

What Makes People Change

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MI Tips and Insights for Mental Health Practitioners



Motivational Interviewing is an evidence-based approach that strengthens a person's own *motivation and commitment* to change. This guide explores what helps and hinders that process, from the types of language clients use to the various responses from clinicians. You'll come away with a basic understanding of our role as MI practitioners in navigating ambivalence and gently moving conversations in favor of change.

The Pitfalls of Persuasion

While it can be tempting to try and persuade someone to stop doing the things that are harming them, research shows that this can actually hinder change. Persuasion leads to *psychological reactance*, a normal reaction in which the person tends not to follow the advice or do the opposite, even if they agree with you!

Persuasion brings about counteractive responses for a variety of reasons. This may be because the person feel:

1. Disrespected, unheard, misunderstood, or dishonored
2. Defensive: wanting to push back or diminish the problem
3. Withdrawing: wanting to stop listening and leave

Opposite reactions to advice-giving can take many forms, however, a typical example would be the “Yes... but!” response. When a person is ambivalent, they’re particularly unreceptive to direction, leading them to argue for the opposite of what you suggest.

The Righting Reflex

Counselors, therapists, and people in everyday life have a similar inclination to fix a problem for others - a common trap known as the ‘righting reflex’.

Consider the example of a mother who’s trying to teach a kid to do a puzzle. By simply saying “Don’t do this, do that,” a problem is seen and solved for the child automatically, which inhibits the child’s ability to solve it themselves.

Likewise, counselors may have the urge to solve problems for their clients, even if it’s with good intentions. This can:

1. Taint the relationship: taking away from a constructive conversation and placing a weight on you where the client tends to shut down.
2. Lead to poor outcomes: as demonstrated by research.

Note: Skillful advice-giving is not the same as the righting reflex. If you're interested in learning about giving advice that's congruent with MI, see [this eBook](#).

The Language of Change

In Motivational Interviewing, Change Talk is the patient saying for themselves *why* and *how* they might change, whereas Sustain Talk is the language that suggests the opposite, why change might be difficult. The art of MI is quietly noticing these different kinds of language and gently steering them toward positive change.

As MI practitioners, our role is not to be 'the fixer' that decides the course of action, but an expert guide that fosters a focused relationship that elicits the client's *own reasons for change*.



William Miller highlights the balance of Change Talk and Sustain Talk in Motivational Interviewing.

Sustain Talk can be expressed as reasons not to change, an inability to change, a lack of desire to change, and resistant behavior. It may sound like:

- *“It’s a nice idea, but I don’t have time to [exercise/eat healthily]”*
- *“I’ve tried [exercise/diet programs] and I don’t stick to them”*
- *“I don’t get where you’re coming from”*
- *“It’s not the right time to [stop smoking/drinking]”*
- *“I’ve already tried [patches/gum] and it’s not working for me”*

Change Talk can be expressed as reasons to change, an ability to change, wanting to change, and positive behavior. It may sound like:

- *“It would be really good to explore that some more”*
- *“I don’t want to be [tired/stressed/dependant] anymore”*
- *“I’m trying to understand a little more”*
- *“I want to get a handle on things”*
- *“I’ve been reading up on [research/support groups]”*



Importance of Change and Sustain Talk

The stronger and more positive the Change Talk, the better the outcome. This language, however, must be led by the patient, not the practitioner. Clients must hear themselves talk about why they might change and gradually develop their own language that's in favor of change.

Research shows that the more practitioners present the case for change, the more patients will resist and express Sustain Talk. This is not due to denial or a lack of motivation, but because the patient is not making their own case for change. Practitioners are there to create conversation in which patients are more likely to be on the right side of the change equation, advocating on their own behalf.

How do you go about this? Consider change talk on a continuum from weak to strong, a handy scale to meet patients where they are and ask the right questions. When people are considering change, their language can be modest and mild, like "I might/could/should". As they develop greater levels of commitment, Change Talk can be very strong, such as "I will/promise/am going to", with lots of room in between. The art of MI is *developing an ear* for the strength of language and the relative ratio between Change and Sustain Talk.



Navigating Ambivalence Effectively

Ambivalence is the conflict that naturally exists between the desire to change and the desire to stay the same. This is an important concept in MI and everyday life because we all often struggle to commit to changes.

Ambivalence can be likened to a “committee room” inside our heads, with one side of the table having voices in favor of change, and the other side having voices of uncertainty and doubt. These voices can sit in a dynamic and sometimes messy relationship, leading people to do nothing at all. MI allows clients to externalise their committee table and engage in a conversation where conflict can be resolved.

Here are a few practical tips to help clients navigate ambivalence:

1. Avoid the righting reflex: Don't jump ahead and start talking about action, planning, or advising about what they can do.
2. Try not to side with, celebrate, or cheerlead the change side of the table (for example, by persuading why change is a good idea), which can lead to countering resistance.
3. Use evoking: come alongside clients and give them the space to express the conflict and explore the positive energy within them.

The first two strategies above undermine the relationship and lead clients to hear why they don't want to change. When practitioners highlight both sides of the conflict, patients can come to their own insights, emotions, and reasons for change.



Why Don't People Change?

While there are many ways to approach this question, one reason is that we anticipate troubles. Various social, economic, and environmental stressors of everyday life influence our beliefs about whether it's worthwhile to change, or if we will succeed in making a change. MI incorporates these factors when exploring ambivalence to resolve the conflicting voices that arise in our minds and the world around us.

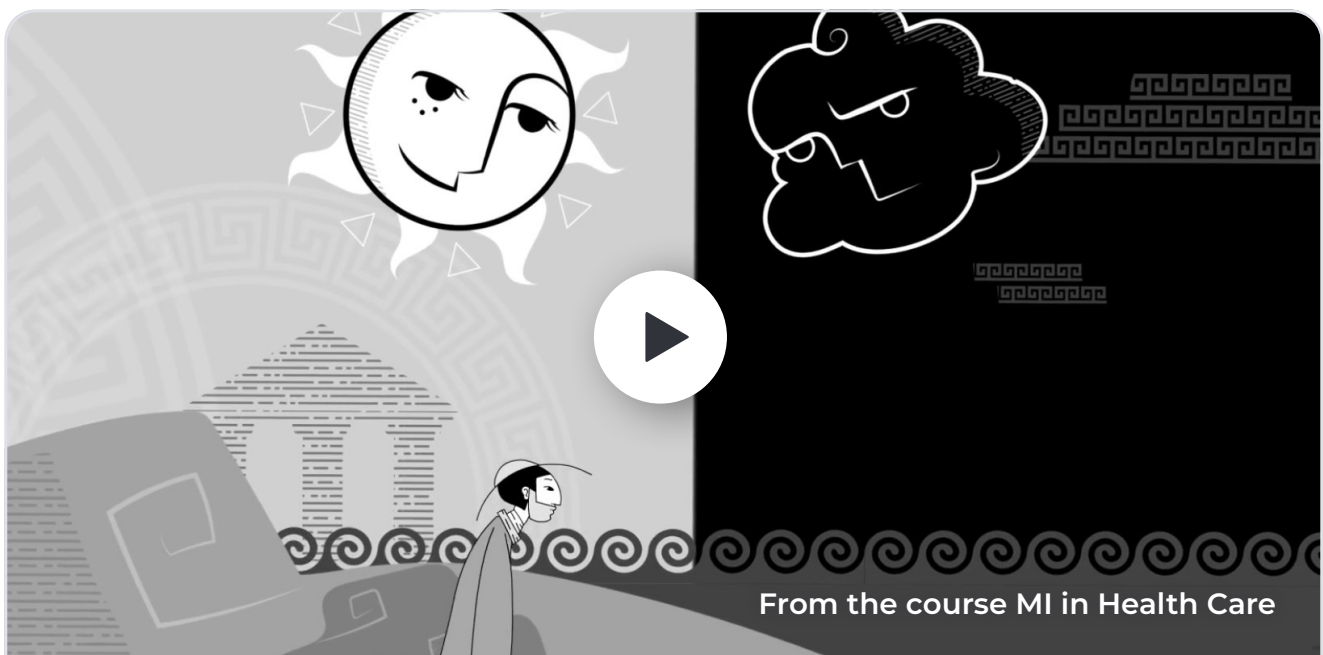
Another reason why people don't change is how ambivalence is understood and navigated. It's perfectly normal to want and not want something at the same time, but when we pathologize the reasons not to change, or label them as denial, we are only considering half the picture. Sustain Talk is not a failure, even when clients are moving toward change. MI is not about perfection, but shifting the balance.

Eliciting Change Talk

When addressing ambivalence, the conversation needs to stay open, patient-led, and gently pointed in the direction of change. We can encourage this by:

1. Asking Open Questions, such as “Why might you want to do this?” or “How might you go about it?”
2. Reflecting and sensitively responding to their answers.
3. Using Affirmations and Listening Statements that encourage patients to keep talking about change.

By incorporating these steps, it can be helpful to summarize and confirm what the patient is communicating. You need to be ready to hear and acknowledge both sides of the sustain-change spectrum, gently nudging the conversation in a positive direction that aligns with what you think will most benefit the patient.



Damara Gutnick shines a light on eliciting Change Talk and addressing ambivalence.



**I have to
do
something
about my
drinking**

So, Talking Makes People Change?

Well, it's not quite that simple! Change Talk that really does move a person in the direction of change is that which arises spontaneously in a conversation. You can give patients a list of statements to read aloud, but it's unlikely to have any effect at all. (As we've learned, persuasion and the righting reflex does not really work.) Instead, when people find and hear their own reasons for change, they are well on the way to greater motivation and commitment.

With ears attuned to the language of change, Motivational Interviewers have a greater capacity to affirm, inquire, reflect, and respond to clients in ways that steer discussions in a positive direction.

William Miller, Stephen Rollnick
& Theresa Moyers teach

Motivational Interviewing



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