

Motivational interviewing

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Motivational Interviewing May 27, Motivational Interviewing Motivational interviewing (MI) can be described as an empathetic, gentle, and skillful mode of counseling that enables practitioners to hold constructive conversations with individuals who have certain disorders. Unlike other forms of therapeutic interviews, motivational interviewing avoids threats of negative consequences or loss (Miller, & Rollnick, 2002). Thus, an individual has a personal choice to change his or her behaviors. This essay discusses how different MI techniques enhance positive change through a series of examples and analysis.

Express Empathy

Expressing empathy is the core MI technique applied by most practitioners. This technique allows the practitioner to set up a supportive environment for a productive encounter. Expression of empathy encompasses acceptance and sincerity. This creates a feeling of not being alone among persons with problems. For instance, a person suffering from a chronic illness needs to realize that there are other people dealing with chronic illness (Miller, & Rollnick, 2002). This technique prepares the patient for other therapies and MI techniques.

Develop Discrepancy

Development of discrepancy is a basic element that defines MI objectives. It entails initiating an intentional conversation that allows individuals to identify their current position and determine its discrepancy with the position they intend to be or achieve. The technique allows patients to have a self-challenge and determination to achieve their objective (Prochaska, & DiClemente, 2008). For instance, a person struggling with drug abuse can begin a positive change through the discrepancy development technique.

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The technique allows the person to visualize the negative element about their current trends and the need to make timely interventions.

Avoid Argumentation

The principal require motivational interviewers to resist from engaging in an argument with the person whenever he or she shows resistance. From the third principal of MI, a patient respond positively only when the therapist do not attack their feelings and ideas. Instead, a therapist should allow patients to identify their problems instead of pinpointing the problem. Avoiding argumentation allows therapist to create a supportive environment for patients to open up for information. For instance, a therapist interviewing a drug addict should allow him to view the consequences of his behavior instead of pointing out that drug abuse is a risky behavior.

Roll With Resistance

Resistance is a common encounter in MI that results when individuals argue against a change. For instance, if a therapist begins by making an argument on why a patient's trends need to change, a natural response from the patient would be a counterargument against the proposal. The main role of a therapist is to describe the need for positive change among their patient. However, the power of change remains with the individual. This indicates that therapists should be concerned about the patient's arguments and the reasons for the arguments (Prochasta, & DiClemente, 2008). For example if a patient remain adamant about consuming excessive alcohol, then the clinician needs to shift the discussion on the need for the patient to have regular exercises.

Support Self-Efficacy

Sometimes individuals may not be interested in making changes but the <https://assignbuster.com/motivational-interviewing/>

need to be confidence about achieving success. Supporting self-efficacy is an equalizing technique in MI since it allows clinician to build confidence among their patients. Even though the clinician may not achieve results according to his or her expectations, the element of self-efficacy enables the patient to prepare for any outcome. For instance, a clinician can increase an individual's self-efficacy by demonstrating his or her confidence on the person's ability to make positive change. This aspect motivates the patient to make positive change.

References

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Prochasta, J. O. & DiClemente, C. C. (2008). *Transtheoretical therapy: Towards a more integrated model of change*. *Psychotherapy: Theory, Research and Practice*, 19. 200 – 288.