

There are five general principles behind Motivational Interviewing.

Avoid Argumentation

The MI counselor avoids arguing with clients. The MI approach does not use argumentation to confront clients' denial or minimization of their substance-related difficulties. MI theory and research support the notion that use of argumentation or "heavy" confrontation of clients simply causes most clients to feel attacked, participate less fully in treatment, resist the counselor's advice, and argue the opposite point of view to the counselor. Hostile confrontation of clients has been shown to increase dropout and relapse. Therefore, arguing with clients is counterproductive, regardless of whether they deny or minimize their problems.

In MI, clients are not given diagnostic labels such as "alcoholic" or "addict." When a MI counselor perceives that a client is resisting change, he or she changes strategies. The counselor does not try to "break through" the denial, but work around it. MI counselors attempt "to build up rather than tear down. Persuasion is gentle, subtle, always with the assumption that change is up to the client" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 7). MI counselors remain aware that clients' attitudes are shaped by their own words, not those of the counselor.

Express Empathy

Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel that they are understood, they are more able to open up to their own experiences and share those experiences with others. Having clients share their experiences with you in depth allows you to assess when and where they need support, and what potential pitfalls may need focused on in the change planning process. Importantly, when clients perceive empathy on a counselor's part, they become more open to gentle challenges by the counselor about lifestyle issues and beliefs about substance use. Clients become more comfortable fully examining their ambivalence about change and less likely to defend ideas like their denial of problems, reducing use vs. abstaining, etc. In short, the counselor's accurate understanding of the client's experience facilitates change.

Support Self-Efficacy

As noted above, a client's belief that change is possible is an important motivator to succeeding in making a change. As clients are held responsible for choosing and carrying out actions to change in the MI approach, counselors focus their efforts on helping the clients stay motivated, and supporting clients' sense of self-efficacy is a great way to do that. One source of hope for clients using the MI approach is that there is no "right way" to change, and if a given plan for change does not work, clients are only limited by their own creativity as to the number of other plans that might be tried.

The client can be helped to develop a belief that he or she can make a change. For example, the clinician might inquire about other healthy changes the client has made in their life, highlighting skills the client already has. Sharing brief clinical examples of other, similar clients' successes at changing the same habit or problem can sometimes be helpful. In a group setting, the power of having other people who have changed a variety of behaviors during their lifetime gives the clinician enormous assistance in showing that people can change,

Roll with Resistance

In MI, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenged. Instead the counselor uses the client's "momentum" to further explore the client's views. Using this approach, resistance tends to be decreased rather than increased, as clients are not reinforced for becoming argumentative and playing "devil's advocate" to the counselor's suggestions. MI encourages clients to develop their own solutions to the problems that they themselves have defined. Thus, there is no real hierarchy in the client-counselor relationship for the client to fight against. In exploring client concerns, counselors may invite clients to examine new perspectives, but counselors do not impose new ways of thinking on clients.

Develop Discrepancy

"Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p. 8). MI counselors work to develop this situation through helping clients examine the discrepancies between their current behavior and future goals. When clients perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes. Of course, MI counselors do not develop discrepancy at the expense of the other MI principles, but gently and gradually help clients to see how some of their current ways of being may lead them away from, rather than toward, their eventual goals.

Source: TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment. CSAT 2000. Available at: <http://www.health.org/govpubs/bkd342/>