (+), and they certainly could help me with the things I don't know how to do (+). Yet moving to a whole new city at my age would be hard (–). I don't even want to think about the downsizing it would take (–), and most of my friends live here (–). Still, who knows what will happen as I get older, and it would be nice to be close to family (+), though what if they decided to move somewhere else (–)?"

You can hear the balance tipping back and forth when someone voices the pros and cons.

And choices are not always binary. Often there are many possible options from which to choose, such as the menu at a restaurant, and choosing within a universe of alternatives can be daunting. Important developmental choices are often like the following:

- "What will my career or vocation be?"
- "What lifestyle changes will I make to manage this chronic illness?"
- "What do I want to learn about?"
- "How will I spend my time, and with whom?"
- "What kind of person do I want to be?"

Talking about Change

The work of helpers is often about facilitating change and growth. Sometimes it does involve doing things *for* people, such as casting a broken bone, providing an application form, giving instructions, or making a referral. Even so, the desired outcome usually depends on people doing their part as well: doing physical therapy exercises at home, completing and submitting the application, following directions, or getting to the referral.

A common frustration we hear from helping professionals is, "I tell them and I tell them and I tell them, and *still* they don't change!" Part of the problem may be in the telling. Helpers have a natural inclination to want to make change happen. We call this the ***fixing reflex***,[9] and its intention is good. People who enter the helping professions want to help, to fix things and set them right. The question that arises is *how* best to do that. Telling and persuading are often insufficient and can even have an opposite result from what you intended.[10] Telling tends to be a one-way communication—I tell you—and often people don't respond well to that.

Consider what happens, for example, when a helper with the fixing reflex encounters a person who is ambivalent. The helper's natural inclination is to advocate for positive change, explaining how to do it and why it's important, and perhaps emphasizing the risks of not doing it. Remember that an ambivalent person already experiences motivations both for and against change. Suppose the issue is anger, and in trying to be helpful, you make one or more of these comments:

- "I think you really do have an anger problem."
- "You tend to be aggressive and just make matters worse."
- "You need to learn how to manage your anger."

What will the person naturally say next? It's quite predictable: "No, I don't." This in turn might prompt you as a helper to work harder to convince the person, and so you continue your line of persuasion, doing so with the best of intentions. You know enough to be able to write out the dialogue in advance with alternating lines of "Don't you see . . . ?" and "Yes, but. . . ."

What's occurring in such a dialogue is that you two are actually acting out the person's own ambivalence. You take up the pro-change arguments, leaving the person to voice the other side of the dilemma. Whenever you advocate for one side of an issue on which someone is ambivalent, their natural response is to defend the other side. This might be interesting psychodrama except for the fact that people tend to believe what they hear themselves say, and so they become more committed to it. They are literally talking themselves *out* of change, though neither person in the conversation may be conscious of what is happening.

Perhaps the right thing to do, then, might be to use some clever "reverse psychology"? If you argue for people *not* to change, perhaps they will then take up the opposite position and argue themselves into doing it? It might work, but you probably can already feel what's wrong with that strategy: It's a *strategy*. You are still mentally in an adversarial relationship hoping to make change happen, and people can sense manipulation a mile away.

Instead, what is more likely to be persuasive are the person's *own* motivations for change, and that's where MI comes in. In a way, practicing MI *is* the opposite of arguing for change. Instead of inadvertently causing people to voice counterarguments, MI is about consciously evoking their own desires, ideas, values, and reasons for change. It helps people talk themselves into change and growth based on their own desires, ideas and values. In the absence of pressure and the presence of a compassionate helper, people can and do make remarkable decisions to change.[11]

An important part of practicing MI, then, is resisting the pull of the fixing reflex, the allure of trying to *convince* people or *make* them change. The Latin root of the word *convince* is *vincere*—to conquer. It results from a power struggle, and even if you achieve such a victory, it is fleeting. Your fixing reflex can feel quite strong to you; it is like the impulse to swim toward shore against a riptide that is pulling you out to sea. From an MI perspective, instead of entering that exhausting fight against the offshore pull, it's better to swim sideways for a bit, parallel to the shore, thereby helping you escape from the usually narrow riptide so that you can reach the shore with less effort. In truth, direct confrontation doesn't work well. You can't *make* someone change or grow, although you can provide conditions that make it more likely. People must participate in their own healing. Wendy Farley observed, "We wish we could reach in and break the hold of an addiction we see destroying someone we care about or make an adolescent see the destructiveness of her behavior. It is not that it would be immoral to do so. It is simply not possible."[12]

It's not immoral to try to make someone change. It is simply not possible.

MI, then, is an alternative to trying to make people change. As defined in Chapter 1, MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.

Four Tasks in MI

Four key tasks embody MI: engaging, focusing, evoking, and planning (Figure 2.1). At first glance, these tasks seem to have a linear quality: first, you engage with a person (be that a client, a patient, a pupil, a supervisee, or whoever it is you wish to help), then you develop a focus, and finally you

FOR THERAPISTS: **Resistance**

Within psychodynamic psychotherapy "resistance" has a specific technical meaning and is an important element of practice. In classic analysis, it refers to unconscious ego defenses to prevent the emergence of threatening material. Outside of a psychodynamic perspective, however, the term came to be used much more loosely in psychotherapy, medicine, counseling, and coaching, as well as in popular parlance. We encountered this early in addiction treatment settings where arguing with a counselor and failing to comply with treatment were labeled as resistance. (There is an old psychotherapy joke that when you disagree with your therapist it is called resistance. If you subsequently come to agree with your therapist, it's called insight.[13]) It is to this careless but popular misuse of terms such as "resistance" and "denial" that we refer in this book.

Resistance became a way of explaining and blaming clients for noncompliance and oppositional responses, and ultimately for not getting better. Normal human phenomena such as ambivalence and impression management were interpreted as signs of either pathology or willful obstruction. People with substance use disorders, for example, were widely branded with immature defense mechanisms such as denial and rationalization, claims that were never confirmed by psychological research. This view in turn was used to justify harsh confrontational approaches for "breaking down" defenses, methods likely to be regarded as malpractice in the treatment of most mental disorders. "Resistance" also invites an adversarial view that the therapist is just trying to help while the client is being oppositional.

In MI we deconstruct the component client behaviors that tend to be (mis)interpreted as resistance: sustain talk (arguing against change, which is one side of normal ambivalence) and ***discord*** (reflecting discomfort with the therapeutic alliance). Both behaviors, if unaddressed, predict poor treatment outcome. We emphasize the *interpersonal* nature of these behaviors. Both can be increased or decreased by what the interviewer is doing. Ironically, the very strategies sometimes prescribed to confront resistance and denial clearly exacerbate it. These strategies are very far from normal therapeutic responses to resistance within a psychodynamic perspective where, for example, a premature interpretation is simply noted as the therapist trying to move too quickly.

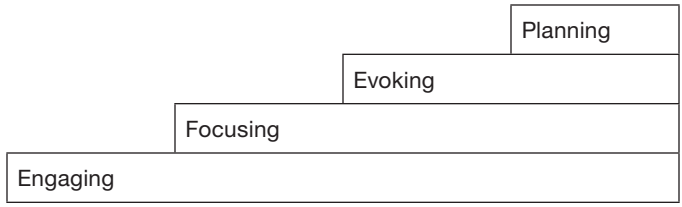


FIGURE 2.1. Four tasks in MI.

evoke the *why* and plan the *how* of change. Yet, in practice, these tasks overlap and blend. Think of them as stairsteps on which you can move up or down.

Engaging

A first step in helping is to establish a collaborative, trusting, and affirming relationship. The underlying metaphoric question in ***engaging*** is, "Can we walk together?" So often this step is skipped over by "getting right down to business," that is, by asking questions and providing information. In fact, engaging is more about responding to some unspoken questions in the person's mind, and not by answering with facts but by the way in which you respond. Entering a potentially helping relationship with you, a person may be wondering:

- "What are we doing here?"
- "Am I safe? Can I trust this person or this place?"
- "Will I be listened to and heard?"
- "Will my feelings and values be respected?"
- "Can they really help me here?"

Engaging requires more than being friendly. There are particular interpersonal skills that help to forge a helping relationship and improve client outcomes.[14] Engaging involves empathic listening to establish a nonjudgmental human relationship. Such a relationship becomes like a safe cocoon in which to consider change. This task doesn't have to take a long time; in observing MI sessions, we sometimes see it happening within a matter of minutes. A rough guideline we suggest in getting started is to devote about 20 percent of whatever amount of time you have to engaging, particularly in initial interactions. In fact, sometimes these skills are all you need in order to be helpful. We will discuss engaging skills in more detail in Chapter 4.

Establishing a ***working alliance*** influences the quality of a helping relationship and its outcomes.[15] In both counseling and health care, people who are actively engaged are more likely to stay in, adhere to, and benefit from treatment. A student who feels engaged and connected is going to learn more than one who doesn't. So what defines a good working alliance? One widely studied system highlights three aspects of a working alliance in a helping relationship[16]:

1. Establishing mutual trust and respect.
2. Agreeing on goals.
3. Collaborating on mutually agreed tasks to reach those goals.

The latter two aspects of an effective working alliance involve focusing, the second of our four MI tasks.

Focusing

If the unspoken subject of engaging is, "Can we walk together?" then the questions underlying the ***focusing task*** are "Where are we going? and "What shall we talk about?" MI is not *directive* in the usual sense of that word but rather is ***directional***, purposeful, moving toward intended outcomes. The focusing task helps you and your client gain a sense of where you are going, what your helping relationship is intended to achieve, and what topic(s) will be most helpful to discuss.

Being helpful doesn't always require having clear goals, but often it's an important element. Sometimes a person expresses or implies certain goals right away to a helper:

- "I need to lose weight and get into better shape."
- "We want to improve our relationship."
- "I've been feeling very tired lately, like I have no energy."
- "I'd like your help in drawing up a will."

Sometimes your workplace influences what goals are likely. When a person walks through the door of a smoking cessation clinic, there is no mystery about what the topic of conversation is going to be. In contrast, when someone is referred to a diabetes educator, there is a broader range of potential goals, including dietary change, weight loss, medication use, exercise, blood pressure, foot care, and stress reduction.[17] Nevertheless, all of these objectives are routes toward achieving the overall goal of better glycemic control, health, and quality of life. It is also common for people to have multiple intertwined goals. Although MI is

MI is directional and purposeful.

often thought of as focusing on specific behavior change, the focus can be much broader, and goals are not limited to changing behavior.[18] A person might, for example, be contemplating forgiveness or seeking broader life satisfaction.

A fixing reflex can lead you to be directive and to *prescribe* goals, telling people what they should or need to do. Yet you can't *make* people change their behavior or lifestyle; you can only encourage and help them to do so. As with medications, prescribing goals does not mean that the person will actually accept them. In a helping relationship, the goal is not fully a goal until your client concurs with it. It is *shared* change goals that form a working alliance. Keep to task and stay finely tuned into a helpful direction for the conversation. Avoid sudden and unannounced changes in what you speak about and make sure you are moving together in a helpful direction. If the conversation is like heading out in a sailing boat, hand the steering over to the person, and if you do grasp the controls at times to shift focus, keep them alongside and in agreement. We describe more about the focusing task in Chapter 5.

Don't misinterpret this recommendation as suggesting there is nothing you can do until a person is "ready" or "motivated." In fact, MI was originally developed in the field of addictions, where many people are pressed into treatment by families or the courts. Just because they walk through the doors of an addiction treatment program does not mean they are ready to change their use of alcohol or other drugs. Reducing substance use and related harm is the natural goal of those who work in addiction treatment, and MI was developed precisely to help strengthen clients' own readiness for change. That is an important part of the third task: evoking.

Evoking

A metaphoric question that underlies ***evoking*** is, "Why would you go there?" Remember that a common starting point for change is *ambivalence*. Part of the person can see reasons for change, and another part is reluctant to do so.

> "I know I really ought to change how I eat. The nurse warned me about some terrible things that can happen if diabetes is uncontrolled, but you know, I'm not even sure if I have diabetes. I mean, I feel fine. It was just some blood test the doctor ordered and told me that I have it. I know I could stand to lose some weight, and the fast food I eat isn't good for me, but it is so easy and it tastes good. I shouldn't ignore the warning, I guess, but I do feel fine. They also said I should get more exercise, and I know that's important, but my days are already so busy."

It is as if there were a committee inside the person debating how important change is. There are advocates both for and against change, and who will win the debate depends in part on who is given more air time.

Evoking is the task that particularly differentiates MI from other approaches. It involves arranging conversations about change so that the person's pro-change advocates naturally get good time to make their case. Normally, these internal committee members are interrupted right away. As soon as they make a point, someone else on the committee jumps up and says, "Yes, but . . ." and the whole process bogs down. The evoking task is about tipping the balance toward change, usually because that is what the client asked you to do.

A skillful MI conversation is like dancing, moving together. What your client says matters at least as much as what you say, if not more. ***Change talk*** is client language that indicates movement toward a particular change. Its opposite, ***sustain talk***, moves the speaker away from change in support of the status quo. We will say much more about this motivational language in Chapter 6. During an interview, you influence how much change talk (and sustain talk) you will hear by what you choose to ask and emphasize. When you want to facilitate movement in a particular direction, you pay close attention to this motivational language and your own influence on it. There are also times when you would choose to remain neutral, being careful *not* to put your thumb on the balance scales. We will say more about skills for remaining neutral in Chapter 9.

The same skills that we will describe as central in engaging (Chapter 4) continue to be important when evoking. The difference is that in evoking you are more likely to ask *certain* questions rather than others; you preferentially reflect, affirm, and summarize *particular* parts of what people say. Instead of telling them what they should do and why they should do it, you are evoking and strengthening their own *why* of change (Chapter 6). Similarly, in the next task—planning—you evoke their own wisdom in negotiating *how* to change rather than just telling them the way you think is best (Chapter 7). If they are not sure whether they *can* change, you may also be evoking *hope* in the possibility and their own capabilities (Chapter 10).

Planning

When there seems to be sufficient motivation (*why*) for change, talk normally expands into *how* to change. The ***planning task*** rests on and continues to use your engaging, focusing, and evoking skills. Indeed, in MI a plan for change is evoked from, not imposed on, the client, for it is not a plan until the person accepts it. The underlying metaphoric question is, "How will you get there?" It is also worth noting that people's willingness

even to consider the *why* of change sometimes depends on their first seeing a possible and acceptable way to do it (the *how*), so these tasks can be intertwined.

A plan to change is not a plan until the person accepts it.

This is different from an expert model of providing your own wisdom. MI does not even assume that you have all of the necessary expertise. To be sure, clients do sometimes ask for information and advice, and providing it can be a legitimate part of MI (Chapter 11). It's just not the default or starting point to provide a plan yourself because advice or direction alone is often insufficient and can even backfire. In MI you learn to respect, evoke, and collaborate with the person's own expertise, thereby opening the door to change.

Sometimes people seem quite ready for change, and with a working alliance in place you can proceed quickly to planning (see Chapter 7). If you begin planning and then encounter ambivalence, you can always double back to focusing and evoking.

Planning can also be an ongoing process. It is a misunderstanding that once you have arrived at a plan, MI is over. Your role may continue in helping the person to try out and implement a plan, or at least follow up over time to see how it is going. The implementation of a plan for change or growth ordinarily includes some setbacks—two steps forward and one step back. Discouragement can set in, calling for further reinforcement with your engaging and evoking skills. We understand MI as a way of doing what else you do, be it as a therapist, counselor, physician or nurse, educator, or coach.

We understand these four tasks as building on one another, with each providing a basis for subsequent steps. Engaging lays a foundation for working together toward shared goals, and the engaging skills continue to be used throughout MI. Until you have a clear focus, you actually don't know what to evoke; change talk is defined by the change goal(s). Building clients' motivation for the *why* of change prepares the way to plan the *how* of change. In theory, the four tasks sound linear, occurring in a neat sequence.

Yet in practice, it is not always so. Clients may present with a focus or a plan before you have even had much chance to engage. Sometimes while you are evoking, the focus may change as different or more important goals emerge. Reluctance can reemerge during planning, suggesting a need for further evoking. Discord in your working relationship could occur anywhere along the line, indicating a need to reengage. Don't assume that MI is a linear process. Pay close attention to how your client is responding to whatever you do, because it provides immediate feedback about whether

you are on the right track or may need to shift. Move flexibly among the four tasks as needed in response to what is happening in the moment. It's a bit like dancing up and down the stairs together; staying in synchrony and paying close attention to your partner's posture and movement.

Some Traps to Avoid

As described in Chapter 1, MI is a way of guiding that lies in between directing and following. If you veer too far toward either directing or following you may step into some traps that can slow your progress on this middle path.

First, there is an ***expert trap*** in which you assume an authority stance and proceed to solve someone's problem *for* them. With hard-won education and training, it's natural to think of yourself as having professional know-how. Indeed, expertise is one reason people come to you for help, and making good use of your knowledge is part of your job. At the same time, it is important to know that your clients have vital expertise about themselves. No one is an expert on someone else's life, and the stance that "I have the answer for you" is provisional at best. No one knows more about your clients than they do, and particularly when your hope is to facilitate change in their behavior or lifestyle, you *need* their expertise. Taking an expert stance can leave people feeling patronized and restricted, wondering whether you really understand their situation. A safeguard here is to communicate from the outset your intention to collaborate and your appreciation for the person's strengths, wisdom, and self-direction.

Like the expert trap, the ***persuasion trap*** errs on the side of directing. Here you find yourself taking responsibility to convince someone to do something. You take up the *pro* arguments with the predictable effect that your client argues against it. This is especially prone to happen when you feel urgency about what the person should do (the fixing reflex). You try harder to convince your client, and your client escalates counterargument. (Remember that *convince* literally means to win, to conquer.) If you don't detect the trap and find yourself in this kind of debate, it's time to change course. Slow down, ask instead of telling, and listen well. Remember that there is wisdom in the person you're speaking with and that people appreciate the freedom to decide for themselves. Consider asking what your client thinks would be best. Sometimes helping someone toward change is mostly a matter of getting out of their way.

Feeling in a hurry can lead you to rush, trying to make up for too little time. That is the ***time trap***. Ironically, what you are hoping to accomplish can take longer when you feel pressured. If you act and feel like you only have a few minutes, it may take all day; if you feel and act as though you

have all day, it may only take a few minutes.[19] You may fall into this trap when you try to focus on a particular course of action too soon and find the person is not keen to go with you. The goal may feel urgent to you or may be important in the context of your workplace, but your client doesn't yet share it. Avoid letting this turn into a power struggle. Perhaps you need further engaging time with this person. (Chapters 4, 6, 8, and 10 delve deeply into ideas and tools for avoiding this trap and for evoking your clients' own perspectives, motivations, and ideas.)

Then there is the ***wandering trap.*** Most people love to be listened to. Good listening is rare enough that people will often carry on happily for hours on end while you follow whatever they are saying. It's a kind and friendly thing to do, but a danger is that you *only* follow along listening and lose your sense of direction. If your conversations wander from topic to topic wherever the client heads, it's probably time to clarify what you hope to do in this helping relationship (we discuss focusing in Chapter 5) and have a clear plan for how to move in that direction. MI is a matter of keeping your balance on the middle way between the extremes of directing and following.

What MI Is Not

Finally, it may be useful to clarify a few things that MI is *not,* ideas and methods with which MI is sometimes confused.[20] Some of these things, we hope, will already be clear from the foregoing discussion.

First, MI is not just being nice to people, and it is not identical to the client-centered counseling approach that Carl Rogers initially described as "nondirective." MI's focusing, evoking, and planning tasks have clear directionality to them. After the initial engaging, there is intentional, strategic movement toward one or more specific goals.

MI is also not a technique, an easily learned gimmick to tuck away in one's toolbox. We describe MI as a *way* of being with people, an integration of particular interpersonal skills to foster motivation for change. It is a complex style in which one can continue to develop proficiency over the years.

At the same time, MI is also not a panacea, a solution to all helping situations. The spirit and style of MI can certainly be used across a wide range of goals and professions, but we have not intended to propose a "school" of psychotherapy or counseling to which people would be converted and swear allegiance, forsaking all others. Rather, MI seems to blend well with other helping skills and approaches. MI was originally developed to help people resolve ambivalence and strengthen motivation for change. Not everyone needs MI's evoking task. When motivation for change is already strong, move ahead with planning and action where the spirit and skills of MI are still applicable.

In part because they were developed around the same time, MI and the

transtheoretical model (TTM) of change have sometimes been confused. MI and TTM are compatible, but MI is not a comprehensive theory of change, and the popular TTM ***stages of change*** are not an essential part of MI. MI is also sometimes confused with a decisional balance technique of equally exploring the pros and cons of change. In this edition, we discuss decisional balance as an appropriate way to proceed when you choose to maintain neutrality rather than moving toward a particular change goal (Chapter 9). If your intention is to promote change in a particular direction, doing a decisional balance intervention is likely to undermine rather than favor commitment to change.[21]

MI does not require the use of assessment feedback. The confusion here is related to an adaptation of MI that was tested in Project MATCH (***motivational enhancement therapy***), combining the clinical style of MI with personal feedback from pretreatment assessment.[22] Although assessment feedback can be useful in enhancing motivation,[23] particularly with those lower in readiness for change (see Chapter 12), it is not a necessary or sufficient component of MI.

Finally, MI is explicitly not a way of getting people to do what you want them to do. MI cannot be used to manufacture motivation that is not already there. It is a collaborative partnership that honors and respects the other's autonomy, seeking to understand the person's internal frame of reference. We added compassion to our description of the underlying spirit of MI precisely to emphasize that MI is to be used to promote others' welfare and best interests, not one's own.

PERSONAL PERSPECTIVE: **What Is MI?**

This is a question I have been asking myself since 1982, and the answers continue to evolve as we learn. MI has always had a communal identity. It began that way in my initial conversations with Norwegian colleagues trying to voice together this way of helping people change. MI has an emergent quality as its practitioners ask this same question: What is it that we are doing here? The development of the ***Motivational Interviewing Network of Trainers*** created an international collective that shapes the heart and mind of MI. This emergent nature of MI has sometimes been a frustration for researchers seeking to anchor it in theory and fidelity: What exactly is it?[24] I am pleased that from the beginning MI has been accountable to empirical science. The method is reliably measurable, and extensive study has been devoted to tools for assessing fidelity of practice.[25] As with Carl Rogers's foundational research,[26] the hypothesized mechanisms of efficacy have been specified to be replicable and linked to the widely documented

outcomes of MI as reflected in over 200 meta-analyses and systematic reviews.[27] With this scope of research, it is unsurprising that a collective understanding of MI continues to grow. It is also clear that the core elements of MI overlap with therapeutic skills that are linked to better client outcomes across a range of helping professions and theoretical orientations.[28] Is this perhaps what we have been studying all these years—what skills make helpers more helpful?

—BILL

In summary, this chapter has provided the big picture, an overview of MI as a way of helping people to change and grow. Although MI started out in the realm of counseling and psychotherapy, it applies to a much broader array of helping relationships and is not limited to providers with advanced degrees. Lay counselors and peer support workers have successfully learned and provided MI in both developed and developing countries.[29] It is a particular way of understanding your role as a helper, mobilizing people's own motivations and resources. How you can do that is what we will be discussing in more detail in Parts II and III. Before we get into specific skills, though, Chapter 3 introduces you to the flow of MI—how it sounds and feels in practice.

KEY CONCEPTS

- Ambivalence
- Change talk
- Directional
- Discord
- Engaging task
- Evoking task
- Fixing reflex
- Focusing task
- Motivational enhancement therapy
- Motivational Interviewing Network of Trainers
- Planning task
- Stages of change
- Status quo
- Sustain talk
- Traps to avoid
  - Expert trap
  - Persuasion trap