Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Often simply telling someone to take medications, make lifestyle changes or show up to appointments doesn’t work. That doesn’t necessarily mean the person cannot understand the advice they’re given. It can mean the activity isn’t a priority for them, or health is not their main motivator. Ambivalence is normal. Motivation is the probability a person will change. In health-care, motivation can be significantly influenced by the skill of care providers.

Motivational interviewing is a way to strengthen motivation, with a focus on attitude. Motivational interviewing changes the healthcare worker/consumer interaction from one of advice-giving to active and reflective listening. The goal is to help the person believe in the possibility of change, with an underlying assumption they can and will develop healthy behaviors.

Done well, motivational interviewing is helpful in influencing behaviour change. Motivational interviewing helps the person identify the thoughts and feelings that cause unhealthy behaviours and develop new thought patterns to aid behaviour change.
People typically go through five stages of change when changing health behaviours:

1. **Pre-contemplation**: Ignoring the problem, not considering change.
2. **Contemplation**: Acknowledging the problem, weighing the pros and cons of change.
3. **Preparation**: Taking steps and getting ready to change.
4. **Action**: Making the change, living the new behaviours, which are all-consuming.
5. **Maintenance**: Maintaining the new behaviours as part of their normal life.

The motivational interviewer recognises the person’s stage of change and helps them progress through the stages.

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**The pillars of motivational interviewing**

1. **Express empathy and avoid arguments**

   Demonstrating accurate understanding of the person’s experience facilitates change. It helps them feel they are understood and encourages them to share their experiences and feel less defensive.

2. **Support self-efficacy**

   A person’s belief that change is possible is an important motivator to making change. Health-care workers can influence a person’s belief that they can change, for example by asking about other changes the person has made or sharing success stories from clients with similar challenges.

3. **Roll with Resistance**

   Think of motivational interviewing as dancing with the person, not wrestling. Respect the person’s freedom of choice, personal control, perspective and ability to make decisions. Don’t challenge resistance. Instead, use it as a signal to try something different.

   Aim for no real hierarchy in the relationship and provide nothing for the person to fight against. When people feel accepted as they are, it allows them to consider change rather than defend against it. Encourage the person to develop their own solutions to challenges they identify. Invite the person to consider other perspectives, but don’t judge. Judgment hinders change.

4. **Develop discrepancies**

   The likelihood of change increases when a person sees their behavior is at odds with their goals and values. Gently and gradually help people examine discrepancies between their behaviour and goals. Help them see how their behaviours lead them away from – rather than to – their goals.

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