

ADDICTION EXCHANGE

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News from the worlds of clinical practice and research

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Introduction to Motivational Interviewing**. Motivational Interviewing (MI, Miller & Rollnick, 1991) is a type of brief therapy for addictive problems that was developed to help people work through their ambivalence about changing substance use, primarily through the use of gentle feedback techniques and reflective listening. Although MI is client-centered, it is also directive and designed to help clients enhance their readiness for and motivation for change.

MI provides an alternative to confrontational approaches that are sometimes seen in "traditional" substance abuse treatment programs by focusing on keeping the relationship between the counselor and the client respectful and collaborative. The MI counselor avoids an "expert" or hierarchically superior role in order to maximize the client's trust and willingness to explore issues honestly. Clients with addictive problems are not viewed as naturally resistant or in denial; rather, these characteristics are seen as cues that the therapist has elicited these responses, and should change tactics. In order to minimize resistance and maximize the exploration of ambivalence, MI borrows heavily from person-centered counseling techniques. For example, techniques of MI include extensive use of reflective listening, selective attention to provide direction, summarizing, and eliciting the client's own motivations for and against change. Core assumptions of MI include:

- The responsibility for change lies with the client, but the counselor can facilitate or hinder change
- Feedback to the client about his or her personal risks, psychological and social status, and thoughts about the addictive problem can be used to facilitate the client's decision for change
- Therapeutic advice for change can be effective
- Offering a menu of therapeutic options, rather than funneling clients into lockstep treatment programs, will respect the client's personal freedom while addressing treatment needs
- Communicating empathy for the client, expressed sincerely, facilitates the client's willingness to explore his or her situation in the therapeutic interview
- Therapists can and should support the client's belief that they can make a change, also known as the client's self-efficacy, by affirming and supporting these beliefs through selective reinforcement.
- The client should be the one to voice the reasons for change. By making "self-motivational statements," the client hears him or herself arguing FOR change. The therapist should remain neutral, or even explore the potential reasons AGAINST change, to enable to client to take on the role of explaining why change would be important now.

Reference: Miller, W.R., & Rollnick, S. (1991). *Motivational Interviewing: preparing people to change addictive behavior*. New York: Guilford Press.

Thanks to Dr. Chris Wagner for contributing portions of the text for today's topic. We hope you find *Addiction Exchange* useful in your work. Please let us know about your information needs by emailing the editor of *Addiction Exchange*, Dr. Karen Ingersoll, at kingerso@vcu.edu, or discuss your training needs by calling us at (804)-828-9910, or contacting the VATTC office at vattc.vcu.edu. VATTC's website address is <http://views.vcu.edu/vattc/>.

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