

Motivational interviewing critique essay

[Sociology](#), [Communication](#)



Motivational interviewing is a counseling approach developed by Professor William R. Miller, Ph. D and Professor Stephen Rollnick, Ph. D Miller is a professor of Psychology and Psychiatry at the University of New Mexico and received his Ph. D in clinical psychology from the University of Oregon in 1976. Stephen Rollnick completed his Masters in research in Strathclyde University in Glasgow and his professional clinical psychology training in Cardiff, Wales. Motivational interviewing was first thought of by Miller in 1983 in his article Behavioural Psychotherapy and was elaborated on in 1991 with Rollnick. It is a goal-orientated approach (Hall, Gibbie, & Lubman, 2012).

There are some specific strategies that have been used to work with individuals. SAMHSA believes that by employing these, MI is a successful method for clients with co-occurring disorders. Motivational interviewing includes: assessing the client's view of the issue and seeing if they understand their condition, finding out if the client wishes to pursue a treatment plan and, if so, having them attend sessions, and lastly, helping the client see that there are possibilities for them to change (SAMHSA).

MI also assists clients in exploring their motivations for changing. It is important to remember that this approach isn't about counselors telling clients what to do, but clients realizing their potential for change (Hall et al., 2012). Motivational interviewing is helpful for clients that are going through different stages of treatment, but it is thought that it is the most helpful in early treatment. This might be because clients have difficulties realizing the depth of their problems (SAMHSA).

Motivational interviewing is a good method to connect with clients because it is a joint and collaborative decision process. The choice for change is up to the client (Hall et al., 2012). The counselor often uses techniques to engage the client such as open-ended questions, affirmation, and reflective statements (SAMHSA). It is important to note that only the individual can commit to a change even if goal plans are made between the client and counselor (SAMHSA).

When practicing motivational interviewing, the counselor helps the client realize discrepancies in their behavior versus their goals but otherwise lets the counselor do a lot of the listening to gain information from the client (SAMHSA). They are directive with the client so, together; they can examine goals and resolve ambivalence, therefore; motivational interviewing is solution based (Sobell, 2008).

Counselors use multiple techniques to help clients reach their goals for change. The first is eliciting/evoking change talk, which is usually associated with stressful outcomes (Sobell, 2008). It can be used to address discrepancies that the counselor notices. Different questions the counselor can ask include: “ What would you like to see different about your current situation” or “ What will happen if you don’t change” (Sobell, 2008). Counselors could also invite the client to look forward in time to see how their life would be if they do or do not change (Sobell, 2008).

Other tactics that are used are reflective listening (SAMSHA) and normalizing (Sobell, 2008). Reflective listening is a tactic of responding to the client in the form of a hypothesis as well as building rapport between the client and the counselor (Sobell, 2008). A specific example is, “ It seems to me that you

want to start eating better because you have concerns about your health but it is hard to eliminate junk food from your house.” Clients will either agree or disagree with the hypothesis given back to them (Sobell, 2008). Normalizing is letting the client know that they are not alone in their situation and that others find change difficult (Sobell, 2008).

Lastly, our research found the Columbo Approach to be intriguing. It is also a means of showing the client discrepancies and sometimes can sound a bit unsympathetic (Sobell, 2008). It got its name from the 1970’s TV series Columbo and when counselors evoke discrepancies, it is usually done without bringing about a defensive behavior from the client. The client is also more likely to elaborate on their story (Sobell, 2008). An example would be, “So, help me to understand, on the one hand you say you want to live to see your 12-year old daughter grow up and go to college, and yet you won’t take your medicine your doctor prescribed for your diabetes. How will that help you live to see your daughter grow up,” (Sobell, 2008).

Researching motivational interviewing was a good experience for our group. We liked how it was a client-based process because the client has to want to change; Katey especially liked that Motivational Interviewing holds the client accountable. If the client is not following through with their goals and the planning (and counselors have tried to suggest those discrepancies), motivational interviewing is not right for the client. We also liked that this form of counseling is adaptable for different types of problems that a client could be experiencing such as substance abuse, health coaching, dual diagnosis, or gambling problems.

There doesn't seem to be limits to the help a client can receive with this process if they are willing. These different types of problems and addictions are difficult to change if the client doesn't own up to them; which is critical with Motivational Interviewing. One thing that was more of a challenge for us (it could be seen as a good thing or a bad thing) was a lot of our sources had the same information. This means that it was good information and solid work, but it also made it harder to find fresher sources until we knew about the Riverland search engines. Once we knew how to log into that, there were an abundance of opportunities for more sources that were otherwise unknown about before.