

CHAPTER 1

The Mind and Heart When Helping

Anyone who willingly enters into the pain of a stranger is truly a remarkable person.

—HENRI J. M. NOUWEN, *In Memoriam*

We wrote this book for helping professionals, those who choose to spend a significant proportion of their lives in service to others. How did you decide to become a helper? A common motivation is the compassionate desire to foster well-being and happiness, alleviate or prevent suffering, and facilitate positive change. There is the joy, indeed the privilege, of being witness to growth and change, knowing that you have made a difference. These motivations are often what attract and retain people as counselors, educators, clergy, coaches, and health care professionals along with many other kinds of helpers who accompany people on life's journey.

Wanting to help is a good beginning. Having particular skills can then be the difference between making matters better or worse. When trying to help someone with a health crisis or injury, for example, having specific life-saving skills can be vital. Knowing what to do is part of a helper's expertise, and service professions appropriately emphasize using methods with scientific evidence of effectiveness.

In helping vocations, it does matter *what* you do, and it also matters *how* you do it. Beyond technical know-how, there are particular communication skills that make some helpers more (or less) effective than others.¹ In this book, we focus on *motivational interviewing* (MI) as an evidence-based method for promoting change and growth. For a definition, MI is *a particular way of talking with people about change and growth to strengthen their own motivation and commitment*. Its component skills such as empathic listening are not personality traits or inborn talents. They are practices you can learn and develop over time.

FOR THERAPISTS: Effective Practice

Although MI began as a method for behavioral health counselors and psychotherapists, it is now being used in many other helping professions. Throughout this edition, we have included special sections “For Therapists” to offer additional information and perspectives for the many practitioners whose work does focus on treating behavioral health concerns. In these more advanced sections, we assume familiarity with technical therapeutic concepts that may be less relevant for other readers.

A common finding in psychotherapy research is that clients’ outcomes vary with the therapist who provides treatment. Even when following a structured treatment manual, some therapists are simply more effective than others, and it has very little to do with years of experience. At least eight observable clinical skills differentiate therapists whose clients have better (or worse) outcomes regardless of theoretical orientation. In reviewing 70 years of psychotherapy research,² we were struck by the parallels between these eight characteristics of more effective therapists (highlighted in *italic* font below) and the foundational elements of MI described in this book. *Accurate empathy* has been part of MI from the very first description of the method in 1983, as have sharing *hope* and *positive regard* or affirmation. *Acceptance* is a core component of the underlying spirit of MI described later in this chapter. Having *shared goals* for change and a strategy for reaching them is an essential element of a working alliance and is central to the focusing task of MI. *Evocation* of the client’s own perspectives and motivations for change is a defining task of MI, which also includes *offering information and advice* in a particular person-centered way. The eighth of these therapeutic skills, congruence or *genuineness*, is one to which we have paid too little attention in our prior writing and is now addressed in this fourth edition.

These therapeutic skills are broadly applicable, and for this reason they have sometimes been called “nonspecific” factors, meaning that they are not specific to a particular theoretical orientation. Yet they are specifiable, observable, and learnable, and they predict client outcomes. Our work in developing and evaluating MI has operationalized many of these therapeutic skills to make them more specifically observable and learnable. We do not intend for MI to be used instead of but rather in addition to other treatment methods. Indeed, this is the most common use of MI now: in *combination* with other effective therapies. For us MI became a *way of doing* cognitive, behavioral, and health care interventions, an evidence-based *way of being* with clients as you use your expertise to help them change and grow.

Our own research on MI began in the 1980s, when we initially sought ways to help people change the harmful use of alcohol and other drugs.³ We soon found that the skills we were studying and teaching are helpful not only for reducing bad habits but also for promoting positive, healthy changes. To our surprise and with relatively little assistance from us, MI spread into medical care, social work, counseling, coaching, mental health, nutrition, dentistry, education, public health, corrections, rehabilitation, and sports. It also crossed cultures on six continents and is now being used and taught in at least 75 languages around the globe.

Through decades of research and three prior editions of this book we have waded deep into complexity in the study and practice of MI. Countless studies have documented outcomes of MI, plumbed the depths of what happens in helping relationships to promote change, linked specific counselor and client responses, and explored what it takes to develop these salutary skills. As we write this, the scientific literature includes more than 2,000 controlled clinical trials involving MI across a wide range of fields and nations.⁴

What we hope to convey now in this fourth edition of *Motivational Interviewing* is a simplicity beyond the complexity of decades of research.⁵ *Starting* with simplistic generalizations may be unhelpful—like telling parents to just love their children or urging teenagers to just say no to drugs—if it lacks the specific *how* that is involved. When you understand something deeply, however, it may become possible to explain it more simply and clearly. MI *is* simple but it is not easy, at least not when you are beginning to learn it. There may be some old habits to restrain and new ones to develop. There is an underlying mindset or spirit to MI that you can cultivate as you practice. Yet we do understand—much better now than when we began developing MI—how to teach this way of helping people change and grow.

A Helper's Presence

MI is not a novel approach to be used *instead* of other forms of helping. Rather, MI is a *way of doing* what else you do, a *way of being* with those you seek to serve, and it is grounded in a view of some fundamentals of a helping relationship.

First and foremost, we believe helping should be *person-centered*.⁶ When your work is person-centered, you're not primarily seeing deficits, diagnoses, or problems to be solved. You are talking to a *person* first and a client, patient, student, employee, or athlete second. You see this person as someone with strengths, hopes, and relationships, someone who appreciates being heard, valued,

MI is a way of doing
what you already do.

and regarded as competent. You are in a relationship with a real human being who makes choices, and you are present as a real person yourself. In a helping profession it can be tempting to put on a mask of distance, authority, or objectivity. That may be appropriate for an actor or a courtroom judge, but person-centered practice calls on you to be *yourself* as a helping professional, aligned in heart and mind.

Here are some broad brushstrokes of a person-centered approach. Be curious. Bring a humble beginner's mind to your helping relationships, not assuming you already know what's happening and what's needed. Pay close attention. Notice how someone responds as you say and do specific things. You are in an interaction, a dance, and not a solo performance. Respond in the moment rather than following a rehearsed routine, checklist, or manual, and be mindful of your own reactions.

At the same time, practice restraint. The focus in a person-centered approach is on your client, not yourself. Regulate your own emotions and provide a calm presence. Be modest with your own desire to fix things and provide solutions. You are not the only wise person in the conversation. As a helper, you are a guest in the person's world.

Some helpers think that all they need to do is follow along and listen sympathetically. Others believe the way to help people is to solve problems and tell them what to do. In between these two communication styles of *following* and *directing* is a sweet spot of *guiding*. If you travel to a new country, you might hire a guide to help you on your way. You don't expect the guide to decide when you will arrive and leave or to order what you will see and do. Neither do you expect the guide just to follow you around. The guide's job is to help you get where you want to go and do what *you* choose to do—safely, enjoyably, perhaps even economically. The guide's expertise is important, and so are your own goals and choices. A guide normally walks alongside, neither pulling from the front nor pushing from behind. Ideally, there is mutual respect between the guide and those being guided. That middle ground of guiding is where MI lives, drawing both on following with good listening and on offering direction when appropriate. Box 1.1 offers some verbs associated with these three communication styles of directing, guiding, and following.

The Guiding Spirit of MI

MI involves not only particular skills, but also an underlying attitude, a particular state of mind and heart with which you engage in a helping relationship. It shuns domination. This attitude calls for being open, calm, and compassionate—sometimes in the midst of chaos. It also calls for a posture that may seem radical if you understand your job as that of providing solutions and treatments for problems. If you begin with an intention to

BOX 1.1. Some Verbs Associated with Each Communication Style

Directing style	Guiding style	Following style
Administer	Accompany	Allow
Authorize	Arouse	Attend
Command	Assist	Be responsive
Conduct	Awaken	Be with
Decide	Collaborate	Comprehend
Determine	Elicit	Go along with
Govern	Encourage	Grasp
Lead	Enlighten	Have faith in
Manage	Inspire	Listen
Order	Kindle	Observe
Prescribe	Lay before	Permit
Preside	Look after	Shadow
Rule	Motivate	Stay with
Steer	Offer	Stick to
Run	Point	Take in
Take charge	Show	Take interest in
Take command	Support	Understand
Tell	Take along	Value

persuade, fix, or correct someone, you have already lost the person-centered path. Human beings are fine-tuned to sense clever manipulation, even if unconsciously. It matters how you think about your role as a helper and

If you begin with an intention to correct someone, you have lost the path.

how you understand the process of helping. We refer to this attitude toward helping as the guiding *spirit of MI*, without which the technical skills are hollow. There are four interlocking elements of that underlying spirit: partnership, acceptance, compassion, and empowerment.⁷

Partnership

As a helper, it's easy to fall into an expert stance that has you in essence talking down to the person from a position of superiority. Some professional contexts amplify this imbalance with diplomas on the wall, a barrier desk or window, or a white coat. Professional expertise is often part of what people seek from helpers; yet in any helping relationship you are not the only one with expertise. People are experts on *themselves*. If the topic

of conversation involves a change in people's behavior or lifestyle, then you will *need* their expertise. No one has more experience with or knows more about them than they do, so a helping relationship is a *partnership* of your expertise and theirs. You both bring strengths and capability to the relationship. It is not an adversarial task like wrestling but is more like dancing together with flowing motion, adjustments and direction.⁸ If you're dancing in a ballroom, you can move gracefully without pushing or dragging your partner. Helping relationships can be like that. Skillful guiding requires a collaborative partnership.

Acceptance

Nonjudgmental *acceptance* is widely recognized and scientifically demonstrated to be a healing factor in psychotherapy.⁹ The most effective practitioners, therapists, and counselors are those who are empathic, warm, accepting, and affirming.¹⁰ The same characteristics are found in effective teachers, organizational leaders, and coaches.

Acceptance in helping relationships bespeaks in part a general reverence for humankind and its diversity. For an open-hearted helper, people have inherent worth and do not need to earn or prove that they deserve respect. More than this, helpfulness involves respect for and interest in the particular unique person you are serving. Acceptance does not mean agreement or approval. For example, you can accept opinions very different from your own without agreeing with them. Acceptance is importantly conveyed by what you are *not* doing: judging, disapproving, criticizing, or shaming.

How can accepting people *as they are* help them to change and grow? There is an ironic paradox here: When people experience being accepted as they are, it becomes possible for them to change.¹¹ In contrast, feeling unacceptable can be immobilizing. Motivation for change is rarely fueled by feeling sufficiently terrible about oneself—guilty, ashamed, or worthless. Nonjudgmental helping involves taking an interest in and understanding people's unique experience whatever it may be.

When people feel accepted as they are, then they can change.

Compassion

What we mean by *compassion* is not a *feeling* such as sympathy or pity (feeling *for* someone). Sympathetic feelings may nudge you into the role of a fixer or technician who is there to find the problem and correct it or may prompt you to make unjust preferential decisions.¹² Rather, what we mean here by compassion is an *intention* to give top priority to the health and well-being of the one you are serving.¹³ It is a commitment to benevolence, an intent to alleviate suffering and support positive growth. Some of

the skills we will describe in this book can be and have been used in self-serving ways to influence others to do something that is in the practitioner's own interest.¹⁴ MI is not about getting people to do things that *you* want them to do. With compassion, the prime directive is the best interest of the person whom you are helping. MI is compassion in action.

Empowerment

Professional helpers are sometimes called “providers.” So much of what happens in the name of helping is based on a deficit model indicating that the person is lacking something that needs to be provided. The implicit message is, “I have what you need, and I’m going to give it to you,” be it knowledge, insight, diagnosis, wisdom, reality, rationality, or coping skills. Clinical evaluation is often focused on detecting faults or deficits to be corrected by professional expertise. The underlying assumption is that once you have discovered what the person lacks, then you will know what to install. This approach is reasonable in automobile repair or in treating infections, but it usually does not work well when lifestyle change is the focus of the conversation.

To empower can mean giving what the person did not have before—for example, granting an authority that was not theirs to begin with. A second common meaning of empower, however, is to help people realize and utilize their own strengths and abilities. The spirit of MI starts from this latter strengths-focused premise, that people already have within them much of what is needed and your task is to evoke it, to call it forth. It is not just accepting a person's autonomy, but actively supporting and encouraging it, looking for assets and opportunities rather than deficits.¹⁵ The implicit message in MI is, “*You* have what you need, and together we will find it.” From this perspective it is particularly important to focus on and understand the person's own strengths and resources. The view here is that

Not just accept, but actively encourage a person's autonomy. people truly do have wisdom about themselves and have good reasons for doing what they have been doing. They already have motivation and abilities within them that they can

call upon, which is a primary purpose of the *evoking* task in MI (see Chapter 2). One of the surprises in our early MI research was that once people resolved their reluctance about change, they often went ahead and did it on their own without additional professional assistance or permission.¹⁶ **Empowerment** in MI, then, is not primarily giving people something they lack but rather helping them appreciate and use what they already have. It is an optimistic view that prizes strengths and competence.

Empowerment also affirms people's ability to make their own choices, sometimes called *autonomy support*.¹⁷ Short of extreme coercive measures

like incarceration, a client's autonomy cannot be taken away no matter how much you might wish to do so at times.¹⁸ The opposite of autonomy support is domination: to exert power or control over another from a superior position, the attempt to *make* people do things. There is a paradox here. Telling people that they “can’t” do something, and more generally trying to constrain choices, typically evoke a desire in them to reassert their freedom. On the other hand, directly acknowledging someone's freedom of choice often diminishes defensiveness and can facilitate change.¹⁹ Approaching your work with this understanding of empowerment involves letting go of the idea that you have to (or can) make people change. It is in essence letting go of a power that you never had in the first place.

We hasten to acknowledge here that in some cultures one's sense of self is intimately connected with the well-being of one's family, group, or community. In such contexts, the concept of autonomy may expand beyond the individual. In indigenous and other more collectivist cultures, for example, primary consideration is often given to the well-being of the community, and thinking first or only of oneself is peculiar. MI was originally developed in a more individualistic Western context, but it has now been adopted and adapted in a wide range of world cultures. Indeed, MI can be applied in macro-level changes at a system or social level.²⁰

In sum, MI as a way of helping starts from your state of mind and heart when you are working with others. As a helper you are not a hero arriving to fix things, but rather a companion and guide on the client's journey of change and growth.

A Way of Being

Happily, embodying the underlying spirit of MI is not a prerequisite for practicing MI. If it were, few could begin. MI is grounded in a willingness and intention to be an accepting, compassionate, and empowering partner on the path to change and growth. You learn how to don that underlying attitude as you practice the technical skills of MI. As you begin the journey of learning MI, your best asset is a clear mind, letting go of needless mental clutter or seeking clever things to say.

It is our experience that over time the practice of MI can change you as a person. Those in helping professions have told us that learning and practicing MI has lifted an emotional burden from their shoulders, allowing them to enjoy their work much more. Though more studies are needed, we suspect MI is an antidote for the poison of burnout.²¹ Practicing empathy and acceptance for others may help you become a more accepting person, more patient not only with others but also with your own shortcomings.²²

There is a common situation that gives rise to MI in helping professions. The helper sees a beneficial change the client could make, and the person seems reticent or even uninterested in doing it. The helper is

championing change and the client is reluctant about it; they seem to have different goals, and attempts to convince or persuade are often fruitless at best. This situation can be frustrating for client and helper alike, who can wind up blaming each other for the impasse with labels such as “rigid,” “resistant,” and “unmotivated.” MI is about arriving at shared goals to move toward while finding and strengthening the client’s own motivations for change.²³ Over time we have come to realize that the very term *resistance* is an unhelpful way to think about helping relationships. If you practice the spirit and method of MI, this kind of oppositional struggle is far less common from the outset. We certainly will address in detail the issues of differing goals and resistance once the fundamentals of MI are in place.

As you learn this way of working with others, you may soon notice significant changes happening in how people respond to you. They become less defensive or “resistive” and more appreciative. It is easier to develop and pursue common goals. The engaging skills of MI can equip you to develop trusting relationships surprisingly quickly. The experience of being listened to in this way is sufficiently rare that people will be eager to talk to you more.

Practiced with a compassionate and accepting spirit, MI is a method for helping people change and grow. In the beginning MI was focused on specific changes, often decreasing a harmful behavior or increasing a healthful one. There is ample evidence that MI can be effective in helping people change behavior, but we now think about its usefulness in facilitating change and growth more generally. The concept of ambivalence applies well when considering a specific change like being more physically active—wanting and not wanting it at the same time. Human growth more often is about choice within a broader field of options. What do you want to be and do in the long run? What and how would you like to learn? Where are you stuck? How will you choose to spend your time? What kind of life do you hope to pursue for yourself, your loved ones, your community or nation? MI is a way of accompanying people on these growth journeys as well.

MI is about arriving
at shared goals
to move toward.

PERSONAL PERSPECTIVE: An MI Meditation

Living in the American Southwest, I have often been privileged to talk with Native American helpers about MI. Some have told me that this respectful way of relating to others is quite compatible with tribal conversational norms. A tribal leader once observed, however, that in order to teach MI to Native American people, it should have a prayer, a song, and a dance. I leave the dance and song to more capable people, but I did craft this prayer with assistance from a Navajo elder.

This version reflects a meditative preparation to work with a woman, but the pronouns are easily changed.

Guide me to be a patient companion,
to listen with a heart as open as the sky.
Grant me vision to see through her eyes
and eager ears to hear her story.
Create a safe and open mesa on which we may walk together.
Make me a clear pool in which she may reflect.
Guide me to find in her your beauty and wisdom,
knowing your desire for her to be in harmony:
healthy, loving, and strong.
Let me honor and respect her choosing of her own path,
and bless her to walk it freely.
May I know once again that although she and I are different,
yet there is a peaceful place where we are one.

—BILL

In Chapter 2 we will describe what MI is, how it began, and its four component tasks, each of which is then explained in more detail in Chapters 4–7. Together these chapters portray the fundamentals of MI.

KEY CONCEPTS

- Acceptance
- Autonomy support
- Compassion
- Directing
- Empowerment
- Following
- Guiding
- Motivational interviewing
- Partnership
- Person-centered
- Spirit of MI

KEY POINTS

- Motivational interviewing (MI) is an evidence-based, person-centered method for fostering change and growth, and is applicable across a broad range of helping professions.
- MI is a particular way of talking with people about change

and growth to strengthen their own motivation and commitment.

- MI does not compete but is compatible with many other means of helping. It is a way of doing what else you do.
- The underlying guiding spirit of MI includes four elements: partnership, acceptance, compassion, and empowerment.
- Over time, the practice of MI can change how your clients respond and may also change you as a person.

Notes and References

1. Perhaps the most extensive research on what makes helpers more helpful is in the field of psychotherapy, where the therapist who delivers a treatment significantly influences its outcome. A review of 70 years of research on this subject is provided in Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford Press.
2. See note 1.
3. Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy*, 11, 147–172.
Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. Guilford Press.
4. The website of the international Motivational Interviewing Network of Trainers (MINT) (<https://motivationalinterviewing.org>) is a good resource for up-to-date references and perspectives on MI.
5. We were inspired by a quote from U.S. Supreme Court Justice Oliver Wendell Holmes Jr. that “I would not give a fig for the simplicity this side of complexity, but I would give my life for the simplicity on the other side of complexity.”
6. The concept of person-centered counseling was pioneered by Carl Rogers and his students in the 1950s and 1960s, inspiring patient-centered health care and student-centered learning.
Rogers, C. R. (1951). *Client-centered therapy*. Houghton-Mifflin.
Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy*. Aldine.
Gordon, T., & Edwards, W. S. (1997). *Making the patient your partner: Communication skills for doctors and other caregivers*. Auburn House Paperback.
Rakel, D. (2018). *The compassionate connection: The healing power of empathy and mindful listening*. Norton.
7. Rollnick, S., & Miller, W. R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325–334.
8. We thank Jeff Allison for suggesting this analogy of dancing rather than wrestling.
9. Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy: Noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 270–376). Wiley.
10. Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford Press.
11. This perspective lies at the heart of Carl Rogers’s person-centered approach. In his own words, “The curious paradox is that when I accept myself just as I am, then I can change.” Rogers, C. R. (1961). *On becoming a person: A therapist’s view of psychotherapy*. Houghton Mifflin.

12. Bloom, P. (2016). *Against empathy: The case for rational compassion*. Harper Collins.
13. The Dalai Lama, & Vreeland, N. (2001). *An open heart: Practicing compassion in everyday life*. Little, Brown.
14. To our dismay, one book describing MI was entitled *Instant Influence: How to Get Anyone to Do Anything—FAST*. We recognize that it is usually the publisher, not the author, who chooses the title of a book.
15. Milner, H. R. (2012). Beyond a test score: Explaining opportunity gaps in educational practice. *Journal of Black Studies*, 43(6), 693–718.
16. Miller, W. R., Sovereign, R. G., & Krege, B. (1988). Motivational interviewing with problem drinkers: II. The Drinker's Check-up as a preventive intervention. *Behavioural Psychotherapy*, 16, 251–268.
17. Ryan, R. M., Deci, E. L., Grolnick, W. S., & La Guardia, J. G. (2006). The significance of autonomy and autonomy support in psychological development and psychopathology. In *Developmental psychopathology: Theory and method* (Vol. 1, 2nd ed., pp. 795–849). Wiley.
18. Vansteenkiste, M., Williams, G. C., & Resnicow, K. (2012). Toward systematic integration between self-determination theory and motivational interviewing as examples of top-down and bottom-up intervention development: Autonomy or volition as a fundamental theoretical principle. *The International Journal of Behavioral Nutrition and Physical Activity* 9, Article 23.
19. Hagger, M. S., & Protogerou, C. Self-determination theory and autonomy support to change healthcare behavior. In A. Hadler, S. Sutton, & L. Osterberg (Eds.), *Handbook of healthcare treatment engagement: Theory, research, and clinical practice* (pp. 141–158). Wiley.
 Chatzisarantis, N. L. D., Hagger, M. S., & Smith, B. (2007). Influences of perceived autonomy support on physical activity within the theory of planned behavior. *European Journal of Social Psychology*, 37, 934–954.
 Deci, E. L., & Ryan, R. M. (2012). Self-determination theory in health care and its relations to motivational interviewing: A few comments. *International Journal of Behavioral Nutrition and Physical Activity*, 9, 24.
20. Avruch, D. O., & Shaia, W. E. (2022). Macro MI: Using motivational interviewing to address socially-engineered trauma. *Journal of Progressive Human Services*, 33(2), 176–204.
21. Pollak, K. I., Nagy, P., Bigger, J., Bilheimer, A., Lyna, P., Gao, X., et al. (2016). Effect of teaching motivational interviewing via communication coaching on clinician and patient satisfaction in primary care and pediatric obesity-focused offices. *Patient Education and Counseling*, 99(2), 300–303.
22. Endrejat, P. C., & Kauffeld, S. (2021). Learning motivational interviewing: Prospects to preserve practitioners' well-being. *International Journal of Workplace Health Management*, 14(1), 1–11.
 Pastore, O., & Fortier, M. (2020). Understanding the link between motivational interviewing and self-compassion. *Journal of Counselling and Psychotherapy*, 54(4), 846–860.
23. Magill, M., Martino, S., & Wampold, B. E. (2022). Goal setting and monitoring with alcohol and other drug use disorders: Principles and practices. *Journal of Substance Abuse Treatment*, 132, 108650.