

## **The Notes: Motivational Interviewing: A Guided Dialogue**

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Motivational Interviewing is a guided dialogue where the practitioner, embracing the components of the Spirit of MI--compassion, acceptance, collaboration and evocation--has the overall goal of calling *from* the client his/her internal motivation towards change and strengthening it. *You, the Motivational Interviewing practitioner, are responsible for the intervention and for doing your best to guide the person towards his/her self-defined "health".* The outcome remains the sole responsibility of the person seeking help with change.

This document is intended as a hands-on practitioner's guide to using Motivational Interviewing. Thus, the word "you" refers to the Motivational Interviewing practitioner in action.

### **Multi-level definition of Motivational Interviewing**

The first and simplest of these is a layperson's definition, focusing on what Motivational Interviewing is for – its purpose: *"Motivational interviewing is a collaborative conversation to strengthen a person's own motivation [for,] and commitment to[,] change."*

A second is a pragmatic practitioner's definition, and again primarily addresses purpose, but this time from a clinical perspective: Why would I want to learn and use MI: *"Motivational interviewing is a person-centered [...] method for addressing the common problem of ambivalence about change."*

The third and most detailed is a technical therapeutic definition that addresses both "why" and "how" questions: *"Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is intended to strengthen personal motivation for[,] and commitment to[,] a specific goal by eliciting and exploring an individual's own reasons for change within an atmosphere of acceptance and compassion."*

William R. Miller and Stephen Rollnick, October 2010

**Motivation** is fundamental to change ~ It is characterized by ambivalence, resistance, and/or sustain talk. It is neither a trait, nor a defining personality characteristic. It is a state: fluid, dynamic and it can change *from* a commitment directed toward some course of action, *to* a return to old behaviors. In the face of that changeability, it is important to remember:

“We do not regard attainment or even endorsement of this underlying spirit to be a prerequisite for the beginning MI therapist. Indeed, we have found that this spirit is less a precondition than a result of practicing MI. What does seem to be important as a starting point in learning MI is an openness to this way of thinking about clients and consultation, at least a willing suspension of disbelief and active curiosity about the client's perspective. We have found that the extent to which therapists practice such a perspective is a good indicator of how readily they will acquire expertise when learning MI.” (Miller and Moyers, 2006)

Working with clients in a way that is collaborative rather than prescriptive, honors the person's autonomy and self-direction, and is more about evoking than installing. This involves at least a willingness to suspend an authoritarian role, and to explore client capacity rather incapacity, with a genuine interest in the client's experience and perspective.

### **Principles and Processes in Motivational Interviewing**

There are three fundamental principles that must be present to be called Motivational Interviewing. They are: expressing empathy, amplifying ambivalence and supporting self-efficacy. They are presented here with their relationship to the not necessarily linear processes (in capitals) of a Motivational Interviewing intervention: Engagement, Heightening Ambivalence and Empowerment.

**Expressing Empathy (ENGAGEMENT)** ~ Sensing the hurt or pleasure of another as s/he has experienced it; being able to hear and feel what a person is *not* saying, that is, what they *mean*.

**Amplifying Ambivalence (HEIGHTENING AMBIVALENCE)** ~ Exploring the person's internal thoughts and feelings of what is important to him/her, in particular, his/her values and self-image; highlighting the person's present behaviors that do not match up with those values, and illuminating two conflicting agendas ongoing internally in order to guide the person towards resolving the ambivalence s/he feels about the object of change or the conflict s/he is experiencing sufficiently in order to move toward change.

**Supporting Self-Efficacy (EMPOWERMENT)** ~ Encouraging the person's own beliefs about his/her ability to control his/her own behavior and other events that affect his/her life; eliciting choices (autonomy) about how to accomplish his/her dreams, desires and goals according to his/her values, reinforcing his/her confidence in his/her ability to realize those dreams.

The goal is to bridge the conversation from what the person perceives is important to the target behavior that needs to be reached.

We will use excerpts of a transcription of an actual Motivational Interviewing interview to illustrate these processes and skills. In this interview, the client (C) comes for help with...(description of case). The practitioner (P) guides him (her?) through these processes using the Spirit, skills and directivity that together constitute Motivational Interviewing.

**(S, this is where you need to describe the case a bit that will be inserted in various places in the document, along the lines of the processes)**

### **Engagement/Building Rapport**

In the initial stages of working with a person seeking aid, your role is to engage the person in the process of his/her own change. The intentional and specific use of **Open-ended** questions, **Affirmations**, **Accurate Empathic Reflections**, and **Summarizing (OARS)** help you to create a safe environment and a strong therapeutic relationship in which the person feels heard and understood enough to be willing to undertake the work of change.

**Open-Ended Questions** ~ The kind of questions that open the door to more words from the

client than from you. These are in comparison to closed questions which invite single word or short responses, such as yes/no, a specific number or name of a thing, etc. and are usually used in collecting data or information.

*Attitude:* Being gently curious in order to learn the details of how the client sees the target behavior as part of his/her life.

*Why:* Asking closed questions or too many questions, leads the person to feel less validated, less the expert on his /her life and less in control and therefore to:

- provide short answers,
- provide answers only to the question asked when there may be answers to that category of question that may be more complete and informative,
- be more passive and wait for the next question rather than use his/her experience to learn or explore his/her own experience,
- reduce self-motivational or change statements.

*Examples* ~ “Tell me more about X”, “What role does X play in your life?”, “What was it like for you when...”,

*Competency level:* At minimum, you want 70% of your questions to be open-ended

**Affirmations** ~ Affirmations comment favorably on a specific trait, attribute or strength of the person. The reference should be to a positive aspect of the person that endures across time and across different situations.

*Attitude:* Genuine belief in this strength/attribute or trait.

*Why:* Recognizing specific strengths and linking them to supporting the person’s own change goals and continued engagement in conversation helps to move the client toward that change.

*Examples* ~ “You are smart/resourceful/patient” “Your ability to hold back from hitting your daughter shows great control” or it may also be for effort: “I appreciate your willingness to share so openly.” “I appreciate you calling in today.” “I see you are being responsible with reporting for testing. Thank you.”

**Accurate Empathic Reflection** ~ Involves listening to not only what the person says, but also for what the person *means*; it requires you to be aware of nuance in tone and verbal and non-verbal expression. Empathic reflections are the cornerstone of building a therapeutic alliance and are fundamental to Motivational Interviewing.

*Attitude:* non-judgmental, and avoids criticizing or blaming. It is important to note that you and the person seeking help do not have to agree for these reflections to be accurate, empathic and effective.

*Why:* Accurate empathic reflection allows you to check your assumptions and create a sense of unconditional positive regard and acceptance for the client. The greatest goal of accurate empathic reflection is for the person to feel heard and believed.

*Competency levels:* Use empathetic reflection at least twice as often as you ask either open-ended or closed questions.

*Examples ~ Simple reflections (verifying what the person said):* restating exactly what the person said, reformulating it slightly without adding meaning to convey understanding.

**Complex reflections (verifying what the person meant, adding meaning):** Amplifying the person’s statement or the value stated, double-sided, continuing the paragraph, using a metaphor, reflecting the person’s emotion.

The complexity of empathic reflections often comes from your understanding that certain behaviors and all ambivalence arises from one or more of the following needs:

- To love and be loved
- To belong
- To have sovereignty over self
- To be capable and competent

And that the impediments to change are often rooted in one or more of the underlying fears:

- Abandonment
- Engulfment
- Shame/inadequacy/failure
- Loss or death

Hypothesizing based on these fundamental human needs and fears creates complex reflections. These, in their turn, often open doors of understanding for the person seeking help and help to mobilize the person’s motivation to change.

One way to create **complex reflections** is to take your *question* about the person’s behavior that you have in your thoughts, answer it with a hypothetical response and say that response aloud in an assertive, clear *statement*, that is, a reflection.

<b>Do</b>	<b>Don’t</b>
Think of the question you want to ask. Guess how the person might answer. Say your answer out loud, presenting it as a clear, assertive statement.	Ask if you are correct Let your voice go up – watch your inflection. (This is called a spoiled reflection.)

*Why not just ask the question?* A question pulls the person out of his/her experience and into observing himself/herself. Your goal is to have the person experience, or feel, the ambivalence, not just talk about it.

Responses that are common but **not** empathetic reflections:

- Probing, questioning or interrogating (what... where... why... how... when...)
- Advising, giving suggestions or solutions: “What I would do is...” “Why don’t you...” “Can you...”
- Persuading/convincing with logic, arguing, instructing: “Did you know that...” “Alcoholism involves...”

These common responses do not seem to help people who are in ambivalence.

*Attitude:* a gentle curiosity showing interest in understanding the person’s experience.

*Competency level:* at least twice as many complex reflections as simple reflections.

**Summarizing** ~ Is a special form of empathic reflection where you collect statements from a part or the whole of the conversation thus far. You choose what to include, and the emphasis should reflect the person's concerns about change, target behavior recognition, optimism about change and/or the person's ambivalence about change. The summary lets the person know you are listening, and gives the person a chance to amend or change your summary. Summaries can serve as a way to make the transition from one subject to another and are great endings of the sessions.

*Attitude:* interest in assuring a full understanding of the conversation thus far, including being open to the person's corrections or additions as a way to complete the record and an attention to the positive and forward-moving statements that the person has made.

*Why:* It shows the person to know that you are listening carefully and allows you to emphasize and guide the person by his/her own statements, toward his/her stated change goal. It is also a graceful way to move to another topic, offering closure on the current topic before moving on to the next one.

*Examples* ~ "You said A and B and that you think that C and D are useful to you, while E and F are not. You would like to try C first and then, perhaps D if all goes well. Did I leave anything out?"(summary of discussion up until that moment) "You feel X, and that things are starting to go better with Y. Is there anything else? If not, would it be all right to talk about N?" (transition).

**(I think that this should be replaced by an excerpt from the case transcription)**

**Review: Starting with an Open Question, ask where the person's behavior fits in with lifestyle, health, or stress.**

**Practitioner: "Where does \_\_\_\_\_ (target behavior) fit in with your trouble falling asleep?" "So \_\_\_\_\_ (target behavior) helps you unwind at the end of the day. What else does it help you with?" Continue with this line of thought, listening to, and reflecting, the person's statements until you gain a full understanding of the target behavior and how it fits in with the person's life.**

**Ask the person why he/she stops, or changes even temporarily, the target behavior; ask when he/she does.**

**Further development of the effect of the target behavior can occur by asking question that uses a measurement scale: "On a scale of 1 to 10, with 10 being the most concerned you have been about anything, how concerned are you now about your \_\_\_\_\_ (target behavior)?"**

**HEIGHTENING AMBIVALENCE** "It's not so much that we are afraid of change or so in love with old ways, but it is that place between that we fear... It's like being between trapezes... It's Linus when his blanket is in the dryer. He has nothing to hold on to!"

-Marilyn Fergusson

**Ambivalence** ~ A state of mind in which the person has co-existing, but conflicting feelings, thoughts and actions about something; the “I do but I don’t dilemma”; *discrepancy* can be developed on both sides of the dilemma.

**Clarifying Ambivalence:** When the discrepancy between present behavior and stated goals and values becomes large enough, and the importance/willingness to change becomes sufficient, we must then tackle building the confidence to make changes. The two key elements for success in this area are confidence in one’s ability and importance to make the change. General efficacy refers to a method of change that the client *believes* s/he can do. If you are able to move a client to a place where they become alarmed by a discrepancy (where they are versus where they want to be) and can shift their thought processes and perceptions away from what is often called “defensiveness,” i.e. denial (“It’s not really so bad”), rationalization (“I didn’t want it anyway”), and projection (“It’s not my problem, it’s theirs”), the probability that the person seeking help will make the change rises.

The level of importance one places on making a change from what s/he is currently doing is directly connected to the level of willingness one will have to make the change. A low level of perceived importance is sometimes seen as being “in denial” or ‘resistant’. In MI, we choose to look at denial and resistance at face value (low importance/willingness to change = low motivation to change); it simply suggests that there is a lack of sufficient discrepancy to motivate action, and that you need to enhance the perceived importance of change.

In the face of the changeability of motivation, it is important to remember that, although one’s level of motivation is a great predictor of outcomes, it is a complex process. To be successful, the person must believe that the change is important, have confidence s/he can be successful at making the change, have the energy and be committed to work in the immediate future on the target issue.

### **Practitioner’s Role in Ambivalence: Resistance vs. Sustain Talk**

Resistance involves feelings, actions and behaviors of an interpersonal nature where there is a lack of collaboration, a push against the relationship. Resistance is not considered to be a character trait or a chronic condition of the person seeking help.

*Examples* ~ arguing, interrupting, denying, ignoring, insulting, missing or being late to appointments, talking too much (about non-target issues), not talking.

Sustain talk, on the other hand, is when the person focuses on why he/she can’t change, why it isn’t worth the effort to comply, or what is right about the target behavior. The more the person engages in sustain talk, the more likely s/he won’t change.

Resistance talk and/or sustain talk is the opposite of change talk. The person is saying he or she has...

- » No, or low, **D**esire to change
- » No, or low, **A**bility to change

- » No, or low, **Reason to change**
- » No, or low, **Need to change**
- » No, or low, **Commitment to change**

It is useful to help the person talk more about doing something about the target behavior (change talk) and avoiding the status quo behavior because, similarly but inversely to the previous, increasing change talk increases the probability that the person will make the targeted change. We will see more about this in the section about change talk.

**Resistance** is one form of expressing ambivalence. Your approach can have a strong impact on resistance. You can facilitate change if you understand the importance of ambivalence and are willing to explore it. Rather than labeling the *person* as resistant, begin to view ‘resistant behavior’ *as a signal that something is amiss in the relationship* between you and the person seeking help, and that it is up to *you* to try something different in your intervention.

**Sustain talk** is also a form of expression of ambivalence. Here again, your approach can influence the movement of the person toward his/her change objective.

Here are some things you can try:

- Understand that ambivalence normally precedes change. When making a change, it is not simply a matter of making a “yes” or “no” decision because there are always pros and cons to change. Sometimes the pros outweigh the cons and we begin to move in the right direction. Sometimes the cons outweigh the pros and we get stuck or shift back.
- Explore the person’s ambivalence. By doing so, both you and the person may have a better understanding of the incentives for change and the disincentives for staying the same.
- Help the person to get unstuck by tapping into and enhancing his/her motivation. Encourage him/her to articulate that making the change is important and work to develop the person’s confidence that s/he can be successful at it by collaborating on a change plan that the person perceives as doable. Gently check to be sure they are ready to change in the immediate future.
- Help the person to resolve his/her ambivalence in favor of “change talk”.
- Embolden the person to make a decision to directly face the difficult goal of changing.
- Help the person to move towards change by reframing, amplifying or otherwise reflecting weaker forms of “change talk”.

**Rolling with Ambivalence** ~ The goal is to identify it as normal and move the person to argue for changes; this helps the person get unstuck, make a decision and move toward change.

**Reflective Responses to Resistance** ~ A good general principle is to respond to resistance and/or sustain talk with non-resistant, empathic reflection.

**Simple reflection:** A simple acknowledgement of the person’s disagreement, feelings or perceptions can permit further exploration rather than continued defensiveness, thus avoiding the

trap of taking sides.

*Examples ~ (Can we use an excerpt from the case here?)*

**Client:** “I don’t need treatment for my alcohol use. I ought to be able to handle this on my own.”

**Practitioner:** “You don’t think treatment would work for you.” (simple reflection)

**Double-sided reflection:** reflecting both sides can acknowledge what the person has said and show that you understand the conflict between what s/he wishes for and what s/he is currently experiencing as a manifestation of his/her own (not yours) ambivalence.

**Client:** “Look, I don’t smoke any more than most of my friends. What’s wrong with having a joint now and then?”

**Practitioner:** “I see how this is confusing for you. You’ve told me how you’re concerned about your smoking and how it affects you, and also it seems like you’re not using any more than your friends do. Hard to sort out!”

**Amplified reflection with emphasis on autonomy/personal choice:** a statement in an even more extreme fashion. If successful, this will encourage the person to back off a bit and will elicit the other side of ambivalence in which the person may argue for change or a less severe situation, moving him/her from the original more polarized position.

**Client:** “My drug use is not that bad, really. I know what I’m doing.”

**Practitioner:** “The freedom to use whenever you want is so important to you that you’re willing to put up with the consequences, no matter how severe.”

## Strategic Responses to Resistance

**Emphasize Personal Choice ~** Resistance sometimes arises when people perceive that their freedom of choice is being threatened; they tend to react by asserting their liberty. Early reassurance to the defendant that, in the end it is s/he who has authority over what happens, can diminish this type of reaction. People need to have power and control over their destiny.

*Example ~(Can we use an excerpt from the case here?)*

**Client:** “The judge told me I have to do all of this. I don’t have any choice about it.”

**Practitioner:** “Actually you do, in several ways. You can choose to work with these conditions instead of taking your chances with the Judge. Also, if you find that you don’t want to use our services, I can work with you and the court to find a different program for you, one you might like better.”

**Reframing ~** Acknowledges the validity of the person’s observations but offers a new meaning or interpretation for them. The person’s information is recast into a new form and viewed in a new light that is more likely to be helpful and to support change.

*Example* ~(**Can we use an excerpt from the case here?**)

**Client:** “I tried so many times to change, and failed.”

**Practitioner:** “You’re very persistent, even in the face of discouragement. This must really be important to you.”

**Siding with the Negative** ~ Since MI is basically a conversation about the person’s ambivalence, because of the nature of ambivalence, when the practitioner raises only one side, the person is inclined to explore the other. Knowing this, it follows that siding with the counterchange perspective often elicits change talk from the person.

*Example* ~(**Can we use an excerpt from the case here?**)

**Client:** “That’s about it really. I probably drink too much sometimes, and I don’t like hangovers, but I don’t think it’s that much of a concern, really.”

**Practitioner:** “It may just be worth it to you to keep on drinking as you have, even though it causes some problems. It’s sometimes worth the cost.”

Note: it is important to use a genuine tone, particularly with this type of reflection.

**Developing Discrepancy** ~ A disagreement, as between two facts, values or claims, between the person’s actions and his/her goals, wishes and/or dreams.

People are self-regulating by nature, like a thermostat. As long as the present reality is found to be within desired limits, the person remains in his/her comfort zone and no change is indicated. When an out-of-range value is detected, a change process kicks in. Motivation for change begins when that behavior is sufficiently discrepant from the desired or expected ideal. Exploring how the status quo is not good for the person because it is in conflict with his/her values, subtly increases the person’s psychological discomfort, raising the probability that s/he decides to undertake a change. This can also be described as the as the difference between the status quo and the person’s goals, between what is happening at the present time and what one values for the future. Focusing on that discrepancy is an attempt to move the person off of the fence and use their own reasons to change versus coercing them to change. When the person has expressed some thoughts about his/her ambivalence around the target behavior and is considering changing, think of increasing the client’s sense of discrepancy.

How do we accomplish this? Remember this: **Good** or not-so-good things; **Outlook** on the future; and **Values**. With all of the ‘developing discrepancy’ strategies, your tone of voice has to be even and without indication that you are expecting a particular answer. You should sound like you are asking whether the person wants a cup of coffee with no investment in whether s/he has it or not. As well, you want to demonstrate genuine curiosity to know the answers to your questions.

**Good or not-so-good things:** Ask the client to describe the things he or she likes about the target behavior, setting a comfortable but quick pace, *maybe* summarize. Remember, because the spirit of Motivational Interviewing is largely attached to the concept that people believe more of what

they say than what they hear, we do not want to spend too much time having the person verbalize what is good about his/her risky health behavior. Ask the client to describe the things s/he *likes less* about the target behavior. Do not ask for problems or concerns; rather, stay focused on the less enjoyable aspects of the his/her target behavior as opposed to the problems or concerns that it is creating in their life (i.e. less enjoyable aspects of shooting heroin vs. what problems or concerns using heroin has caused) because these are more powerful and less likely for the person to dismiss. Elicit them one by one and set a comfortable but slower pace, paraphrasing what you are hearing and summarizing as you go along. Reflect both sides and then ask what small step the person might make to change his/her target behavior.

*Example* ~(**Can we use an excerpt from the case here?**)

**Practitioner:** “Tell me about what you enjoy about shooting heroin.”

**Client:** “I like the way it makes all my troubles just melt away. It makes me feel that everything is perfect.”

The practitioner will ask “What other things do you enjoy about it?” until the client has exhausted his/her list of enjoyable aspects of the target behavior and perhaps add a summary at the end.

**Practitioner:** “What are some of the less enjoyable aspects of shooting heroin?” and listen to the answer(s).

The practitioner will ask “What are the other things that are less enjoyable?” until the person has exhausted his/her list of less enjoyable aspects of the target behavior, reflecting and summarizing as the person adds new items to the list.

**Outlook on the future:** Ask open-ended questions about how the person imagines the future, both with and without the target behavior.

*Example* ~(**Can we use an excerpt from the case here?**)

“What do you imagine will happen if you don’t make the change now?”

“What things might go away or not happen if you continue \_\_\_\_\_ (target behavior).”

**Values that go with the target behavior:** Connect the things in his/her life that the person values with the target behavior.

*Example* ~(**Can we use an excerpt from the case here?**)

“You like drinking wine in the evening. How does your enjoying wine fit with your desire to be the best mother you can be?”

## **Rolling with Resistance**

Whenever the person describes why he or she can’t change, why it isn’t worth the effort to change, or what’s right about the target behavior, you want to do something to move the client away from that (see below, Change Talk). Remember, the client is more likely to change his or her thinking and behavior based on what s/he says or feels rather than on what *you* say.

## EMPOWERMENT

**Change Talk:** One would think that the combination of high importance/willingness and high confidence would be enough to instigate change; this third element, however, is as necessary as the previous two. One can be willing and able to change, but not ready to do so. It becomes a matter of relative priorities, “I want to do it, but not right now,” meaning that there may be other aspects of one’s life that are more important to work on at this moment. Relative priorities are a part of normal human functioning. ***Rather than viewing a low level of readiness as pathological or a symbol of self-deception, look at it as information about what is the next step toward change.***

*Example ~(Can we use an excerpt from the case here?)*

How gaining custody of his/her children (what’s important to him/her) is influenced by his/her abstinence from alcohol (target behavior).

The more you can draw out a discussion of the person’s desires, abilities, reasons and need to change the target behavior, the more likely the client will be able to move in that direction. If the client is saying why he/she can change and why he/she should change, you want to strengthen those statements and keep the conversation there. The goal is to move the person to a point of discussing the target behavior, whether the discussion is in favor or not of the target behavior. Initially, it is not important to reach statements of change, but simply to engage the client in discussions about the target behavior.

## Listen for the DARN-C

The following are the categories of change talk you are hoping to hear. When you hear them, you want to strengthen them. If you are not hearing them, you want to solicit them.

<b>Desire:</b> Indicates wanting, wishing, willingness	“Absolutely, I want to get off drugs for good.”*“I really wish I could cut down.” * “Part of me wants to quit.” * “A little of me would miss the booze.”
<b>Ability:</b> Indicates personal perceptions of capability, a general level of ability/inability.	“I’m positive that I could quit.” * “Very likely, I could do it if I tried.” * “I could.” * “I think I have it in me.” * “I guess I could.” * “I might not be able to.”
<b>Reasons:</b> Specify a particular rationale, basis, incentive or motive for making/not making the change.	“There’s no way I want to go back to jail because of my urine test.” * “I really can’t afford to get another OWI.” * “I don’t want to set the wrong example for my kids.” □ “The reasons to quit are starting to pile up.” * “I guess I’d be healthier if I quit drinking.” * “I guess it relaxes me some.” * “Mostly I don’t see the benefits of quitting.”
<b>Need:</b> Indicates a necessity, urgency or requirement for change or non-change.	“I absolutely have to quit drinking.” * “I need very much to sober.” * “It’s pretty important for

	me to clean up my act.” * “I guess I need to cut down.” * “I need a little bit of marijuana to live.”
<b>Commitment Language:</b> Implies an agreement, intention or obligation regarding future behavior.	“I guarantee I can quit.” * “I promise to take steps I need to avoid a relapse.” * “I will look into admitting myself into inpatient treatment.” * “I know I can do this.” * “I am ready to make some changes in my life.” * “I plan to attend AA meetings 3 times a week.” □ “I believe I can handle this.” * “I hope to stay clean for the rest of my life.” * “I will try not to use this weekend.” * “I guess I will consider your perspective.”

### Strategies for Eliciting and Strengthening Change Talk

**Ask open ended evocative questions** ~ This is the simplest way. Ask open ended questions in an effort to elicit his/her desire, ability, reasons and need for change (DARN), all of which is change talk.

*Example* ~(Can we use an excerpt from the case here?)

“In what ways would it be good for you to..?”

“If you decide to...how would you do it?”

“What would be the advantage of changing?”

“Why would you want to...?”

**Query extremes** ~ Ask questions that seek out the client’s understanding of what they believe are the greatest positive and negative consequences of making change versus not making change.

*Example* ~(Can we use an excerpt from the case here?)

“What are the worst things that might happen if you don’t make this change?”

“What are the best things that might happen if you do make the change?”

**Use the readiness rulers** ~ Ask questions that specifically gauge the client’s motivation for change (importance/desire, confidence/ability/commitment and energy).

*Example* ~(Can we use an excerpt from the case here?)

“On a scale from 1 to 10, *how important is it\*/how much would you like\*\** to you to change the \_\_\_\_\_ (target behavior ~ where 1 is not at all important and 10 is extremely important?”

Follow up with: “Tell me about why are you at X and not X-2?”

Follow up with: “What might happen that could move you from X to X+2?”

\* *need*                      \*\* *desire*

Similarly,

“On a scale from 1 to 10, *how confident/committed are you* that you can change the \_\_\_\_\_ (target behavior ~ where 1 is not at all confident and 10 is extremely confident?”

And, “On a scale from 1 to 10, given what you have on your plate right now, *how much energy do you have* to change the \_\_\_\_\_ (target behavior ~ where 1 is no energy at all and 10 is lots of energy?”

Follow up with the same type of questions as above.

**Responding to Change Talk ~ [EARS]** when you hear change talk, respond by...

- Asking for **E**laboration or details, “In what ways?” “How are you going to do that?”, or for specific examples, “How will you make this happen?” “Give an example.” “What else?”
- **A**ffirming change talk through reinforcement, encouragement and support.
- **R**eflect what the person is saying.
- **S**ummarizing, like collecting flowers into a bouquet. Use only the positive (the beautiful, fresh flowers) comments.

Your goal is to strengthen change talk and/or commitment language.

- Below are **statements of commitment** that imply an agreement, intention, or obligation regarding future behavior.

5 (Highest Level)	4	3	2	1
I guarantee	I am devoted to	I look forward to	I favor	I mean to
I will	I pledge	I consent to	I endorse	I foresee
I promise	I agree to	I plan to	I believe	I envisage
I vow	I am prepared to	I resolve to	I accept	I assume
I shall	I intend to	I expect to	I volunteer	I bet
I give my word	I am ready to	I concede to	I aim	I hope to
I assure		I declare my	I aspire	I will risk
I decided myself		intention to	I propose	I will try
I know			I am predisposed	I think I will
			I anticipate	I suppose I will
			I predict	I imagine I will
			I presume	I suspect I will
				I contemplate
				I guess I will
				I wager
				I will see (about)

- **Commitment language** signals behavior change ~ encourage even low-strength commitment language. Your goal *as a practitioner* is to know that you are hearing commitment language and take the appropriate steps to keep the client there and, possibly strengthen it. Change talk

(DARN) increases commitment language.

### **Behaviors that suggest that the person may be ready for change:**

**Decreased resistance** ~ the person stops arguing, interrupting, denying, or objecting, shows up for appointments, participates.

**Decreased questions about the target behavior** ~ The person seems to have enough information about his or her target behavior, and stops asking questions. There is a sense of being finished.

**Resolve** ~ The person appears to have reached a resolution, and may have passed through a period of anguish or tearfulness.

**Self-motivational statements** ~ The person makes direct self-motivational statements reflecting recognition (“I guess this is serious”), concern (“This worries me”), openness to change (“I need to do something”), or optimism (“I am going to beat this”).

**Increased questions about change** ~ The person asks what s/he could do about the target behavior, how people change if they decide to, whether a certain strategy might be appropriate for him/her.

**Envisioning** ~ Person begins to talk about how life might be after a change, to anticipate difficulties if a change were made, and/or discuss the advantages of change.

**Experimenting** ~ If the person has had time between meetings, he or she may have begun experimenting with possible change approaches (e.g. going to a self-help meeting, going without drinking for a few days, choosing to use something less harmful, reading a self-help book, etc.).

### **AVOIDING PITFALLS**

#### **Raising Concerns, Advising, Giving Information, Warning or Confronting MI Style**

**With Permission:** Permission is implied when the person asks directly for the information or advice and the practitioner responds. Indirect forms of permission can also occur, such as when the person is invited to disregard the advice ahead of time, *before* the practitioner gives his/her advice or opinion.

*Example* ~

“This may not be the right thing for you, but some of the people I have seen have good luck attending 12-Step meetings in their local communities.”

**vs.**

**Without Permission:** Permission is not implied, typically, when using language such as: should, why don't you..., consider..., try..., suggest, advise, how about..., you could..., etc.

*Examples* ~

“What about trying to get a ride from a friend?”

**Raising Concerns** ~ It points out a possible problem with the person's goal, plan or intention. It must contain language that marks the statement as the practitioner's concern rather than a fact.

*Examples* ~

“This may not seem important to you, but I am worried about your plan to move back to your old

neighborhood.”

“Is it OK if I tell you a concern that I have about that? I wonder if it puts you in a situation where it might be easy to start using again.”

**vs.**

**Advising** ~ Suggesting a course of action rather than pointing out a potential problem.

*Examples ~*

“You could ride your bike when you get bored.”

**Giving Information** ~ Explaining something, educating or providing feedback or disclosing personal information as an opinion.

*Examples ~*

“You indicated during the assessment that you typically drink about 18 standard drinks a week. This places you in the 96<sup>th</sup> percentile for men your age.”

**vs.?**

**(This is kind of problematic for me, since the MITI codes GI as a good thing. It would seem that we should differentiate that from this)**

**Warning** ~ Explaining the negative consequences of choices as a fact, not a concern.

*Examples ~*

“If you get bored, you’ll use drugs.”

**and**

**Confronting** ~ Involves expressing your concern as a fact rather than an opinion and contains language that identifies it as your own concern only.

*Examples ~*

“I’m concerned that you are an alcoholic.”

**These have no MI adherent equivalent.**

## **8 Tasks of Learning Motivational Interviewing**

Getting the spirit of Motivational Interviewing

Expressing empathy

Evoking discourse from the person

Supporting autonomy

Using client-centered skills (OARS)

More reflection than questions

More complex reflection than simple

Of your questions, more open than closed

And finally, no unsolicited advice, directions and/or feedback given by the practitioner

Recognizing change talk

Desire

Ability

Reason

Need  
Commitment language  
Eliciting and reinforcing change talk  
More, and more intense, change talk increases probability of actual change.  
Rolling with resistance  
Resistance, sustain talk and ambivalence are normal parts of the change process.  
Developing a change plan  
Collaborating with the person to make a plan that the person perceives as doable.  
Consolidating client commitment  
Elicit more commitment talk about the change plan.  
Integrating MI with other intervention methods

Miller, W. R., & Moyers, T. B. (2006). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addiction.*

Biography of

## **Stephen R. Andrew, LCSW, LADC, CCS, CGP,**

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Consultant/Trainer & Author maintains a compassion-focused private practice, where he facilitates a variety of groups: adolescent, co-ed, men and couple.

He is the Chief Energizing Officer of Health Education & Training Institute and the creator of the SpiritWind CD/Tape Series for personal and professional growth. Stephen has recently co-authored a book “Men’s Healing, Toolbox for LIFE” with 2 of his friends, David Powell Ph.D. and Alan Lyme LCSW.

He is the “Visionary” of InnerEdge, an alternative mental health clinic that experiments with the idea that compassion is the central guiding principle of compassionate care in working with people.

He also provided supervision/coaching and support to addiction and health-care providers and facilitates training for Resident Child and Adolescent Psychiatry for Maine Medical Center, Department of Psychiatry.

Stephen is a co-founder of the Men's Resource Center of Southern Maine. Stephen has served as a social worker at a small college campus.

He is a former Substance Abuse Coordinator for a public school system, former Executive Director of an adolescent substance abuse prevention and treatment agency.

He is a member of the International Motivational Interviewing Network of Trainers (MINT) since 2003. He presents workshops, coaching and trainings internationally for criminal justice, social service agencies, health-care providers, substance abuse counselors and other groups on motivational interviewing, addiction, co-occurring disorders, counseling theory, “challenging” adolescents, and ethics for care professionals, men’s work and the power of group work.

**Rachel Green, Ph.D.** Neuropsychologist, MI trainer and practitioner, author, former musician, and member of MINT, (Motivational Interviewing Network of Trainers) and AFDEM (Association francophone de diffusion de l'Entretien Motivationnel) and OPQ (Ordre des psychologues du Québec). Rachel has a private counseling practice where she is regularly amazed by her client's ability to find ingenious ways to change and is the founder of *formation dancing gecko training*, an MI training company in Montréal, Canada. She is the co-author of the chapter, *L'approche motivationnelle* in *Psychiatrie: l'approche Bio-Psychosocial, 4 édition* due out in 2013.