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# Chapter 11: Motivational Interviewing

Jonathan Passmore

## Introduction

This chapter describes the Motivational Interviewing (MI) approach. MI is a highly effective and efficient approach to helping people. The approach is supported by substantial research evidence gathered from hundreds of research studies in a wide range of settings from health to organisations.

MI has developed over the past three decades from a health-based intervention, focusing on addictive behaviours to one which is now used in a wide range of contexts to help clients explore their ambivalence to a situation or challenge. This includes its adaptation to use in helping managers deal with perceived poor performance and helping others managing redundancy.

The development of MI, unlike a number of approaches is not static, as both originators, Bill Miller and Stephen Rollnick, are both still active in applying and researching the approach and continue to run training sessions for practitioners. In recent years a third edition of the core text, *Motivational Interviewing* (Miller & Rollnick, 2013) has offered a revised framework for applying the model using four key phases to guide the conversation. However, both writers are keen to emphasise that what is most important is the spirit of MI, as opposed to the use of specific techniques.

In this chapter I will firstly describe the model and briefly review the research evidence underpinning MI. In the second section I will explore some of the commonly used techniques within MI, before setting out a typical case from my own experience of using MI with clients in organisational settings. Finally, I will briefly discuss when MI may be the preferred psychological approach to use in contrast to other approaches described in this book.

## ***The evidence base for Motivational Interviewing***

Over the past two decades MI has built a substantial evidence base. The majority of evidence in support of motivational interviewing comes from the field of healthcare, where MI originated. In this section I will briefly review the theoretical heritage of MI and review the research evidence asking two key questions: Firstly, does MI work? Second, what are the active ingredients within MI?

### **The theory behind MI**

In the beginning, Motivational Interviewing was 'a-theoretical'. The approach developed out applied practice rather than a theoretical idea which was later developed into a model for application. Over the first decade of its use from the mid 1990's to 2005, links were built with existing theory and research in behaviour change

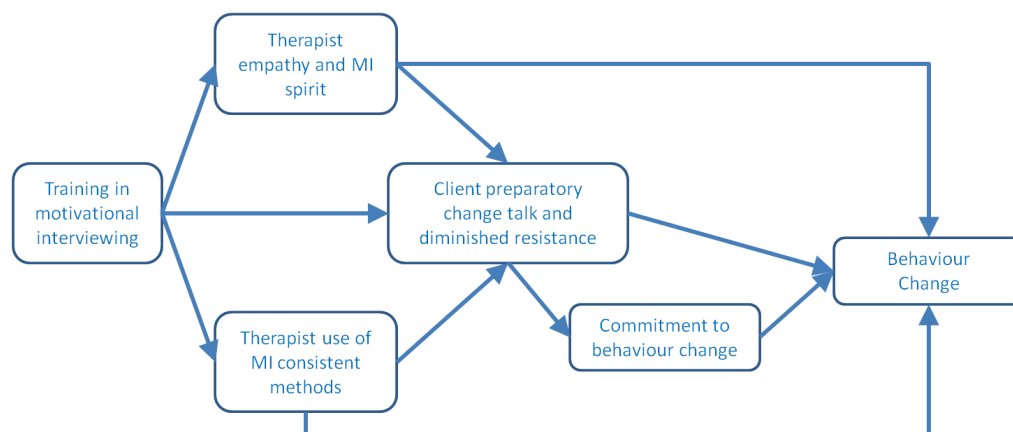
One key linkage is the work of cognitive dissonance (Festinger, 1957). At the core of MI is seeking to encourage the client to develop 'change talk' and thus create a plan for new behaviours themselves that is different to their current behaviour.

A second link is to self-determination theory (Deci & Ryan, 2008). Markland, Ryan, Tobin and Rollnick (2005) proposed that self-determination theory (SDT) provides a coherent theoretical framework for understanding motivational interviewing processes and efficacy. They outlined and described the parallels between the two approaches and showed how both MI and SDT are based on the assumption that humans have an 'innate tendency for personal growth towards psychological integration' and suggested that motivational interviewing 'provides the social-environmental facilitation factors suggested by SDT to promote this tendency'. Vansteenkiste and Sheldon (2006) too have highlighted the link between MI and SDT, focusing on the issues of need satisfaction and the internalisation of therapeutic change. They suggested that basic need satisfaction may be one of the key mechanisms by which MI delivers its helpful effects.

Miller and Rose (2009) sought to 'look under the hood' of motivational interviewing in an attempt to understand the underlying mechanisms by which it affects behaviour change. They proposed an emergent theory of MI with two main active components: a relational component focused on empathy and the 'spirit' of MI, and a technical component involving the differential evocation and reinforcement of 'change talk'. They shared a causal chain model linking practitioner training, practitioner and client responses during sessions, and post-session outcomes.

Anstiss and Passmore (2013) further developed Miller and Rollnick's model to create a revised framework that may be more compatible with the application of MI in a coaching context.

**Figure 1: MI Framework**



A final link is with the work of Prochaska & DiClemente (1984) who proposed a multi-stage model of behavioural change – the transtheoretical model of change. The model proposed key stages; pre-contemplation, contemplation, planning, action, maintenance / managing relapse.

What is distinctive about the model it includes a pre-contemplation phase. For some individuals the need for change is not apparent, but most change models start by discussing the thoughts about change or the goals for change, as in the GROW coaching model. This pre-contemplation stage can be seen in the case of individuals misusing alcohol, as well as those in conflict situations in the workplace, where often the perception is that either there is not a problem or that others need to make a change to accommodate the individual.

The second element that differentiates the Transtheoretical model from other behavioural change models is the recognition that behaviour change is hard and requires repeated effort. This includes an acceptance of failures, as an integral part of making a change. These failures are when we keep to the plan we have made for one reason or another, by eating the slice of cake or failing to go to the gym on a rainy night. Simply setting the goal is not enough. Instead MI seeks to support, encourage and gently challenge helping clients maintain the change, thus helping sustain the longer term behavioural change as the new habit is integrated into the person's way of doing things, thus becoming their new habit.

**Figure 2: Transtheoretical Model of Change**



Having considered the unpinning theory, let us look at the research evidence.

## **Does MI work?**

Motivational interviewing originated as an intervention to address drug and alcohol addiction within the health sector and as a result it is now one of the most researched counselling interventions with over 650 outcome studies. These studies provide conclusive evidence that MI is a highly effective intervention for facilitating behavioural change, and is more effective than other well know models such as CBT, for specific types of problems, the details of this will be explored below.

A detailed literature review by Bricker and Tollison (2011) found over 550 peer reviewed publications, with some 200 randomised controlled trials (RCTs), which is considered to be the gold standard research model for scientific research. In addition MI research has been subjected to 18 meta-analyses (for example, Burke, 2004; Lundahl et al., 2009; Lundahl et al., 2010). If the RCT is the gold standard, a Meta-analysis could be considered to be the platinum standard research methodology. In a meta-analysis the data from multiple randomised controlled trials is pooled to help researchers remove potential bias arising from individual studies and a single research team or a restricted sample population, such as older people or drug users.

While MI research has been concentrated in health based settings, a growing number of studies are now being conducted in new settings with different groups of people experiencing different issues. There is good quality research evidence that Motivational Interviewing is helpful in bringing about beneficial change in the following behaviours, conditions and contexts; eating disorders (see for example Cassin et al, 2008), domestic violence (see for example Kistenmacher and Weiss, 2008), smoking cessation (see for example Heckman, Egleston & Hofmann, 2010) and weight loss management (see for example Armstrong et al, 2011).

MI has also been applied in coaching, but as with much of coaching research the research has been limited and focused on qualitative studies that have explored the translation of MI to coaching at work (see for example Passmore & Whybrow, 2007).

Burke et al. (2003) conducted a meta-analysis on controlled clinical trials investigating what they termed 'adaptations of motivational interviewing' (AMI's) and found them equivalent to other active treatments – yielding moderate effects compared with no treatment and/or placebo for problems involving alcohol, drugs, and diet and exercise. Overall, the percentage of people who improved following MI interventions (51%) was significantly greater than the percentage who improved (37%) with either no treatment or treatment as usual.

Burke et al. (2004) subsequently conducted a meta-analytic, qualitative, and process review of the empirical literature for MI's and once again found them equivalent to other active treatments, yielding moderate effects compared to no-treatment/placebo for problems involving alcohol, drugs, and diet & exercise. They suggested that whilst MIs are

equivalent in efficacy to Cognitive Behavioural Skills Training (CBST) approaches, they are commonly briefer, and thus hour for hour are more effective for specific types of presenting issues. Since MI's focus on developing readiness to change while CBSTs target the change process, they suggested that MIs can be useful as preludes to CBST interventions.

Rubak et al. (2005) conducted a systematic review of the effectiveness of motivational interviewing in a wide range of disease areas. A search of 16 databases produced 72 randomised controlled trials dating back to 1991. Rubak and colleagues conducted a quality assessment with a validated scale and a meta-analysis. The results showed a significant effect for motivational interviewing for changes in body mass index, total blood cholesterol, systolic blood pressure, blood alcohol concentration and standard ethanol content. MI had significant and clinically relevant effects in approximately three out of four studies, with equal effects on physiological and psychological conditions. Psychologists and physicians obtained an effect in approximately 80% of the studies, while other healthcare providers obtained an effect in 46% of the studies. Even when motivational interviewing was used in brief encounters of 15 minutes, 64% of the studies showed an effect. Further encounters with the patient increased the effectiveness of motivational interviewing. They concluded that motivational interviewing in a scientific setting outperforms traditional advice giving in the treatment of a broad range of behavioural problems and diseases.

Vasilaki, Hosier and Cox (2006) examined the effectiveness of MI in reducing alcohol consumption. A literature search revealed 22 relevant studies upon which they performed their meta-analysis. They concluded that brief MI is effective and recommend that future studies of MI explore predictors of efficacy and compare different components of MI to determine which are most responsible for long-term changes in behaviour.

Lundahl et al. (2009) highlighted the evidence from the three published meta-analyses of MI and a recent meta-analysis of their own. They concluded that MI is significantly more effective than no treatment and generally equal to other treatments for a wide variety of problems ranging from substance use (alcohol, marijuana, tobacco, and other drugs) to reducing risky behaviours and increasing client engagement in treatment. They also found that group-delivered MI appears to be less effective than one-on-one MI, and that delivering MI with 'problem feedback' seemed to generate better outcomes for some problems than MI alone.

In the most comprehensive review of MI for smoking cessation conducted to date, Heckman, Egleston & Hofmann (2010) conducted a systematic review and meta-analysis involving 31 smoking cessation studies: eight with adolescent samples, eight with adults with chronic physical or mental illness, five with pregnant/postpartum women and ten with other adult samples. These studies involved a total sample of almost 10,000 individual participants. They concluded that MI smoking cessation approaches can be effective for adolescents and adults alike.

A similar comprehensive review of MI has also been conducted for weight loss (Armstrong et al., 2011). This study found 3540 citations and of the 101 potentially relevant studies, 12 met the inclusion criteria and 11 were included for meta-analysis.

Motivational interviewing was associated with a greater reduction in body mass compared to controls (SMD = -0.51 [95% CI -1.04, 0.01]). There was a significant reduction in body weight (kg) for those in the intervention group compared with those in the control group (WMD = -1.47 kg [95% CI -2.05, -0.88]). For the BMI outcome, the WMD was -0.25 kg m<sup>-2</sup> (95% CI -0.50, 0.01). as a result the research team concluded that Motivational interviewing appeared to enhance weight loss in overweight and obese patients.

Lundahl et al. (2010) investigated the unique contribution of motivational interviewing on counselling outcomes and how the approach compared with other interventions. The results from 119 studies were subject to a meta-analysis, with targeted outcomes including substance use (tobacco, alcohol, drugs, marijuana), health-related behaviours (diet, exercise, safe sex), gambling, and engagement in treatment. Across all 132 comparisons they conducted they found that MI interventions were associated with a statistically significant and durable improvement in outcomes and that the added benefits of MI showed no signs of fading up to two years or more after the intervention. Stronger effects were shown when MI was compared to doing nothing, being placed on a waiting list control group, or being handed a leaflet - when compared to another specific intervention such as cognitive-behavioural therapy MI interventions were pretty much equivalent. Studies incorporating feedback to the client on the results of assessments or screening tests were associated with significantly greater improvement, and therapists trained and instructed to follow a manual achieved less good results than those not so trained or instructed.

In conclusion a wide range of meta-studies have found that MI is a highly effective intervention for a wide range of clinical presenting issues and is as effective, at equivalent levels to CBT, and is more effective than CBT for some types of presenting issues. Further, the outcomes achieved appear to be sustained over longer periods of time, suggesting that MI is highly effective at delivering sustained behaviour change for even the most challenging of habituated behaviours.

### **The active ingredients within MI**

The second question was to explore what makes MI so powerful. In short what are the active ingredients which appear to differentiate MI from other approaches which lack a scientific evidence base with RCT and meta-analysis research evidence such as NLP.

If MI is highly effective as an intervention, what factors are contributing to these outcomes? A second strand of research has explored this question. This strand of research has tried to identify the active ingredients from MI. Once again a brief review of the key papers is presented here.

One study (Miller, Benefield & Tonigan, 1993) found that problem drinkers randomly assigned to MI versus a direct instructional approach displayed 111% more change talk (talk about making a change in behaviour) than in the instruction group. These findings were consistent with the findings of the within-subject clinical experiments of Patterson & Forgatch (1985), which also showed how client's use of language changed during MI's

application. It seems that by using a Socratic approach with questions aim at eliciting benefits of making a change, client's are more likely to consider and reflect on the issue than those told of the benefits.

Amrhein et al. (2003) used psycholinguistic analysis to explore the relationship between the actual language clients used during motivational interview (MI) and its relationship with drug use outcomes. They coded 84 videotapes of conversations with drug abusers for the frequency and strength of client utterances expressing commitment, desire, ability, need, readiness, and reasons to change or maintain their habit. The results showed that commitment strength predicted outcomes and was in turn predicted by strength of statements relating to desire, ability, need, and reasons for change. The results suggest that commitment strength is a pathway for the influence of client language on subsequent behaviour change (Amrhein, et al., 2003). The evidence supports the theoretical position of the Transpersonal Model, which suggested that contemplation (thinking and talking about making a change) was a precursor to planning and making the change (Prochaska & DiClemente, 1984).

Moyers and Martin (2006) examined 38 motivational enhancement therapy sessions from Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity), using a sequential behavioural coding system to investigate the relationship between therapist behaviours and client speech. They found that MI-consistent therapist behaviours were more likely to be followed by self-motivational statements and that MI-inconsistent therapist behaviours were more likely to be followed by client resistance – lending support to the importance of therapist behaviours in shaping client speech during MI sessions. This evidence provides further support to the key role of listening and asking focused questions based on the changing patterns and intentions of the client.

In a separate paper (Moyers et al., 2007) explored the role off clinician behaviour in influencing client speech, and the extent to which client speech predicted treatment outcome in clients receiving treatment for substance abuse. Coding sessions using the Sequential Code for Process Exchanges (SCOPE) behavioural coding system and the MISC 1.0 behavioural coding system, they found client speech during early therapy sessions appeared to be a powerful predictor of substance abuse outcome and that the pattern of therapist behaviours and subsequent client language provided support for a causal chain between therapist behaviours, subsequent client speech, and drinking outcomes. They suggested that aspects of client speech influence the likelihood of behaviour change and that the occurrence of such speech is influenced by the therapist.

Apodaca et al. (2009) attempted to summarise and evaluate the evidence for possible within-session mechanisms of change. The four aspects of therapist behaviour they looked at were: MI-Spirit; MI-Consistent behaviours; MI-Inconsistent behaviours; and therapist use of specific techniques. The five aspects of client behaviour they looked at were: change talk/intention; readiness to change; involvement/engagement; resistance; and the client's experience of discrepancy. They reviewed 152 studies and found that 19 provided data on at least one link in the causal chain model under examination. The most consistent evidence was found for client change talk/intention (related to better outcomes); client experience of discrepancy (related to better outcomes); and therapist MI-Inconsistent behaviour (related to worse outcomes).



Vader et al. (2010) examined the relationship between language, personalised feedback and drinking outcomes in a sample of heavy-drinking college students. MI was delivered in a single session with or without a personalized feedback report. They found that MI consistent counsellor language was positively associated with client change talk, that MI with feedback was associated with lower levels of sustain talk, that higher levels of change talk were associated with improved drinking outcomes at 3 months, and that higher levels of sustain talk were associated with poorer drinking outcomes. They highlighted the relationship between counsellor MI skill and client change talk and the important role of feedback in the change process.

Magill et al. (2010) explored whether or not within-session therapist and client language predicted a clients' decision to complete a written Change Plan in an alcohol-focused motivational interviewing using data from an ongoing hospital-based clinical trial involving 291 subjects. Analyses showed that therapist MI-consistent behaviours and client change talk were both positive predictors, and therapist counter change talk was a negative predictor of the decision to complete a Change Plan regarding alcohol use.

In conclusion these studies show the critical nature of six aspects of MI that contribute to the successful outcomes noted in the section above. These are the importance of actively listening to the language of the client and noting changes in language as signals of changes in attitude, using these changes in language to inform how the coach responds to stimulate further motivation for change, the value of building discrepancy in the mind of the client, the importance of consistency in the coach's behaviour/intervention and the importance of feedback as a tool in the process.

**Table 2: The Six Active Ingredients of MI**

1. Actively listening to the language of the client
2. Recognising changes in language as signals of changes in attitude,
3. Formulating questions and affirmations which echo these changes in the client's language
4. Building discrepancy in the mind of the client between these new thoughts and recent past behaviour
5. Consistency in the coach's behaviour
6. Using feedback as a tool.

## **Practice – Tools and techniques**

Motivational interviewing has been very well researched as I have highlighted in the section above. As well as having a good understanding of its efficacy, research has confirmed the active ingredients within MI. However, the approach places its priority on a

well-defined set of principles and some core skills (sometimes called microskills), as opposed to placing the emphasis on specific tools or techniques. This makes MI more complex and challenging approach to learn for the novice and thus, I believe, makes MI an approach more suited to the advanced practitioner.

### ***The Spirit of the approach***

The spirit of motivational interviewing is characterised by the following three adjectives:

- Evocative
- Collaborative, and
- Autonomy supporting.

MI is evocative in that the coach tries to draw things out from the client, rather than put things in. Things evoked from the client include concerns about the current situation, reasons for change, ideas for changing and ideas for staying changed - including thoughts about barriers and obstacles which might be encountered and ways around them. Reasons for being confident that change is possible may also be evoked. The more the client comes up with ideas, reasons and arguments, the more likely change will occur – in contrast to the coach generating a list of reasons why the person should change and telling them how they should go about it.

Secondly, MI is collaborative in that it is very much an approach adopted with someone, not something done too them. Coach and client work together in partnership, jointly and collaboratively viewing the person's life, their goals, their strengths, their difficulties, their hopes, their concerns and their ideas for change. In this sense MI can be considered to be 'an inter-view', like two people looking together at a family album (or in this case the presenting issue). When the conversation ceases to become collaborative the practitioner may notice one or more manifestations of resistance, which is a cue for the practitioner to change what they are doing or saying, in order to get back to a collaborative process.

Thirdly, MI is autonomous. In MI the client is always the active decision maker, exploring options and deciding what they want to with their lives – including doing nothing and letting their life continue in its current direction. However such decisions are taken by helping the client to understand the implications and consequences for the choices they make in a conscious (Contemplative) way. Thus linking MI to the desire to build client self-awareness and 'choicefulness', the two key aspects highlighted by Whitmore (1992).

### ***The Principles***

The principles of motivational interviewing can be remembered by the acronym RULE:

- Resist the righting reflex
- Understand and explore the clients motivation
- Listen with empathy, and

- Empower the client, encouraging optimism and hope.

The 'righting reflex' is the natural tendency in humans to want to fix things and to make them better. This usually helpful reflex commonly gets in the way of empathic, non-judgemental relationships, triggering resistance and reactance. The client feels their autonomy is being undermined by the coach's attempts at being helpful. The righting reflex may prompt practitioners to jump in with such questions as: 'could you try this...' or 'why don't you do such and such..' and this can result in falling into the 'yes, but,,,' trap, and may even prompt the client to do the opposite of what is suggested as they attempt to demonstrate their autonomy and self control.

Secondly, the MI coach understand and explore the client's motivation by asking them open questions and following these up with empathic listening statements, more questions, affirmations and the occasional summary. Questions such as: '*why might you want to change?*'; '*what are your three best reasons for doing it?*' and '*what is the best that might happen*'. Using empathic listening skills helps with the further exploration of these motivations, and listening for and then developing 'change talk' can help build the client's motivation for change.

Thirdly, the MI coach listens with empathy. They try to imagine what it might be like to be the other person, trying to feel 'as if' they were in the other person's shoes, communicating this attempt at understanding with reflective listening statements of varying degrees of complexity and summaries. If nothing else happens in the session, the client should go away feeling heard, listened to and understood.

Finally, the MI coach empower their clients, encouraging optimism and hope, by working with clients to develop their sense of confidence about being able to change (their self-efficacy), as well as helping them see how change is likely to result in the desired outcomes they seek for themselves and others. Open questions such as: '*how do you think you might go about it to be successful?*'; '*what do you think would be most helpful here?*'; '*how confident are you that you can change and stay changed for 6 months?*'; as well as affirmations such as: '*you're the kind of person who works hard to be successful*' or '*when you set your mind to things, you get results*' can be helpful in empowering people. Helping clients think through the type, volume and duration of change required for success helps build hope, as does reflection on previous positive experience where the person has successfully made a change or mastered a new skill.

A second set of principles adds to RULE. These can be summarised under the acronym RID:

- Roll with resistance
- Information sharing, and
- Develop discrepancy.

MI coaches seek to minimise the manifestation of resistance in the consultation in the first place, and adapt their behaviour in the session to reduce resistance as and when it is

noticed. They 'roll' with resistance, as opposed to confronting and directly challenging. This rolling may take the form of a reflection: e.g. *'you really don't want to be here'* or *'making a major change in your diet is simply isn't a priority for you at the moment, what with the other things you have going on'*; a reframing or change of focus: e.g. *'you're right, perhaps dieting isn't where we should be focussing, but things at home'*; an apology e.g. *'I'm sorry, I think I've rushed ahead a bit, can we go back a little, please forgive me'*; or a re-emphasising of client control and autonomy e.g. *'you're very much the one in charge here, and you will only change this when it feels right for you'*.

Secondly, the MI coaches seek to evoke or draw things out from a person. But sometimes the information just isn't there and has to be shared before the client can make an 'informed' decision. Things which it might be helpful to share with a client include: what works in managing conflict; how to become more assertive; how to prepare for an interview; what other people find helpful when seeking promotion at work; aspects of the law or company policy; etc. MI coaches commonly share this information using the A-S-A (ask, share, ask) format of: asking what the person already knows; asking for permission to share information; sharing the information; and then asking the person what they make of the information. This approach may help the information become more easily 'digested' by the client. Compare *'why don't you consider the following.....'* with: *'can I share with you some things which other people have found helpful?'* The latter question is more inviting, respectful and thus more likely to engage the client by allowing them to make a choice. All factors that help reduce resistance and increase engagement.

Lastly, the MI coach develops discrepancy in their clients, helping their clients become more aware of the gap between how things are at the moment and how they would like things to be. This contributes to the desire to change, which the practitioner is trying to develop. Discrepancy can be developed by having the client talk about their goals, talk about their values (what is important to them), have them explore 'two possible futures', and/or having them 'look back' and 'look forwards'. But whilst discrepancy (or a gap or mismatch) needs to be present before change will occur (why change if everything is perfect and the person is perfectly satisfied), too much discrepancy may be demotivating, especially if the person doesn't feel that there is any way they can close the gap in a significant and meaningful way. So hope and confidence about changing to bring about the desired future needs to be developed in parallel with raising awareness about the gap between how things are and how things might be.

### ***The Core skills (or micro-skills)***

In this section I will review the core skills used by the coach when applying the principles before finally reviewing a selection of tools and techniques.

The MI coach seeks to ask skilful open questions, make skilful reflections (accurate empathy statements), make occasional, genuine and heartfelt affirmations and use occasional summaries to bring things together, review progress, or as a prelude to moving the conversation in a different direction.

Open questions encourage the client to talk more than closed questions. Rather than ask closed question such as *'could you...?'*, *'have you thought of...?'* MI coaches prefer such

open question as *'why might you want to...?', 'what do you think would be most helpful?', 'how might you go about this?'*

MI coaches make affirmations - statements recognising and acknowledging some aspect of client effort or character, such as *'You're the kind of person who sticks with things once you've made your mind up', 'You go out of your way to be kind to people, even when you don't really feel like it' or 'I appreciate the fact that you've stuck with this, even though the results are not happening as fast as you wanted'.*

MI coaches make a lot of use of reflective listening or accurate empathy statements to check out that they understand the client correctly, help the client feel understood, and perhaps even generate some insight in the client as they hear what they said (and what they think) articulated back to them, but with a slight (and hopefully helpful) change of wording.

MI coaches use summaries intermittently throughout the session to check and reflect on progress, check for correct understanding, bring several things they client has mentioned together for their benefit (especially change talk), and after one tool or strategy before moving on in the same or a slightly different direction.

### ***Tools and Techniques***

Motivational Interviewing is primarily a style of communication, a skilful, uncommon and helpful way of interacting with another person which tries to bring about the right conditions for positive and health change to occur. It is not a set of tools and techniques. That being said, tools and techniques form part of the commonly used methods by MI coaches, but need to be used in an *'mi-inconsistent way'*, that is consistent with the spirit of MI and using the microskills described above.

**Table 3: Ten Common MI techniques**

1. Setting the scene
2. Agreeing the agenda (Agenda mapping)
3. Typical day
4. Decisional Balance
5. Importance and Confident Rulers
6. Looking back, looking forwards
7. Two possible futures
8. The key question
9. Exploring options
10. Agreeing a plan

**Table 4: Using MI and other interventions within a Model of Change**

<b>Change Stage</b>	<b>Most useful interventions</b>
Pre-contemplation	<ul style="list-style-type: none"> <li>• Create relationship through empathy &amp; rapport</li> <li>• Use reflective listening</li> <li>• If reluctant to change – encourage gathering of evidence / feedback</li> <li>• If lack of belief that can change – offer belief encourage hope</li> <li>• If giving reasons for not changing- explore wider values, beliefs and impact of behaviour on others.</li> </ul>
Contemplation	<ul style="list-style-type: none"> <li>• Explore the reasons not to change and reasons to change</li> <li>• Explore the ‘problem’</li> <li>• Explore the client’s most important aspects / goals of their life</li> <li>• Reflect back discrepancy between goals / values and current behaviour</li> <li>• Explore confidence to change</li> <li>• Explore barriers to change</li> <li>• Reflect back desire to change &amp; confidence statements</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Check for congruence in change communications</li> <li>• Explore confidence to change</li> <li>• Clarify and refine goals</li> <li>• Review options &amp; select chosen options</li> <li>• Identify allies to support client</li> <li>• Use visualisation to build confidence</li> </ul>
Action	<ul style="list-style-type: none"> <li>• Monitor &amp; affirm small steps</li> <li>• Explore next steps</li> <li>• Explore barriers being encountered</li> <li>• Plan actions to overcome barriers</li> </ul>
Maintenance	<ul style="list-style-type: none"> <li>• Provide positive feedback on success</li> <li>• Plan for coping if slip back</li> <li>• Reinforce long term goals fit with values</li> <li>• Encourage use of allies to continue positive progress</li> </ul>
Managing relapse	<ul style="list-style-type: none"> <li>• Empathise &amp; normalise</li> <li>• Explore reasons for relapse</li> <li>• Plan to prevent next time</li> <li>• Explore successes &amp; affirm</li> <li>• Reflect back positive statements of desire for change</li> <li>• Return to contemplation actions</li> </ul>

As I have noted earlier in this chapter, the founders of MI have consistently highlighted the central nature of the spirit of MI over the application of any one or a combination of tools and techniques. This is because at the heart of MI is the centrality of the client and the need to work in their best interest rather than being driven by a model or framework.

I believe there is a danger for some coaches adopting tools or techniques and applying them as a recipe. From my experience in training coaches over the past fifteen years working with managers and with those undertaken post graduate studies in coaching, this is certainly the case for novice coaches. This may not be surprising that the novice wishes to stick to a recipe rather than adapt and flex to meet the client's needs within a broad framework. Having said this, setting out principles rather than practice and examples leaves the writer open to question and challenge. As a result, both Miller and Rollnick (2013) and myself in this chapter, try and offer sample of commonly used tools and techniques in the process. In the following section we offer three tools; agenda mapping, typical day and decisional balance and two techniques, evoking change and reflective listening.

### **Technique 1: Agenda Mapping**

Agenda mapping is a technique used during the early part of the process and is one which many coaches may be familiar with but in a less detailed and planned way than is employed within MI. Miller and Rollnick (2013) suggest 'Agenda Mapping' is like inviting the client to look at a map, seeing the places they might travel and planning a route for the next stage of their journey.

'Agenda Mapping' offers an opportunity to help the client to establish for themselves the focus of the conversation and thus explain to themselves and the coach what they want to achieve from coaching. By offering a sequence of stages from generating alternative options to evaluating these choices to agreeing the focus, it offers a number of clear steps.

Where clients' are unable to establish a clear agenda, after using the approach, the coach may ask themselves (and the client) whether the client is ready to engage in coaching. The approach can thus also act as a tool to help inform the decision whether coaching is a helpful and useful approach for the client and whether they are ready to engage in coaching.

'Agenda Mapping' usually takes the form of a series of question. The first is to gain agreement to move into a meta-conversation. *"Is it ok if we spend a few minutes exploring what you want to get from our meeting today?"* or for those in mid-session, *"can we stop for a few moments so we can take stock of where we are?"*

The second element is to help identify the objectives of the client. Once identified the coach can help the client to prioritise these objectives and settle on a specific focus. Finally, the coach can help the client to refine and clarify the objective. As an example I have included further possible questions that could be used in Table 5.

From personal experience it is not uncommon for the client to have a number of goals that they wish to achieve during the coaching assignment. In this case 'Agenda Mapping' becomes a task of helping the client to prioritise which of the multiple goals they wish to focus on first. In many cases, particularly with more junior managers, long-term goals and short-term goals may be mixed up; *'I want to become a better leader of my team'* alongside *'I want to get my managers job when they move next year'*. In this instance the coach might help the client to focus on immediate short-term goals, working gradually towards long-term goals as the coaching assignment continues and shorter term goals are achieved.

**Table 5: Examples of useful agenda setting interventions**

- |  |
|--|
| <ul style="list-style-type: none"><li>• <i>What change shall we talk about?</i></li><li>• <i>Why are we talking about x, and not y?</i></li><li>• <i>I wonder about z, but what about you?</i></li><li>• <i>Should we shift direction?</i></li></ul> |
|--|

During agenda mapping it is important not to disappear into too much detail. The aim is instead to remain at a high level and move across a number of different issues before settling on the most important to the client.

So what are the outcomes that the coach should expect (seek) from 'Agenda Mapping'? Firstly, and most importantly, the client should set the goal themselves. This increases the commitment to achieving this goal. Secondly, they should have a clear goal, which is understood and agreed with the coach. Thirdly, the goal should be supported by a series of sub-goals. These may be short term or intermediate goals (milestones), which effectively enable the client to track their progress towards the longer-term goal. For each of these, both the long and intermediate goals, the client knows what success looks like at each stage. With an agreed set of goals the coach also helps the client to prioritise these goals, with one or more goal being the focus for each session.

The more clearly defined and personally held the goal, the more likely the client will be able to move forward to and achieve the goal.

### **Technique 2: Typical day**

The 'Typical day' technique appears later in the process, as the coach aims to encourage the client to talk in detail about their current reality. But rather than talking specifically about the perceived problem the coach asks a more open question to take a wider view of the issue within its context.. The coach may introduce the technique or exercise by saying:



*'perhaps you could help me get a better understanding how your average day goes—starting from when you get up in the morning until when you go to bed? Would that be okay? How does your day start?'*

In response to this question some client's will rush ahead and focus on the issue that they wish to discuss, for example stress and work-life balance. They may say: *'well nothing really happens until ...'*. My suggestion is to slow these clients down by asking them to tell you a little but more about how the day starts. Other client's may take several minutes telling you about their thoughts even before they get out of bed. Good coaches will direct attention and manage the process through intervening, speeding up the slow client's and helping those who are racing ahead to take the day in a step-by-step order.

During the description of their day client's will frequently use both 'sustain talk' (e.g. *'I just can't start stand the place, the bureaucracy drives me wild'*) and 'change talk' (e.g. *'I used to work in the private sector and had an enjoyable time working there'*). These will spontaneously emerge during the exercise without coach direction. Such responses provide the opportunity to 'go with the flow' while trying to develop more change talk by asking the client to elaborate. A further useful intervention from the coach is to make affirming statements or to reflection back what is being heard.

In using the technique in a MI spirit, the coach should try to avoid too many 'assessment' questions like *'on a scale of 1-10, just how stressed do you feel at that point of the day?'* Such interventions may have the affect of making the person feel judged or rated and may lead to them being less open later in the session.

The overall aim is to encourage the client to start talking and continue talking from an evidence based perspective about their day and how the issue which they wish to focus on manifests itself within their day (Anstiss & Passmore, 2013). By directing attention through questions the coach gains a deep insight into the life of the client and a good sense of their current situation. Towards the end of the exercise it will be helpful for the client if the coach summarises the key points that have emerged.

The technique provides an opportunity for the coach to empathetically listen to the client and for the client to talk and length and feel heard. In this sense the technique is useful at helping build the relationship. The technique is also useful in helping the client to step back from the immediate to see their life (and the issue) in a wider context. The story also provides detailed evidence and hopefully an understanding for the coach about the situation. This can be useful for the coach when reflecting back, when using affirmation and in selecting the next appropriate intervention.

### **Technique 3: The decisional balance**

The third in our set of techniques is the decisional balance. This is useful in exploring current behaviour and reflecting on planned new behaviours. The technique decisional balance helps people think though their ambivalence in an open and systematic way. It helps the client to deepen their self-understanding and reflect on their own behaviour. As a result of the exercise the person's perceived importance for changing (or confidence about changing) is likely to increase and alongside this their motivation and readiness to change may also increase.

For the coach, the technique provides another opportunity to demonstrate good quality non-judgemental listening and to work in a way which is consistent with the spirit of MI, by reflecting back to demonstrate understanding, rolling with resistance (as opposed to offering arguments for change) and to notice and elicit change talk which comes directly from the client (see for example Anstiss & Passmore, 2011).

I have found in an organisational setting the technique works best with a sheet of paper (I have also used a flip chart or wipe board when these have been available – but be aware of removing the results at the end of the session to prevent others from reading the notes you have left behind in the meeting room). Divide the sheet into two main columns and two sub-columns (see Figure 1).

Using the responses from the client recorded on the balance sheet, the coach can direct the focus of the client to start talking about the current benefits of the behaviour, which they may want to change, through an open question such as *'tell me a little more about how X can be exciting?* Such behaviours are often maintained as the client derives some pleasure or positive affect from them. By starting with positives this reduces the chances of defensiveness from the client and the perception that the coach has a fixed agenda to make the client change their behaviour. In most applications of MI in coaching, I would suggest the role is not to lead the client towards selecting a specific behaviour (although MI is often used in clinical settings in this way to address offending or serious drug misuse behaviours) (Passmore, 2007), but instead to help the client to be choiceful and self-aware.

The coach may specifically target aspects to encourage the client to talk more about the positive aspects of the desired behaviour. The coach may do this through directing attention to this aspect through a further question or by asking the client to give an example. Alternatively the coach may ask the client to talk about the feelings they have when they have made progress towards this new behavioural goal or when engaging in the desired behaviour.

As the client talks about each point in turn, the coach should invite the client to summarise the point in 3 or 4 words on the decision balance sheet. I have found it works best when the client writes down the points rather than the coach doing this. A sample table is included Table 6.

**Table 6: Coaching for change Balance Sheet**

Benefits of activity	Costs of activity	Benefits of change	Costs of change

Depending on the individual and their state, some clients jump from one point to another and start talking about ‘disadvantages’ when they were asked about advantages of making a change, or vice versa. This is not a reflection on the coach, but a reflection on the client giving voice to their ambivalence and is natural and common. The coach may reflect back to let them know you have heard and at the end of the point may direct attention back to the side of the equation which was the original focus of the question, by saying something like *‘well, we’re going to talk about the disadvantages in a minute. But are there any other possible benefits to you?’*

As a result of these interventions change talk often emerges from the client. Clients’ may say something like *‘I’d really like to be home on time to put the children to bed’*, reflecting their desire to make a change to the time consuming nature of their role and the desire to break the pattern of behaviour.

The exercise can be completed more quickly, if time is a challenge. This can be done by using two boxes as opposed to four columns. These two columns can be summarised under the heading: *‘good things’* and *‘less good things’* (see table 7) By using a two as opposed to four column approach repetition is avoided with items being repeated by the client in the disadvantages of one side of the balance sheet as well as the advantages of the other side of the other side. I have found however, that on occasions, client’s can miss items, when two rather than four columns are used.

**Table 7: Two box model for Decisional Balance**

Good things	Less good things

At the end of the exercise the client has a sheet that they have completed which they can take away. The coach might ask them to spend some further time reflecting on this before the next session. Rather than leaving this free form, this works best when attention is directed towards the focus of change.

While we are looking at tools and techniques, it is also worthwhile to briefly look in detail at a couple of key techniques in the process. The two examples we will consider are evoking change talk and reflective listening as these are two key skills which the coach needs to employ to successfully facilitate the client addressing the ambivalence of their current situation.

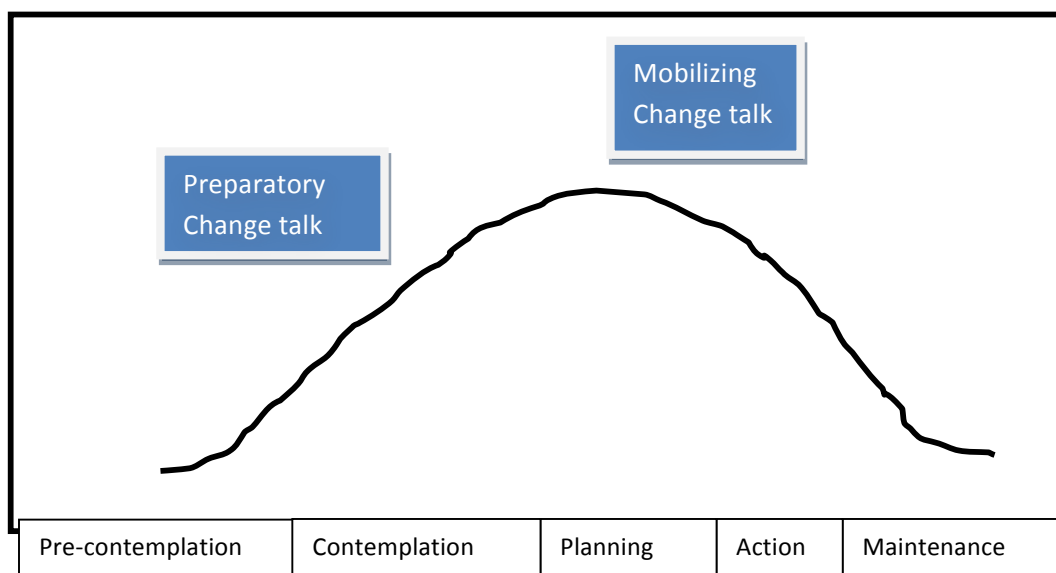
### **Technique 5: Evoking change Talk**

Evoking change is at the heart of MI. in essence this is the skill by which the coach encourages the client to talk positively and actively about making the change. But how does the coach know that the coach is ready to engage talking about change as opposed

to still exploring whether this is an issue (pre-contemplation) , or is thinking about change but has yet to decide this is what they wish to do (contemplation). So what are we looking for in the words and phrases used by the client to judge where the client is on the stages of change model (Transtheoretical model) of change described above? The coach is able to identify this by listening closely to the change talk being used by the client.

Miller & Rollnick (2002, 2013) have suggested that change talk is like a hill. It comes in two parts; the uphill and downhill of change. The uphill side of the equitation is the preparatory change talk. This is most likely to occur during the contemplation phase. The person is thinking about change and is weighing up whether change is really for them. In many cases the person is well aware of the advantages of making the change, but balanced against this are a series of barriers that have blocked their path to successfully making the change. It is this aspect that has created the ambivalence to making the change in the past.

**Figure 3: Transpersonal model of change and Change talk phases**



During this phase the coach needs to listen for what Miller and Rollnick (2013) have labelled DARN's. It is these statements which reveal an interest and consideration of change, but which lack a specific commitment to make the change. Such statements might express the individual's personal desires about making a change, the ability to make the change, their reasons for making the change and the need to change. Examples of these are summarised in Table 8.

**Table 8: Examples of DARN statements**

<p><b>Desire:</b> <i>"I really want to do Y"</i></p> <p><b>Ability:</b> <i>"I think I could do Y if I really wanted to"</i></p> <p><b>Reason:</b> <i>"if they did X, then I think that would be enough and I would then do Y"</i></p> <p><b>Need:</b> <i>"I really need to do Y, or .. will happen"</i></p>
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In general terms the coach should look out for statements that are conditional or hypothetical. These statements express desires (need to and want to), they may express ability (I can or I could), they express reasons for making the change and they may also express the need to make the change and the consequences of failing to do so. However, while such statements reveal the client has shifted from the pre-contemplation to contemplation phase of the stages of change model (Prochaska & DiClemente, 1984) there is no expressed commitment to make the change, or a specific plan as to how the change is going to be made, particularly how barriers and hurdles which have held the individual back will be overcome.

At this stage the role of the coach is to encourage this preparatory talk and continue to explore the ambivalence to change. The coach may use techniques such as the decisional balance sheet to explore the advantages or disadvantages of different choices, they may help the client think through the skills needed to make a change or the barriers that have got in the way before.

As this happens, and the coach maintains effective listening and interventions, the client language is likely to change. In place of DARN statements, CAT statements are likely to increasingly emerge. CAT statements are phrases which reflect the client's commitment, present action or specific steps which they are taking to realise the new goal or behaviour. As CAT statements grow a shift will also be seen from commitment to mobilisation; from *'I want to'* to *'I will'*. Table 9 provides examples of the three types of CAT statements that the coach should be looking for.

**Table 9: Examples of CAT statements**

<p><b>Commitment:</b> <i>'....next week I will do Y'</i></p> <p><b>Action:</b> <i>'I am really keen this time to make a success of it, I have thought about what went wrong last time and its going to be different on Tuesday'</i></p> <p><b>Taking steps:</b> <i>...'in advance of next Tuesday, have already done X. This will mean that when the meeting comes on Tuesday Y should be much easier this time'</i></p>
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As Table 9 shows, commitment statements are concerned with intentions and promises. The client makes an unambiguous statement expressing their plans for the future. Key words to look for as examples are 'will', 'promise' or 'guarantee'. Action statements reflect the individual's state of being willing, ready and prepared to act. Finally at the mobilisation stage the client may express statements reflecting their preparatory actions towards the goal.

This shift from DARN to CAT is one which the coach can provoke and elicit through both reflective listening and through focused questions with encourage or evoke the client to focus their talk towards the advantages of change over the current situation.

So what is different about the reflective listening skills of the MI coach over listening when used in different coaching approaches?

### **Technique 5: Reflective listening**

In popular language 'listening' often means just keeping quiet; waiting for our turn to talk. This level one style of listening is unhelpful for even the novice coaching. Yet sadly I have too often seen the novice coach so focused on what they are planning to ask, that they fail to listen accurately to what is being said. As a result their intervention sounds mistimed and often crass.

In the table of levels of listen (Table 10) the competent coaches should be aiming to listen at level 3 or 4, with excellent coaches occasionally stepping in to work at an interpretive level, sharing their insights where this is helpful to their client at level 5.

**Table 10: Five levels of listening**

Level 1: Waiting to speak –at this level we are simply waiting for our turn to talk
Level 2: Basic listening – at this level the listener focuses on the words being said
Level 3: Attentive listening –at this level the listener focuses on the words and tone of the communication to understand the true meaning.
Level 4: Active listening – at this level the listener listens to the words, tone and body language of the speaker and is aiming to understand what the speaker is intending to communicate
Level 5: Interpretive listening – at this level the listener is seeking to listen beyond the intended communication. They are interpreting meaning from the whole communication, both the intended meaning and unintended communications.

At level 1 the coach might be drawn into one of the road-blocks statements (Gordon, 1970). These statements include directing, cautioning, moralizing, agreeing, reassuring or labelling. For the client who is stuck such behaviours are likely to increase the ambivalence towards change rather than evoke mobilisation change talk.

If the coach is to avoid these road blocks what else can the coach say? That is not to say there is not a place for open questions, challenge or affirming statements. However, reflective listening serves a different purpose for the MI coach. The coach can listen and reflect back in a number of different ways, using a simple reflection, an understated reflection or an over stated reflection. Each has a different role to play.

### **Simple reflection**

In using a 'simple reflection' the coach tries to understand the meaning of the client and reflect this back, capturing the words, phrases and critically the meaning of the client's communication. Using a reflective statement is less likely to provoke resistance. For example if the coach asked about the meaning of the statement, this directs the client to step back and reflect on whether they really do mean what they have said. As an example the coach could ask: '*You're feeling unsure?*' This is done through an inflection in the voice, with the tone rising towards the end of the sentence. In contrast the coach could use reflective listening to reflect back "*You're feeling unsure*". This involves using a neutral tone throughout the sentence. The reflective statement communicates understanding and becomes a statement of fact. Such statements are more likely to encourage the client to talk more about their emotional state. As the client talks they think about this state and draw out for them self the evidence of why they are feeling as they do.

Reflective statements can be quite simple and often can involve reflecting back a single word or pair of key words from the client's story.

A more sophisticated series of options however are also available to the coach. These involve over-stating or under-stating the reflection. The use of these and the frequency of use will vary with the coach's skills, as inappropriate use can leave the client believing their coach is not listening to them and undermine the coaching relationship.

### **Understated reflection**

This is best used when the coach wishes to client to continue exploring an issue. The coach may select to reflect back a lower level of emotion than that communicated by the client, for example the client communicates 'anger', the coach may select to reflect back a lower intensity of 'anger', such as using the word 'irritation' or 'annoyed'. This works well with British clients where under-statement is a feature of British culture. The key skill is to avoid under-stating to the extent that the client feels that the coach has not listened to what has been said. This takes both a high level of listening to the whole communication and a high level of skill of sophistication in selecting the right word to reflect back – highly articulate coaches thus have less trouble than those with a more limited range.

### **Over stated reflection**

In contrast if the coach selects to amplify the emotional content and over state the emotion compared with the client's original communication, the likely effect is for the client to deny and minimise the emotion. Once again the dangers of the client feeling they have not been heard are present and in a British cultural context this is further magnified. As a result the coach needs to be careful and limited in their use of over statement, to avoid danger to the coaching relationship.

By combining the range of effective listening, and listening deeply to their client's communications the coach can both demonstrate empathy and also support the client's growing motivation to change.

The five tools and techniques in this section are just a sample of the wider repertoire used by the skilled MI practitioner. However they gave an insight into how MI coaching draws on classic coaching skills and adds a level of greater sophistication which is informed by evidenced based practice. In the next section we will review a brief case study of applying MI when working with clients in an organisation.

## **Case study**

Nisha is a fund manager in a financial services firm. The firm is based in the US but has offices in the UK, and across the world. The assignment came about when I was emailed by the HR director who had been referred to me by a colleague in another organisation.



At the time of our first meeting she had been in post for more than ten years and was well respected. However in the past two or three years her performance had suffered and from being one of the teams' best performers, she had slipped to being one of the worst.

Performance conversations between Nisha and the UK HR manager resulted in Nisha revealing that she lacked motivation in her role and felt de-motivated by the continual pressure to perform during what was a challenge financial market where luck seemed to have a bigger impact on success than company analysis or experience. Having been a good performer, the organisation wanted to deal with the issue sensitively, and offered coaching to explore these issues.

I initiated the contract through meeting the HR manager and agreeing terms for the project. This initial meeting was followed by a tripartite meeting between myself, Nisha and the HR manager. The coaching assignment brief was to support Nisha in reviewing her career over next six months, address the performance issue and plan an internal or external move to another role through a series of six coaching sessions.

During the first session I focused on providing space for Nisha to share her story. This concentrated on her motivations in the early part of her career. Her motivation during this period was to make money and to outplay the market. However having been through the global financial downturn during 2008 and 2009, things had been more difficult in recent years.

During the second and third meeting we explored her feelings of ambivalence in her current role, alongside her desire to take on a fresh challenge. Nisha was financially secure and shared her interests in photography and art, as well as in managing finances for organisations which took a long term view, such as sterling funds, as opposed to short term, quarterly perspective.

I used the decision balance to explore the attractions of staying in her current role, balanced against her motivation for continuing to use her skill and market knowledge in a different role outside of the organisation, possibly a sterling fund. I also encouraged Nisha to consider alternative perspectives, of those of her manager, the HR manager and capital markets director. Her conclusion was that her motivation and performance was an issue that needed to be addressed.

During these sessions Nisha moved to identify the pressure to move, which while not explicit, was about her leaving the organisation. In this sense Nisha moved from pre-contemplation about the need to leave the organisation to contemplation through reflecting on the recent conversations with HR, my arrival as a coach and what the organisational was likely to really want to happen.

The next stage was to support Nisha in contemplating a move to starting to plan a move. In doing this I wanted to develop her motivation to make a move rather than focus on the situation in her current role. This involved encouraging Nisha to spend time talking about

these possible roles. As she talked more about them, her motivation grew and she started to move into planning how she could make such a change. By focusing more on the current negatives of her current position, and how things had been better when she had a team, Nisha's motivation also grew to secure a new opportunity which offered her the staff resources to do her job using such market analysis, as well as take a long term view.

During subsequent sessions we focused on options. I encouraged Nisha to talk about her values and her dreams, checking out whether a move to a sterling fund was preferable to setting up a photography studio.

During these sessions I drew on the RULE principles of resisting the temptation to provide careers advice or wider advice on what Nisha should do in the situation. Secondly, helping her to explore her motivations; what attracted her to the role and engaged her during her early years in the role, what motivated her now. I sought to really listen to what she was saying and finally encourage and affirm her as a human being and a successful individual in what she had done in her career to date.

One specific technique I drew upon was offering the opportunity to explore two futures. In this Nisha considered her future compared to her values, as she considered photography versus a move to a different financial services company.

By the close of session four Nisha had made a clear decision to leave. She wanted to identify a specific role and we moved to discussing how she might do that with a sector through using her network built up over the past decade. By the fifth session Nisha had already secured a new role, and this session turned into a discussion focused on planning how she would manage the transition, what her priorities would be during her first 100 days and how she would communicate her departure to her boss and colleagues.

While not all assignments are suited to the application of all stages of MI, where clients are ambivalent, MI offers a route to explore these feelings and to help clients identify alternatives for themselves rather than be forced into situations which many often find negative and depressing – such as redundancy or dismissal. Further the key skills of listening, reflecting back and focusing on affirming the attributes of the individual offer hope and reaffirm the individual giving them confidence to move forward.

### **When might MI be the most suitable?**

The efficacy of Motivational Interviewing makes it an obvious choice for many health-based assignments. Evidence shows MI to be as effective, and in many cases more effective intervention, than CBT for addictive behaviours including drug, alcohol, smoking cessation and weight loss coaching. Specifically MI is more likely to achieve the desired goal and for clients to show continued adherence to their goals after the intervention, than on other methodologies.

However, the case of using MI for other areas, such as in career transition, managing redundancy or poor performance is more controversial and lacks evidence to support a

claim that MI is more efficacious than CBT or other methodologies. The truth is that for most areas of coaching we are unable to make such claims, as the evidence from comparative studies is not present.

Instead we need to turn to qualitative, case study and experiential evidence. Here a case may be made that positive individual results appear to have been achieved through using MI in these types of presenting issue. From my own experience I have seen benefits for clients who have been exploring ambivalence around their work (which others perceived as poor performance), around issues of conflict at work (which others perceived as inappropriate behaviours) and around potential role and job change (redundancy and dismissal). In these cases individuals appeared to feel more motivated by the close of the coaching, they felt they retained power over their destiny and thus did not present any of the traditional emotions of sadness, depression or anger which can be associated with these types of issues when handled badly within organisations.

An amount of caution however is required. As this is a small sample, the evidence from these case studies should not be generalised to a wider population.

The methodology however appears to show promise for these areas, and wider and more detailed research is needed through comparative studies with other methodologies.

## **Conclusions**

Over the past twenty years MI has come of age from a specialist drug and alcohol intervention to a methodology that can usefully be applied across a wide range of setting and presenting circumstances. MI is now recognised as a high efficacious intervention that fits the spirit of coaching, with a forward focus and respectful open approach to clients which contrasts it with many therapeutic approaches.

In this chapter I have sought to set out briefly what is MI. In the first section I have set out the links between MI and psychological theories and secondly the evidence from research, with a particular focus on RCT and met-analysis research. In the second section I summarised the spirit of MI drawing extensively on the work of Miller and Rollnick (2013) and the microskills before turning to a select set of tools and techniques. I have offered a short case study to help put MI into context as a psychological skill and finally identified briefly where MI may be better suited than other psychological interventions as a framework to guide conversations.

# Developing yourself as an MI Coach

## Developing your skills

Coaches wishing to learn more about and develop their skills in MI Coaching may wish to explore the following practitioner texts:

- Miller, W. R & Rollnick, S. (2013). *Motivational Interviewing, Third Edition: Helping People Change: Third edition: Applications of Motivational Interviewing*. New York: Guildford Press.
- Fuller, C. & Taylor, P. (2008). *The toolkit of Motivational skills: Encouraging and supporting change in individuals*. Chichester: Wiley
- Rollnick, S., Miller W. & Butler, C. C. (2008). *Motivational Interviewing in health care: helping patients change behavior*. New York: Guildford Press.

## Deepening your understanding

Coaches wishing to recommend MI based self-help books and workbooks for their clients may wish to consider

- Rosengren, D. (2009 ). *Building Motivational Interviewing Skills: A Practitioners Workbook*. New York: Guildford Press the following:

## Web resources

Useful websites for both coaches and clients include:

- The key site for MI resources is [www.motivationalinterview.org](http://www.motivationalinterview.org)
- There are a wide selection of additional resources to download for free at: [http://www.motivationalinterviewing.info/mi\\_resources.html](http://www.motivationalinterviewing.info/mi_resources.html)
- There are also a good selection of videos to watch to compliment your reading, see for example:
  - <http://www.youtube.com/watch?v=s3MCJZ7OGRk> - a basic introduction to MI
  - <http://www.youtube.com/watch?v=6EeCirPyq2w> - another excellent video giving an explanation of the approach
- For skills videos showing the application of MI by experienced practitioners check out:
  - [www.youtube.com/watch?v=67I6g1I7Zao](http://www.youtube.com/watch?v=67I6g1I7Zao)
- <http://www.youtube.com/watch?v=dm-rJJPCuTE>

There are other good examples on Youtube as well as these two examples.

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