

Background

The roots of Motivational Interviewing are found in Motivational Psychology. The underlying principle is that people will make the most long-lasting behavior change when their motivation is internal rather than external.*

Working with people to change alcohol and other drug use habits, psychologist W.R. Miller found that persons were more likely to make lasting changes when they reached the decision themselves rather than through force or coercion.

The role of the therapist, according to Miller, is to release the potential for change that exists within each person. The therapist does this by approaching clients as an ally, to free them from ambivalence that has trapped them in a cycle of alcohol and other drug dependency. Though the

person with a brain injury may not have expressed goals for abstinence, he or she will have goals in other life areas that are inconsistent with continued use of alcohol and other drugs. Motivational Interviewing helps clients establish plans and actions toward goals.

Therapists using Motivational Interviewing use a variety of strategies, but the process is more than techniques: Miller describes it as a way of "being with clients, which is probably quite different from how others may have treated them in the past."

General Principles

In Motivational Interviewing, these general principles guide the therapist's actions: express empathy, develop discrepancy, avoid arguing, roll with resistance, and support self-efficacy.

Express Empathy - Expressing empathy is the key to building rapport with clients. This is accomplished through reflective listening and acceptance.

Develop Discrepancy - The interview is used to develop discrepancies between the person's life goals and the effects of continued substance use on these goals.

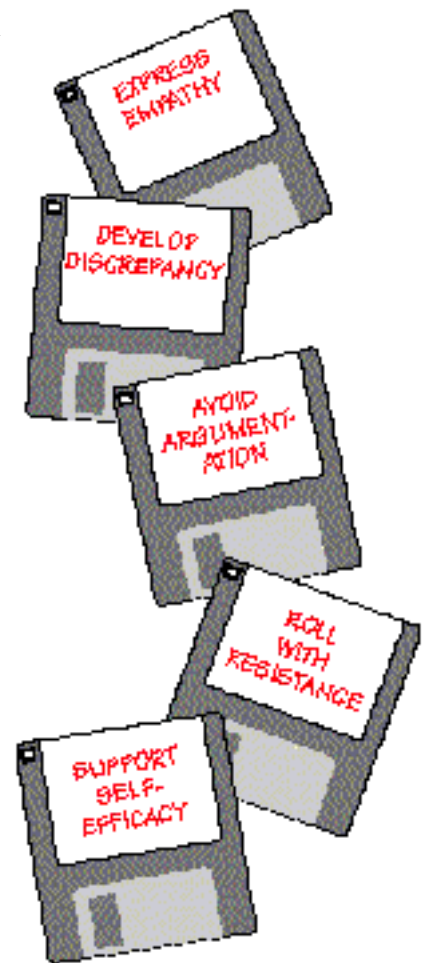
Avoid Arguing - Motivational Interviewing uses a positive approach and does not use negative confrontation. People are not seen as cooperative or uncooperative, or "in denial" of their problem. The goal is not for a person to complete a First Step before meaningful progress can be made. Direct confrontation and arguing are avoided in this approach.

Roll with Resistance - Resistance is seen as ambivalence about the change being addressed, and it is an indication that the counseling should return to a previous step. A typical way to meet resistance is, "You seem to be ambivalent about this, let's come back to this later," or "Maybe there are other options you can consider."

Support Self-Efficacy - By encouraging clients to consider and choose personal options, they develop belief in their own power to make change.

These principles are guidelines for therapists as they work with clients in the change process. Miller suggests that change occurs in three phases, and that therapists adapt their strategies to match the client's progress.

*This brief discussion does not describe Motivational Interviewing in depth, but only outlines general concepts. More detailed information can be found in the materials by Miller and others listed on the back of this booklet.



Practical Strategies



Phase 1

In this phase, strategies are used to help a person move from Precontemplation to Contemplation. (See Stages of Change Theory also in Utilities Series.)

Therapists build motivation to change in the following ways:

- **Educating** clients on the effects of substance use on brain injury recovery. The goal of education is to provide factual information which will develop discrepancy in personally held beliefs about use.
- Providing **structured feedback** of assessment instruments. The purpose of feedback is again to educate and develop discrepancy.
- **Listening** with empathy.
- **Reflecting** client statements.
- **Questioning** the client about personal feelings, ideas, concerns and plans. Work within the client's personal agenda.
- **Affirming** the client. Maintain an atmosphere in which the client is encouraged to initiate actions and responses that are appropriate.
- **Handling resistance** with reflection and shifts of focus. Recognize resistance as a hallmark of Precontemplation and not an invitation to be confrontive in a combative way.
- **Reframing** client statements. Use reframing to open up other options and possible solutions or responses.
- **Summarizing** Repeating information and client responses, as well as summarizing decisions and agreements throughout the session, helps to maintain agreement, eliminate misconceptions, and reinforce decisions and self-motivational statements.



Phase 2

In this phase, strategies are used to help a person move from Contemplation to Action. (See Stages of Change Theory also in Utilities Series.)

Therapists consolidate commitment to change in the following ways:

- **Creating a balance sheet** of positive and negative reasons to change. Make a chart with the reasons for change on one side and the reasons not to change on the other.
- **Recognizing readiness to change** Watch for self-motivational statements or statements of doubt about current status or changes in behavior, posture or other non-verbals.
- **Timing the move between strategies** to match the client's need. The therapist's decision of when to ask for commitment, when to involve others, and when to move from one strategy to another must be natural and not contrived. Beware of premature closure. Be sure the decision is the client's.
- **Offering a menu of plan alternatives** Provide a range of options, developed with the help of the client.
- **Stressing personal choice and responsibility** for decisions increases initiative.
- **Recapitulating** Summarize the progress to date and build on the client's successes.
- **Asking for commitment** Timing is critical, but ask for commitment for action rather than assuming it. Optimally, put it in writing and give each party a copy.
- **Involving the significant other** If the significant other is supportive of recovery, then use these social supports to consolidate commitment for change.
- **Emphasizing abstinence**, but not demanding it as the only alternative. Accept smaller steps toward abstinence.
- **Handling resistance** with reflection, reframing, or returning to Phase 1 strategies.
- **Developing a change plan** worksheet.



Phase 3

Strategies are used for persons in the Action stage working toward Maintenance. (See Stages of Change Theory also in Utilities Series.)

Therapists monitor and encourage progress in the following ways:

- Reviewing **progress**.
- Reviewing **motivation**.
- **Addressing relapses** or slips as opportunities to learn and recommit.

To summarize:

Motivational Interviewing

- Is based on principles of motivational psychology
- Is designed to rapidly produce internally motivated change
- Employs motivational strategies to mobilize the clients' own resources

General Motivational Principles

- Express empathy
- Develop discrepancy
- Avoid arguing
- Roll with resistance
- Support self-efficacy

Phases

- Build motivation to initiate or continue change
- Consolidate commitment to change
- Monitor and encourage progress

For More Information

Miller, W. R., Swaben, A., DiClemente, C.C., & Rychtarik, R.G. (1992). *Motivational Enhancement Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Miller, W. R. & Rollnick, S. (1991). *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: Guilford Press.

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