

Motivational Interviewing [MI]

Motivational Interviewing, or Motivational Enhancement Therapy (MET) was developed by Miller and Rollnick (1991) and used primarily with mandated alcohol treatment to help people change addictive behavior. Their approach is helpful in working with mandated students in on-going treatment and to help connect with those who are initially unwilling to explore a change in the way they behave. It is a proactive approach to working with those who don't yet see they have a problem, or if they do see they have a problem, aren't yet ready to tackle it or head in a new direction. The heart of Miller and Rollnick's approach centers on five key concepts that can be applied well to working with clients who are mandated to treatment.

The five techniques of Motivational Interviewing are not applied in any particular order, but instead organically as you build alliance with the client.

Table 10. 2 Motivational Interviewing Techniques (Miller and Rollnick, 1991)

Task	Description
Expression of Empathy	Expression of empathy involves a conversation with the client that attempts to both understand their perspective (empathy) and communicate an understanding of that perspective (expression of empathy). This expression of empathy respects the client's point of view, freedom of choice and ability to determine their own self-direction. Suggestions from the therapist for change are subtle and the ultimate change is left in the hands of the client.
Avoiding Argumentation	This is probably the easiest technique to understand, but the most difficult to put into practice. When you argue back to the client who is arguing with you, neither of you are listening to each other.
Roll with Resistance	Clinicians are encouraged to avoid meeting a client's resistance to change head-on. Instead, they should try to engage the client in new ways of thinking about the situation, perhaps trying to evoke from the client new solutions to the conflict. Lack of motivation or an unwillingness to change and be positive are understood as normal developmental responses, and interventions are designed to avoid becoming mired down in the client's lack of developmental growth and personal responsibility to change.
Developmental of Discrepancy	Developmental of discrepancy is the process by which the therapist helps clients understand that the current behavior won't help them achieve the desired goal. The therapist explores the consequences of the client's actions in a neutral manner, avoiding sarcasm or a condescending tone. The client then becomes aware of their choices and starts to explore the advantages to choosing a different way to behave.
Supporting Self-efficacy:	Supporting self-efficacy involves helping the client understand that change is possible and there is the possibility of a better outcome in their future. This is done by the therapist encouraging and nurturing growth in his or her client, finding times and opportunities to "catch them doing well" and praising this behavior with hopes of shaping future positive behavior.

How the Incel Will Experience Change [CT]

We all go through the same process of change, whether it be related to losing weight, exercising more, learning how to talk to women more effectively, reducing video game time or quitting smoking. This approach is called Transtheoretical Change Theory and it was developed by Prochaska, Norcross, and DiClemente (1994). Their book, *Changing for Good*, offers an excellent overview of this process. These change concepts are universally helpful when looking to answer the question “Why is it so hard for the incel to just learn how to talk to girls?”

The basics of the approach outline how we move through various stages before achieving lasting change. This process can help the incel client gain a sense of perspective and understanding about why they may be repeating difficult or frustrating behaviors. As you review this section, consider a behavior you have tried to change in your life. This can either be something you are currently struggling with (perhaps smoking, watching too much TV, not getting enough exercise) or something you have tried to change in the past. As you read the five stages of change, keep your example in mind to better understand this process.

Pre-contemplation: At this stage, the incel is unaware he has a problem and hasn’t thought much about change. The therapist’s goal is to help him increase awareness of the need for change. This is done primarily through non-judgmental, non-directive open discussion. The therapist helps the client understand how his behaviors may be impacting his life and others around him. Any advice, from behaving differently in class to joining a club or organization to make new friends will fall on deaf ears since he has no desire to change. In his mind, he doesn’t have a problem. He certainly doesn’t have a behavior that needs to be changed. Until the incel develops a desire to change his behavior to avoid negative consequences, any advice or positive suggestions will be ignored. The therapist needs to engage and explore, helping the incel to come to an understanding that what he is currently doing is causing enough problems in his life and lives of those around him to necessitate a change in his behavior.

Contemplation: This is the most common stage of change for an incel client. He has thought about change and may be getting ready for movement in the near future. He realizes his current behavior is not in his best interest but is not ready to begin a plan to change. He isn’t happy about his current state and wants things to be different but has not yet explored how to do things differently or take action to make change in his life.

In this stage, the therapist continues to motivate their client and encourages him to think in more detail about how his behavior is having a negative impact on his life and the lives of others. They should explore ways he might plan for change and what resources could be helpful in implementing change. The therapist’s role here is to continue to explore and push the client closer to a plan for action. There should be less focus on the specifics of **how** this plan would be implemented, but instead a further exploration of **why** he wants to behave differently.

Preparation for Action: In this stage, the incel is aware of his problem and is ready to actively create goals to address the problem behavior in his life. Plans and goals should be focused, short term, and designed to be updated and altered to ensure his success. Plans should be measurable and easy to monitor to see if he is moving forward, static, or moving backward. The therapist can help him brainstorm and update his plans to ensure a better chance of success.

Action: This stage of change is where the incel puts his plans into action to change behavior. He will attempt to alter his negative behaviors and develop new positive behaviors to replace them. The therapist can support him as he tries to implement action steps and encourage him to keep trying, despite setbacks and the potential failures he may encounter.

Maintenance and Relapse Prevention: Here the goal is to continue successful plans and repeat those action steps that work, while adjusting those aspects of the plan that don't. Change has occurred for incel and there has been a reduction in problem behavior and/or success in achieving his goals. He needs to maintain the successful change and reduce the risk of falling back into bad habits. The therapist helps to bolster his success by identifying and encouraging an awareness of potential obstacles that could lead to relapse.