

A full-page background image showing two people running on a sandy beach at sunset. The sun is low on the horizon, creating a warm, orange glow over the ocean and sky. Waves are breaking on the shore. The image is partially overlaid by a green triangle on the left and two diagonal lines (one orange, one light blue) running from the top left towards the bottom right. Two orange rectangular boxes are used as backgrounds for the text.

Best Practices: Motivational Interviewing

Best Practices: Motivational Interviewing

Motivational interviewing (MI) is a style of communication that encourages personal motivation and capacity for change. In this booklet, you'll learn:

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The Basics

What is Motivational Interviewing?

Motivational interviewing (MI) is an evidence-based style of communication used in counseling that emphasizes behavioral change by using techniques and strategies like reflective listening, shared decision-making, and eliciting change talk.^{1,3} A successful motivational interviewer will incorporate both active listening and guidance.²

This guiding communication style allows the patient to strengthen their personal motivation for change and get to the root cause of what has been holding them back from the goals they want to achieve.^{2,3} MI has a strong impact on patients; even a short 15-minute session can prove to be very helpful.⁴



William Miller and Stephen Rollnick are considered the leading authority on MI. Their book, *Motivational Interviewing: Helping People Change*, was voted one of the 10 Most Influential Books by *Psychotherapy Network* readers.²

When to Use MI

MI can be particularly useful for patients who want or need to examine their situation and explore future options. MI can help patients sort through difficult situations, such as:¹

- Feeling that change is unimportant
- Lack of support system; their peers don't think they can change
- Uncertainty about their own desire or ability to change
- Not knowing where to start

Research has shown that MI is more effective than traditional advice-giving in treating behavioral problems and conditions⁴ and can be used when treating any of the following:^{4,5,6}

- Substance use disorder
- Compulsive gambling
- Hypersexuality
- Anger management
- Diabetes



“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.” – Miller & Rollnick²

Benefits

Why Should You Use MI?

IT'S EFFECTIVE

MI can be widely applied across different situations and has many benefits:²

- Applicable in a broad range of settings, populations, languages, treatment formats, and subjects
- Compatible with the values of different disciplines and approaches
- Proven to be as effective as other evidence-based treatments

SUD TREATMENT

MI can help patients struggling with SUD get to the root causes of their SUD. MI helps them to do the following:⁸

- Change high-risk lifestyle behaviors
- Increase willingness to seek help
- Participate during treatment programs
- Find encouragement and establish self-actualization goals
- Remain abstinent from illicit substances



One study found that MI is 72% effective in the treatment of physiological disorders and 75% effective for psychological SUD. Another study found that MI is 10-20% more effective than no treatment at all and is on par with other treatment methods used to reduce illicit substance use and high-risk behaviors. – *Banyan Treatment Centers*⁸

HEALTH CARE COMPATIBILITY

There is a low cost associated with MI because it was designed to be a brief intervention and is normally delivered in two to four outpatient sessions.⁷ MI can be delivered within the context of larger health care delivery systems by acting as a precursor to other treatment interventions. Even a single session can invoke a change in behavior and increase treatment adherence, which in turn improves outcomes.⁷

CLIENT INVOLVEMENT

Client motivation is a strong predictor of change, and MI puts primary emphasis on building client motivation and mobilizing their own resources for change. To be successful, the professional must treat the patient as an equal and build mutual trust.¹ Even if clients do not complete a full course of treatment (as is often the case with substance use), they have been given a tool that is likely to help them within the first few sessions.⁷



MI is practiced with an underlying “spirit” or way of being with people:¹

Partnership: MI is a collaborative process between the patient and practitioner

Evocation: MI draws out the person’s inner reasons for change

Acceptance: Listen in a non-judgmental manner and respect the patient’s autonomy

Compassion: Actively promote and prioritize clients’ wellbeing

Proper Use

Fundamental Processes

Miller and Rollnick explain that MI has four fundamental processes.² While these processes describe the “flow” of the conversation, practitioners may switch between processes as needed:²

ENGAGING

Use careful listening and active conversation to establish a productive working relationship and gain an accurate understanding of the client’s experiences and perspective.

EVOKING

Elicit the client’s ideas and motivations to help them discover and strengthen their own motivations for change. This process requires skillful attention to their talk about change.

FOCUSING

Negotiate an agenda/shared purpose that gives the clinician permission to move into a directional conversation about change.

PLANNING

Work with the client to develop a plan based on their own insights and expertise. This depends on the readiness of the client.



“Although the full framework is a complex skill set that requires time and practice, the principles of MI are intuitive and can be applied in practice as the clinician develops their approach.”
– *The Motivational Interviewing Network of Trainers (MINT)*²

Open-Ended, Affirmation, Reflective Listening & Summary

The OARS Model is comprised of skills-based interactive techniques based on verbal and non-verbal responses and behaviors. Using these skills helps establish and maintain rapport with clients, assess client needs, and personalize counseling and education responses.⁹

O

OPEN-ENDED QUESTIONS

Use open-ended questions to establish rapport and a safe environment for the client. These questions can help practitioners gain understanding of their client's experiences, thoughts, and feelings.

Ask Questions Like...

What brings you here today?
When would you like to start this plan?
Where do you go for treatment?
Who have you told about your disorder?
Can you tell me more about..?

A

AFFIRMING

The practitioner can affirm the client's strengths and abilities by demonstrating empathy and showing the client that they can be responsible for their own decisions and choices.

Say Things Like...

You've been really thoughtful about...
You excel at...
It's great you made the decision to be here today. It's not always easy.

R

REFLECTIVE LISTENING

As the practitioner listens to the client, they may observe and reflect on their own perceptions of the client's words, behaviors, and emotions to gain a better understanding of the client.

This May Sound Like...

Some of what I heard you say...

I noticed...

You seem to be feeling...

S

SUMMARIZING

Summarizing can facilitate the conversation's flow, confirm the practitioner's understanding of the client's goals and preferences, and confirm that the client understands the key elements of the plan.

This Can Be Done Through...

Collective summary: Let's go over what we've talked about.

Linking summary: A minute ago you said you wanted to... would you like to go over how you can try?

Transitional summary: What other questions do you have before you leave?

Expectations & Insights

Challenges to MI

MI is effective when individuals struggling with substance use disorder are aware of the negative consequences of their SUD. However, each client may be in a different stage when it comes to being ready to change their behavior.⁵

WHEN MI ISN'T ENOUGH

While MI can be extremely effective for many people, it is not ideal for everyone. MI may not be effective for those who have:⁵

- Co-occurring mental illnesses or more complex substance use issues and require more intensive therapy
- Severe mental illness or an intellectual disability and lack the cognitive clarity to develop a plan
- Recently been medicated for mental illness that can cause side effects that reduce the ability to focus

LACK OF MOTIVATION TO CHANGE

There are three main reasons why a client may not be motivated to change:⁵

- They do not think their substance use disorder is a problem
- They do not want to give up the positive effects that come from drug use
- They are fearful of the consequences of cessation, including withdrawal and cravings

Using MI to Achieve Success

PRACTICING SUCCESSFUL MI

As the practitioner seeks to evoke the client's motivation, they should focus on listening more than telling.¹⁰ The success of MI often relies on the skills of the practitioner.⁵

Substance use disorder does not discriminate against race, gender, or socioeconomic status. This makes MI a difficult method to master because it requires the ability to build trusting relationships with a wide variety of people.⁵

Practice is crucial for a successful motivational interviewer, and it can include participating in role plays with colleagues, listening to recorded counseling sessions, and taking notes on MI interactions with clients.¹¹

PREPARING CLIENTS FOR CHANGE

A practitioner using MI can help the client navigate the stages of readiness to change by overcoming ambivalence or a fear of change as well as increasing their motivation.⁵

For a client to say they want to, need to, or should change is not the same as making a commitment to change. MI involves first increasing motivation to change, then strengthening commitment to change.¹⁰

EMPATHY

In MI, empathy is a neutral curiosity for the patient's ideas and attitudes. Basically, the practitioner should "get" the client and should be able to communicate this understanding.¹²

Learning MI¹³

Being properly trained is crucial to the success of MI practices. These eight tasks provide a framework for developing and conceptualizing training.

SPIRIT OF MI

Openness to collaboration, to honor the client's autonomy, and to focus on evoking rather than installing.

RECOGNIZING CHANGE TALK & RESISTANCE

Ability to identify client change talk, commitment and resistance language.

ROLLING WITH RESISTANCE

Ability to respond to client resistance in a manner that reflects and respects without reinforcing it.

CONSOLIDATING COMMITMENT

Ability to elicit increasing strength of client commitment to change, and to specific intentions.

OARS: CLIENT-CENTERED COUNSELING SKILLS

Proficiency in OARS skills to provide a supportive and facilitative atmosphere.

ELICITING AND STRENGTHENING CHANGE TALK

Ability to evoke and reinforce client change talk and commitment language.

DEVELOPING A CHANGE PLAN

Ability to recognize client readiness, and to negotiate a specific change plan that is acceptable and appropriate.

TRANSITION & BLENDING

Ability to blend an MI style with the other intervention methods and transition to other approaches.

Future of MI

MI training methods may not be as successful at helping practitioners reach proficiency in MI as once thought. Research suggests that the current MI training standard may not be providing practitioners with enough skillfulness; even enhanced training with systematic feedback and supervision may not be sufficient.¹⁴



WHAT'S THE PLAN?

Where do we go from here? Bohman, Forsberg, Ghaderi, and Rasmussen lay out three suggestions for the future of MI training:¹³

Continue with comprehensive training, but put more emphasis on **continuous feedback, objective behavioral measures, and ongoing supervision and evaluation.**

Instead of using conventional workshop learning methods like presentations and short exercises, focus on **gradual skill building** in clinical encounters with simulated clients.

Introduce a **screening policy** prior to training because some students may never be able to acquire skillfulness in MI.

Key Takeaways

- 1 MI is a communication style that involves listening and advice-giving.
- 2 MI encourages patients to strengthen their own personal motivation for change.
- 3 Success as a motivational interviewer requires practice and empathy.
- 4 For those with severe mental health conditions or intellectual disabilities, MI may require pairing with other treatments or be ineffective for that patient.
- 5 Even with limited exposure to this type of treatment, MI can be beneficial for the patient.

Resources

Alabama Resources

Alabama Department of Mental Health (ADMH): <https://mh.alabama.gov/>

Recovery Organization for Support Specialists (R.O.S.S.):
24/7 Helpline 1-844-307-1760
<https://ross4u.org/>

VitAL: <https://vitalalabama.com/>

Further Reading

Berg-Smith, S. M. (2014). The art of teaching motivational interviewing. Access from <http://bergsmithtraining.com/ebook.htm>

This free document overviews the key learnings from 20 years of MI practice specific to group settings. This document serves as a resource for supporting trainers in discovering, embracing, and refining their own style for planning and facilitating quality MI trainings.

Madson, M. B., Loignon, A. C., & Lane, C. (2009). Training in motivational interviewing: A systematic review. *Journal of Substance Abuse Treatment*, 36(1), 101-109.

This article is a systematic review of the research on MI training. It outlines the populations receiving training, methods used, and training outcomes, as well as identifies which aspects of the eight stages of learning MI each study addressed. Recommendations for advancing the MI training research are highlighted.

Miller, W. R., Moyers, T. B., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* [Training DVD]. Carson City, NV: The Change Companies.

This video package offers a detailed illustration of MI. This material introduces the four-process method of MI. These videos comes with access to example interviews that illustrate MI's many real-world applications as well as downloadable resources.

MINT (Motivational Interviewing Network of Trainers). (2014). *Motivational interviewing training new trainers manual*. Access from http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf

This manual provides training ideas, specific exercises, and activities to help learners understand the spirit and practice of MI. Most of these training ideas were designed for a workshop format, but many are also suitable for individual training and supervision.

MINT (Motivational Interviewing Network of Trainers). (2015). *Pathways to MINT [Version 1.3]*. Access from <http://www.motivationalinterviewing.org/pathways-membership>

Each year MINT hosts a Training of New Trainers (TNT). This document is provided for reference in order to provide guidance for future applicants.

Schumacher, J. A., Coffey, S. F., Walitzer, K. S., Burke, R. S., Williams, D. C., Norquist, G., & Elkin, T. D. (2012). Guidance for new motivational interviewing trainers when training addiction professionals: Findings from a survey of experienced trainers. *Motivational Interviewing: Training, Research, Implementation, Practice*, 1(1), 7-15.

This article outlines a survey of MI trainers to gather opinions about best practices for MI training. The findings of this survey will help beginning trainers equip themselves for successful training experiences.

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¹⁴ Bohman, B., Forsberg, L., Ghaderi, A., & Rasmussen, F. (2013). An vvaluation of training in motivational interviewing for nurses in child health services. *Behavioural and Cognitive Psychotherapy*, 41(3), 329-343. doi: [10.1017/S1352465812000331](https://doi.org/10.1017/S1352465812000331)



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