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Some MI "Traps"

The following includes some of the "Traps" that counselors may fall into when attempting to work with clients, particularly when those clients have motivations that lead them away from positive change in their problematic behaviors.

Recognizing and Working with Resistance

Much of the focus in the Motivational Interviewing model is on working with clients' counter-motivations; that is, any motivations that lead individuals away from a decrease in substance-related problems or other problematic behaviors. Although these behaviors have traditionally been referred to as resistance, some counselors familiar with the MI model prefer the term counter-motivation. This seems more fitting with the MI model, for a few reasons. First, "resistance" is perhaps just one type of counter-motivation. In fact, there are many reasons why a person might choose to continue using substances or engaging in other problematic behaviors, including hopelessness, low self-efficacy, excitement about parts of the lifestyle surrounding the problematic behaviors, and so on. Second, the term "resistance" seems to have a pejorative quality to it, as if the individual is refusing to do "what is best" for himself or herself in an intentional, stubborn manner. Labeling counter-motivations as "resistance" may tend to promote urges on the part of the counselor to confront or argue with the client about the client's "resistance," when an approach that is more consistent with MI might be for the counselor to take these other motivations as serious viewpoints or alternatives for the client to fully consider and to approach this consideration in a non-threatening manner.

Signs of client counter-motivation might include interrupting, ignoring, arguing, denying, talking about seemingly unimportant matters, daydreaming, reminiscing, "wondering aloud" and so on. If you see these behaviors in your client, consider them a cue to check your own current behaviors, plans, and expectations. Have you moved ahead to working toward the implementation of change plans without first checking the client's level of readiness? If so, you may be in a "trap," or inducing the client to argue, interrupt you, deny the problem, or ignore you. These are signs that the client is not feeling heard, respected, or taken seriously, or that the client is simply not yet ready to consider implementing what may seem to you like an obviously needed change in behavior.

Using the MI approach, when a counselor notices counter-motivations in a client, he or she attempts to first avoid avoid certain "traps," then help the client consider change by using certain therapeutic strategies. Below is brief coverage of some of these traps and strategies. They are covered in greater detail in the Motivational Interviewing book.

Traps to Avoid

Question/Answer Trap

In this "trap" the counselor and client fall into a pattern of question/answer, question/answer, and so on. The problem with this pattern is that it tends to elicit passivity and closes off access to deeper levels of experience. Thus, clients are not encouraged to explore issues in depth, and the client-counselor relationship becomes increasingly hierarchical.

Confrontation/Denial Trap

Most counselors have had the experience of interviewing a client who is not yet ready to change, and who provides a reasonable argument in response to every statement the counselor makes. The counselor and client then engage in an argumentative, confrontation/denial trap, in which the client counters each argument for change with an argument for remaining the same. An example of a mild confrontation/denial trap is illustrated in the following conversation:

Dr.: Have you thought about trying to lose weight so your blood pressure comes down?

Pt.: Well yes, but it's not so easy, and I must say, I really like my food.

Dr.: But it's not a matter of depriving yourself of food. You just need to eat different, healthier foods, if you see what I mean.

Pt.: Yes, I know, I did try to eat less meat and more fruit and that sort of thing, but I never keep going for too long. I always have these binges when I break all my rules, and I just get fat.

Dr.: What about....?

Pt.: Yes, but....

(From Rollnick, Heather, & Bell, 1992, p. 25-26)

One of the benefits to the counselor of adapting a motivational approach is the avoidance of such discouraging interchanges. Rather than engaging in futile attempts to convince the client to change, the MI approach encourages the client to voice the reasons for change, with just a little questioning and guidance supplied by the therapist. Remember that if a person feels backed into a corner, or one point of view, the person will usually defend that point of view more strongly. If you leave your client with no other option than to argue with you, that is what you will get. MI-style approaches may help the client and the counselor avoid the inevitable frustration of two people working at odds.

Expert Trap

In the "expert trap," counselors fall into providing direction to the client without first helping the client to determine his or her own goals, direction and plans. The problem with this approach is that clients may tend to passively accept the counselor's suggestions, and may only halfheartedly commit to the difficult work involved in changing. A counselor using the MI approach is not non-directive, that is, he or she *will* offer suggestions for change. However, this is done after the client's motivation is high, after initial exploration of multiple pathways to change, and only upon client's request, or when the counselor perceives that the client is in immediate danger if not given advice.

Labeling Trap

The labeling trap happens when a counselor attempts to convince a client that he or she is an "alcoholic," "addict," or some other label. As Miller and Rollnick state, "because such labels often carry a certain stigma in the public mind, it is not surprising that people with reasonable self-esteem resist them" (1992, p. 68). They also point out that "the Alcoholics Anonymous (AA) philosophy specifically recommends against such labeling of others" (p. 68). Despite this, some counselors believe that clients must accept a label or diagnosis in order to change their behavior. MI theory disagrees with this view, and suggests that counselors de-emphasize labels whenever possible.

Premature Focus Trap

Although the MI does not suggest that counselors simply "follow" the clients' lead as is done in Rogerian or Person-Centered therapy, MI also cautions counselors against focusing too quickly on a specific problem or aspect of a problem. Difficulties with premature focus include raising client resistance and focusing on an unimportant or secondary problem.

Blaming Trap

Clients may wish to blame others for their problems. Counselors may feel compelled to show the client how he or she is at fault for the difficulties encountered. In the MI approach, neither of these urges are seen as useful. Blame is irrelevant. Miller and Rollnick suggest establishing a "no-fault" policy when counseling a person, and commenting, "I'm not interested in looking for who's responsible, but rather what's troubling you, and what you might be able to do about it" (1991, p. 70).

References:

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people for change*. New York: Guilford Press.

Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Rollnick, S., Heather, N., & Bell, A. (1992). Negotiating behaviour change in medical settings: The development of brief motivational interviewing. *Journal of Mental Health, 1*, 25-37.

Visit the NIAAA web site to learn more about Project MATCH or to obtain the MET treatment manual: <http://silk.nih.gov/silk/niaaa1/publication/match.htm>

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