

Clinical Tips: Motivational Interviewing

Motivational interviewing is a person-centred counselling style that addresses ambivalence about change. It is not intended to be used as a stand-alone treatment for substance use disorders, but rather specifically for working with ambivalence about change. To learn more about MI see the [headspace Evidence Summary. How effective are brief motivational interventions at reducing young people's problematic substance use?](#)

The spirit of MI has three key components and is described in more detail in [this video](#):

1. Collaboration: a [shared decision making](#) partnership is formed valuing the young person's expertise.
2. Evocation: activate the young person's own motivation for change by evoking the young person's reasons for change.
3. Honouring the young person's autonomy: it is the young person who must decide to, when to, and how to change. This also means honouring their right not to change.
4. This might be communicated to a young person by saying: 'I am not here to tell you what to change or how to change, but rather to understand any concerns you have about your substance use'. Taking a non-judgemental stance to a young person's substance use needs to be balanced with clinical responsibility and consideration of the safety of the young person.

Implementing the spirit of MI involves:

A. Exploring motivation to change:

O = asking *open ended* questions

A = make *affirmations* that notice and support the young person's strength and effort for change

R = use *reflective listening* to help build an understanding of the motivation

S = *summarise* and check your understanding with the young person and what they are saying.

B: strengthening commitment to change by exploring:

- the disadvantages of the current situation
- advantages of change
- optimism or perceived ability to change
- and intention to change

Through this process, it is important to gain an experience of any past attempts to help build self-efficacy (what has worked, what might help achieve success this time). There is a focus on listening for and enhancing 'change talk'. Change talk refers to the young person's own statements that favour change. Note that it is no longer recommended to spend time exploring the arguments against change if the young person is already experiencing ambivalence as this may be unhelpful (see the [headspace evidence summary](#)).

The guiding principles of motivational interviewing (from the reference above):

1. Engaging –involving the young person in talking about issues, understanding their position, concerns and hopes, understanding their values and goals, and to establish a trusting relationship with a clinician.
2. Focusing – focusing the conversation to habits or patterns that the young person want to change.
3. Evoking –eliciting the young person's motivation for change by increasing their sense of the importance of change, their confidence about change, awareness of ambivalence and their readiness to change.
4. Planning –developing the practical steps young people want to use to implement the changes they desire; maintaining commitment.

If the young person does not want to change (i.e. they are not experiencing ambivalence), MI is not appropriate. Instead [explore harm reduction strategies](#) where appropriate. Using decisional balance, a technique in which the practitioner elicits the arguments for and against change, may also be

helpful. As above, it is important to note that this technique is no longer recommended for young people who are already experiencing ambivalence as it may decrease motivation to change (see [headspace's evidence summary](#)).

In general practice, the particular difficulties associated with quick consultation times can present unique challenges in implementing MI. Miller and Rollnick have attempted to simplify the practice of MI for health care settings by developing four guiding principles, represented by the acronym

RULE:

- R**esist the righting reflex
- U**nderstand the young person's own motivations
- L**isten with empathy
- E**mpower the young person.

MI is further explored in the following videos:

- [Motivational Interviewing – The Spirit of MI](#)
- [Motivational Interviewing – Resisting the Righting Reflex](#)
- [Motivational Interviewing – The Righting Reflex \(example of an approach not consistent with MI\)](#)
- [Motivational Interviewing – Condom Use](#)

References

Scanlan, F., Randell A. (2018) *Evidence Summary: How effective are brief motivational interventions at reducing young people's problematic substance use?* Orygen - the National Centre of Excellence in Youth Mental Health: Melbourne.

Miller WR, Rollnick, S. (2010) *Motivational interviewing, third edition: helping people change*. New York: Guildford Publications.

Hall K., Gibbie T. & Lubman D. (2012) Motivational interviewing techniques. Facilitating behaviour change in the general practice setting. Australian Family Physician 4(9)

<http://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/>