Building Motivational Interviewing Skills
Since the publication of Miller and Rollnick’s classic *Motivational Interviewing*, now in its third edition, MI has been widely adopted as a tool for facilitating change. This highly practical series includes general MI resources as well as books on specific clinical contexts, problems, and populations. Each volume presents powerful MI strategies that are grounded in research and illustrated with concrete, “how-to-do-it” examples.

Motivational Interviewing in Health Care: Helping Patients Change Behavior  
*Stephen Rollnick, William R. Miller, and Christopher C. Butler*

Motivational Interviewing with Adolescents and Young Adults  
*Sylvie Naar and Mariann Suarez*

Motivational Interviewing in Social Work Practice  
*Melinda Hohman*

Motivational Interviewing in the Treatment of Anxiety  
*Henny A. Westra*

Motivational Interviewing, Third Edition: Helping People Change  
*William R. Miller and Stephen Rollnick*

Motivational Interviewing in Groups  
*Christopher C. Wagner and Karen S. Ingersoll, with Contributors*

Motivational Interviewing in the Treatment of Psychological Problems, Second Edition  
*Hal Arkowitz, William R. Miller, and Stephen Rollnick, Editors*

Motivational Interviewing in Diabetes Care  
*Marc P. Steinberg and William R. Miller*

Motivational Interviewing in Nutrition and Fitness  
*Dawn Clifford and Laura Curtis*

Motivational Interviewing in Schools: Conversations to Improve Behavior and Learning  
*Stephen Rollnick, Sebastian G. Kaplan, and Richard Rutschman*

Motivational Interviewing with Offenders: Engagement, Rehabilitation, and Reentry  
*Jill D. Stinson and Michael D. Clark*

Motivational Interviewing and CBT: Combining Strategies for Maximum Effectiveness  
*Sylvie Naar and Steven A. Safren*

Building Motivational Interviewing Skills, Second Edition: A Practitioner Workbook  
*David B. Rosengren*
Building Motivational Interviewing Skills
A Practitioner Workbook
SECOND EDITION

David B. Rosengren

Series Editors’ Note by Stephen Rollnick, William R. Miller, and Theresa B. Moyers
For Charley Rosengren,
a giant in faith, hope, and love
About the Author

David B. Rosengren, PhD, is President and CEO of the Prevention Research Institute, a private nonprofit organization in Lexington, Kentucky. He is a clinical psychologist with a broad background in treatment, research, training, and administration. Previously, he was a research scientist and consultant at the University of Washington’s Alcohol and Drug Abuse Institute, as well as a motivational interviewing (MI) consultant and trainer. Dr. Rosengren helped to establish the Motivational Interviewing Network of Trainers, an international association representing more than a thousand MI trainers spread across 35 countries and six continents. His research interests include mechanisms of change for clients and practitioners, training methods, and implementation and dissemination science. He has authored journal articles and book chapters on addictions, MI, training, and the change process.
When the first edition of *Building Motivational Interviewing Skills* was released in 2009, it quickly became a classic in Guilford’s Applications of Motivational Interviewing series. It proved valuable for those who were new to MI and wanted exercises to try out on their own, for trainers hoping for exercises to liven up their workshops, and for supervisors thinking of ways to draw out the best in their trainees. When the third edition of Miller and Rollnick’s *Motivational Interviewing* was published in 2013, many new ideas and concepts were crowding the training arena, and it became clear that a revision of Dr. Rosengren’s skills-focused book was in order. Exercises designed to help learners grasp the four component processes of MI, to sharpen their attention to client language, and to balance the tension between empathy and direction have recently become much more important for conveying expertise in MI.

So it is with great pleasure that we welcome this new edition of *Building Motivational Interviewing Skills: A Practitioner Workbook*. In it you will find a menu of excellent exercises, whether you are learning MI yourself, teaching it in groups, or supervising practitioners. As Dr. Rosengren himself is careful to point out, this workbook is not a replacement for broader reading and training in MI, but it can be a good place to begin. For those with a “hands-on” aptitude, this workbook will be an especially welcome immersion in the MI method and a friendly companion to the third edition of the MI text.

This workbook, and in fact the practice of MI more generally, owes a great deal to the Motivational Interviewing Network of Trainers (MINT; www.motivationalinterviewing.org), which has provided a professional home for those interested in excellence in the teaching and quality assurance of MI, including Dr. Rosengren, who has been a member since its founding. Dr. Rosengren’s natural talent for training, combined with his generosity in sharing his ideas with others, has resulted in the workbook you are about to read. You are in excellent hands!

**Stephen Rollnick, William R. Miller, and Theresa B. Moyers**
Let’s state the obvious here: A lot has changed in the 8 years since the publication of the first edition of this book—in the world at large and in the world of motivational interviewing (MI). Amid all this change, though, a few things stand out as particular influences on the writing of this edition.

First, a new edition of *Motivational Interviewing* appeared in 2013 (Miller & Rollnick, 2013). In this edition, Miller and Rollnick eliminated the principles and phases of MI and provided a clearer distinction between sustain talk and discord, the new conceptualization of what previously was termed “resistance.” They also introduced the four processes of MI as a description of how MI unfolds, as well as how people move through change. This new edition of *Building Motivational Interviewing Skills* aligns with these alterations, and attempts to provide additional depth to our understanding of the processes. The book also conforms to the organizational scheme used by Miller and Rollnick. That is, the four processes provide the framework for the different parts of this book, and I introduce the concepts and skills of MI as they tend to appear within those processes.

Second, researchers have increasingly turned from asking *does* MI work to *how* does MI work? There is greater clarity, though not yet a complete picture, about the role of change talk, sustain talk, and discord in the change process and the actions of the practitioner that can aid or impede this process. This volume asks the reader to think about and practice being more directional and intentional in the application of basic skills and in the timing of these skills. For example, asking questions and offering reflections are practiced in a manner specific to each of the four processes.

Third, as my thinking about MI has turned to asking how MI works, I’ve become increasingly influenced by the ideas of positive psychology. For those unfamiliar with positive psychology, it can be most succinctly characterized as the rigorous study of factors that influence people and communities to thrive. Wagner and Ingersoll introduced these ideas into the MI world in *Motivational Interviewing in Groups* (Wagner & Ingersoll, 2013), including the use of the broaden-and-build theory of positive emotions championed by
Fredrickson (2009). There appears to be a natural marriage between what this research finds and what happens in the work between MI practitioners and clients. Further study awaits the confirmation of these factors, but the ideas have been introduced in this text, along with brief mention of the research that supports the inclusion of findings from positive psychology.

Lastly, I began to work with a private, nonprofit organization called Prevention Research Institute (PRI) about the time the first edition was published. Interestingly, PRI began in 1983—the same year MI was born—with the same sort of initial impetus: Is there a better way to work with people who aren’t considering a change but may need to, and what do data tell us? PRI targeted prevention for high-risk alcohol and drug choices initially. Without MI as an option, the Institute turned to persuasion theory, specifically the central route to persuasion. (The central route to persuasion has several nuances, but in this context involves encouraging the recipient to change by a thoughtful consideration of the ideas and concepts presented.) I’ll admit the use of the term “persuasion” made me uneasy, as it was something that MI taught people to avoid. But as I looked at the PRI programs and read further about persuasion theory, it became clear to me that influence was present in both MI and persuasion processes; in fact, it seemed we used different names to describe processes that shared common cores. Both approaches targeted long-lasting, internal change, and, when done well, kept the individual and the right to choose at the center of it all. Although the long-term fit between MI and persuasion theory, or more recently the elaboration likelihood model (Petty, Barden, & Wheeler, 2009; Petty & Wegener, 1999) remains to be seen, the reader will see specific evidence of its integration in the chapter on offering information, but more generally in the language of this book (“I” and “we,” rather than “you”) and in the order in which I present ideas.

As for what is retained and what is new, some exercises are gone and others stayed, based on reader feedback. There are new sections and exercises. I split, refocused, revised, and amplified some chapters. There are new chapters on exploring values and goals and “finding the horizon.” I estimate that 40% of the material is new and another 30% has been revised or edited in some significant form. I hope the remaining 30% has stood the test of time, though the reader will be the judge of that.
I owe thanks to many. Terri Moyers, who has done so much to advance understanding of the mechanisms of MI, served as editor in this edition. She brought the same clear-eyed, pragmatic, and direct approach to this work that she brings to her other work; I love her for it. Her guidance helped strengthen and sharpen areas that needed attention, as well as areas of the MI model that needed further development.

Staff at The Guilford Press were excellent partners in this process. Jim Nageotte once again provided great guidance as well as wise counsel, skillfully helping me move from initial revision thoughts to final completion of this edition. Jane Keislar is an adept and kind shepherd, herding my many sheep that wished to stray on a manuscript such as this. There were many others at Guilford who also brought this book to conclusion, including Anna Brackett, Margaret Ryan, and Martin Coleman, who asked great questions, created greater clarity with their edits, and generally shaped the manuscript into form. Finally, thanks, once again, to Paul Gordon for his beautiful cover art. While we should not judge a book by its cover, it is also true the cover creates the frame in which we see the rest of the book. Many thanks as well to Judith Grauman, Kathy Kuehl, Katherine Lieber, Alicia Power, Errin Toma, Angela Whalen, and all the folks in the Guilford marketing team who brought this effort to market.

Then, of course, there are the many members of the Motivational Interviewing Network of Trainers who’ve contributed so much to the MI method, training, and research upon which this book builds. If I were to name one, I would need to name a hundred and more of my fellow MINTies to give proper credit. Please know that I am well aware of how this work stands on your shoulders. Your richness of ideas, your generosity of spirit, and your enthusiasm for your work make me glad to be among your ranks and certainly better for it. Your wisdom and friendship are something I hold dear. I would like to say thanks in particular to Bill Miller and Steve Rollnick for their generosity and friendship over these many years and the growth it has sparked in me.
One of the great gifts I’ve received in my life has been an opportunity to work at PRI. I say—often—I have the best job in America because I get to do rich, creative work with a dynamic team that makes a difference in people’s lives. It just doesn’t get any better than that in my mind. These colleagues have helped me stretch and grow in important ways, including the seemingly daunting challenge of taking something as important as MI and implementing it at scale within large systems. I have much to learn, but I’m glad to be doing it with these good folks.

Lastly, friends and family remain the ballast in my life. I am richly blessed to have Ed, Rhonda, Catherine, David, Colleen, Stuart, Dudley, and Candace to keep me upright and headed in the right direction. I would also like to thank my in-laws—those poor, unfortunate souls who, by dint of marriage, are required to put up with my shenanigans. Thanks for your good company and cheer all these years, Laura, Andy, Mike, Mary Kay, and, especially, Ida, whose spirit I fondly remember, even though her body let go of this mortal coil. My brother, Todd, and sister, Nancy, are friends, as well as siblings, in whose good company I find laughter, inspiration, and easy companionship. My parents, Charley and Marlys, first taught me about listening and the value of being truly heard. They’ve given so many gifts to me it is hard to be thankful enough. The lessons have continued even since the first edition. My father taught me again about courage and strengths, as well as how to die well. My mother demonstrated how real love looks and how to continue to live after the love of your life is gone. In reverse, my children have put up with a pale imitation of those role models. Kate, Michael, and Sophia—there are so many things I am proud of, but it is the quality of your characters that stands out the most and for which I can take very little credit. You’re my joy and what I am most proud of in my life. And, finally, there is my wife, Stephanie—copilot, consultant, muse, partner, supporter, and inspiration. I still love the sound of your voice, the warmth of your smile, and the rich earthiness of your laugh, which, even from a floor away, makes me smile. Thank you for everything!
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Purchasers of this book can download and print the activities and exercises, as well as view a video demonstration of motivational interviewing, at www.guilford.com/rosengren-materials for personal use or use with clients (see copyright page for details).
Once upon a time, I was an active, outdoors person. I loved hiking, backpacking, canoeing, and river rafting. Although age, health, children, and time have conspired to make those activities more difficult to accomplish now, there are certain core aspects of those experiences that continue to resonate for me. We’ll use some of those experiences to help us think about our work with clients, and in particular, we’ll use river rafting as a metaphor.

Let’s begin at the beginning. I do not claim any great expertise as a raft guide. Those are folks with specialized knowledge and experience. They understand how water moves and interacts with the landscape; how a raft functions in the water and how the people in the raft must work together to make the journey a successful one. They need to understand specific techniques for maneuvering the raft. Finally, they must know the particular river they are entering and how factors such as weather conditions can affect the river. It is our knowledge of the corresponding elements of motivational interviewing (MI) we hope to strengthen in the coming pages.

There are, of course, certain tools and knowledge we’ll need for this journey. We need to know the river, and toward that end, a good map is always helpful. This map should provide some of the essential features of the river ahead, along with detail that helps us to understand where we are and where we are going.

We’ll need some other things as well. A compass is considered one of the 10 essentials on a river rafting journey. It will help us to take our bearings, especially when we

1 All chapter-opening definitions were retrieved from www.merriam-webster.com.
deviate from the original plan. We’ll also need the right equipment—like a durable raft and oars that will help us move. We’ll consider these corresponding MI elements as we move through this book. Let’s begin by looking at the map of this book in Chapter 1, and then examining some of the essential features of this MI journey in Chapter 2. Finally, we’ll end this section, in Chapter 3, with a look at how the four processes of MI provide a method for taking our bearings about where we are and where we want to go next with our clients.
The maturation of MI continues (Miller & Rollnick, 1991, 2002, 2009, 2013; Miller & Rose, 2009). The first edition of this book opened with a listing that demonstrated all the different ways MI was coming of age. To do this type of listing would be even more involved and perhaps even less meaningful today for most readers. Instead, let’s measure the growth by something more tangible: the number of MI books written by a talented group of writers, researchers, and clinicians targeting a broad range of subjects. Here are the subject matters and authors of books The Guilford Press has produced since the first edition of this book was published in 2009:

- *Motivational Interviewing in Schools* (Rollnick, Kaplan, & Rutschman, 2016)
- *Motivational Interviewing in Nutrition and Fitness* (Clifford & Curtis, 2015)
- *Motivational Interviewing in the Treatment of Anxiety* (Westra, 2012)
- *Motivational Interviewing in Diabetes Care* (Steinberg & Miller, 2015)
- *Motivational Interviewing with Adolescents and Young Adults* (Naar-King & Suarez, 2011)
- *Motivational Interviewing and CBT: Combining Strategies for Maximum Effectiveness* (Naar-King & Safren, 2017)
- *Motivational Interviewing in Groups* (Wagner & Ingersoll, 2012)
- *Motivational Interviewing with Offenders: Engagement, Rehabilitation, and Reentry* (Stinson & Clark, 2017)

There are also two new editions, including:

- *Motivational Interviewing: Helping People Change* (3rd edition; Miller & Rollnick, 2013)
In addition, Zuckoff and Gorscak (2015) wrote a beautiful self-help book for use by clients as well as the general public. Finally, there are texts from other publishers, including an excellent book by Schumacher and Madson (2015) providing tips and strategies for addressing common clinical challenges when learning and using MI. The scope of this growth is astounding and reflects the breadth and depth with which MI has expanded in the last 7 years. It also begs the question, how does this new edition fit into this panoply of offerings?

### Intended Audience and Purpose

This manual is meant for practitioners across a variety of intervention and professional spectrums. Although I use the terms “practitioner” and “client” for convenience, this manual would be equally applicable for coaches, fitness professionals, managers, corrections workers, paraprofessionals, peer counselors, physicians, dental hygienists, diabetes educators, substance treatment professionals, social workers, counselors, as well as a host of others working in helping situations. The common denominators are people struggling with the possibility of change and “helpers” engaged with these people in that struggle.

The book stands alone, but it can also serve as an adjunct to the books cited previously. In these texts, the authors review the context, practice, and applications of MI to a variety of populations and settings. They also discuss learning techniques and other conceptual issues. But they don’t provide the range and depth of practice opportunities in the manner present here; this is a workbook designed to broaden and deepen MI skills.

The reader is not required to have read the third edition of *Motivational Interviewing* (MI-3) to use this book. Each chapter provides an overview of concepts to which a participant would be exposed in either the introductory or advanced training that I offer. For people already familiar with MI, this information will serve as a review, though there may be nuances not heard before; for those new to MI, it will introduce the concepts. However, in either case, reading MI-3 will deepen your understanding of MI, as well as the value of this book.

This book aligns with current concepts of MI, while also reflecting the order of training I use in standard workshops, building logically on prior concepts and providing an organizational structure for understanding MI for those readers new to the topic. It uses the four processes of engaging, focusing, evoking, and planning to organize the chapters and think about how the core skills, especially of asking questions and offering reflections, might be deployed differently at each stage. Chapters remain freestanding generally, though some exercises in later chapters build on earlier work. For those either already familiar with MI concepts or who tend to work in a nonlinear fashion, the workbook is still an à la carte menu.

As with the last edition, this book is a verbal-linguistic effort, but is written in a manner that addresses multiple ways to learn (Silver, Strong, & Perini, 2000). There is a range of learning activities, some of which may work better for different types of learners. Although I encourage you to try all of them, don’t feel compelled to do so.
Specific Goals

This book has three main goals. The first is to give readers an opportunity to “see” MI concepts applied in the many clinical and training examples sprinkled through the text. These examples are based on my almost 30 years of work as a psychologist and 20+ years as an MI trainer. Although the visual imagery and the richness of the verbal exchange are not present in a written text, the reader does have the advantage of examining the interchanges at a leisurely rate and “hearing” the thoughts of the practitioner. Often, gleaning the subtleties of interchanges requires more than one hearing, and this format allows the luxury of that repetition.

Second, this workbook provides practice opportunities. The exercises allow us to try out and refine skills. Some of these activities are things that we can do alone, but others require interaction, including specific opportunities to work with a partner. The exercises could also be used as part of an MI study group or learning community. Worksheets for all exercises are included at the end of each chapter. I encourage you to keep completed sheets, as some may be used again for later activities. You may copy these worksheets for your personal skill development.

Third, this workbook includes some activities for use with clients. Although they may be presented in one chapter, exercises can serve multiple purposes and can be used at different points in the change process. Still, these exercises are not MI. Although the design is congruent with MI principles, how the practitioner uses these materials determines whether they are MI consistent. Thus, before using these in a helping situation with another, the reader should have some experience with the forms and alter them to the needs of the situation.

Chapter Organization

Chapter 3 introduces the four processes and shares a structure similar to this chapter. The remaining chapters (2, 4–14) share the format described below.

Opening

An example illustrates the challenges that are explored in the chapter. Through a combination of description and dialogue, the reader experiences a clinical or life situation that grounds the learning in real interchanges, and then is asked, “Where would you go next?”

A Deeper Look

This section introduces the concepts that underlie a given chapter. For example, Chapter 4 contains a discussion of what reflective listening is, how it works, and the subtleties in its application. For a reader new to the area, this information lays a foundation for the experiential work that follows; for the more experienced MI practitioner, it is a review that illus-
trates nuances I have learned through researching and through training others in MI. For those wishing to master MI, it is the deliberate practice of these nuances that Duckworth (2016) asserts is the hallmark of people who achieve excellence.

**Concept Quiz—Test Yourself!**

This brief test is meant to be a fun check on your grasp of the material just reviewed. For the experienced practitioner, the quiz may serve as a measure for whether a review of *A Deeper Look* is in order. Answers and explanations follow the quiz.

**In Practice**

By integrating conceptual material into clinical exchanges, the reader can observe MI in practice, with an emphasis on how the skills can be applied.

**Try This!**

This section contains practice opportunities. The form and number vary by chapter and do not require an ongoing practice partner. However, some exercises will involve skill practice with others (e.g., friends and family, coworkers, the barista at the local coffee shop). Don’t worry—you still won’t be asked to do therapy with your brother-in-law.

Although some of the exercises may seem simple, they are not necessarily easy. Often, with greater skill comes greater complexity. Reflective listening is an excellent example of how practice can improve depth, direction, and diversity in use. Similarly, working through an exercise one time does not make us proficient. We might want (or need) to practice a skill several times before we feel comfortable with it, and many more times before we master it. Consider making copies of the forms before you try them out; this way you will be able to retry exercises with a fresh slate. In my training experience, excellent MI practitioners rarely find a practice opportunity that is too basic for them. As noted earlier, psychologist Angela Duckworth, in her excellent book *Grit* (2016), notes that it is effortful practice, done with concentration, great effort, and repetition on small aspects of a skill, that is absolutely essential to building mastery. This practice leads to the automaticity of behavior essential to excellence and a reversal of the mindset “This is too basic for me.” Instead, it is in the deliberate practice of the basic that true complexity emerges. But doing so requires us to push ourselves beyond simple rote production to being fully present and focused in the practice.

**Partner Work**

Although the exercises in this book can be done as a solo project, it may also be quite helpful to work through them with a friend or colleague or as part of a practice group or learning community. Learning with others allows for discussion, practice, and direct feedback that might not otherwise be available. Each chapter provides exercises specifically designed for
partner practice. These activities often mirror what can be done with clients and thus provide a dress rehearsal—with feedback—before the curtain goes up!

**Other Thoughts . . .**

This section contains all the odds and ends that trainers and practitioners collect over years of practice but don’t always fit neatly into the other packages. For example:

“When doing a double-sided reflection, consider ending with the side that emphasizes change. This strategy allows you to segue naturally into the area you are working toward.”

These are the things that I jot down as margin notes when I am learning from others—things that I want to remember but that don’t necessarily fit into neat categories. This section also includes a discussion of issues that are still being debated by MI trainers and experts, allowing the reader to observe some of the nuance that occurs in such interchanges.

**Sections**

As noted earlier, I divided the book into parts based on the four processes introduced in MI-3. Each part contains a brief description of the process followed by an opportunity to put the process into action. Embedded in the chapters that follow are additional opportunities to practice with the processes.

**Backmatter**

The backmatter contains information the reader might find useful in moving through this book and for pursuing more learning about MI, though it has changed from the first edition. There is no longer a section on MI resources. It has become apparent this static form of list is not useful given the explosion of resources available on the Internet. I encourage the reader to access the website of the Motivational Interviewing Network of Trainers (MINT; [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)), which maintains an updated list of available resources, most of them free. It also contains a listing of training and coaching opportunities with which to develop MI skills.

**Establishing an MI Learning Community**

In addition to using a partner, you might consider setting up an MI learning group. The appendix contains specific suggestions for how you might do this. You do not need to be an expert in MI to lead such a group, only someone who is willing to make the group happen. This appendix contains recommendations for a potential leader of an MI group, including practical suggestions about arranging an organizational meeting and structuring the group. I encourage you to look it over.
A Word about Wording

In a book like this, there is always a concern about how to refer to the person doing the changing and the person assisting with the change. Given that this book is designed to address a range of helping situations, there is no perfect phrasing for all circumstances. So, I have chosen to use the terms “client” and “practitioner” throughout and hope that readers can translate this language into their particular contexts. Also, I have chosen to use plural forms of pronouns to avoid alternating gender throughout the text. In situations where this was unavoidable, I used both male and female references.

Finally, my colleagues at Prevention Research Institute (PRI) taught me the importance of the inclusive language of first person (“I” and “we”) in writing. This kind of language conveys, in an intentional manner, that we are alike. It recognizes the similar journey we are all on in learning MI. We are on the same path. Upon reflection, it is also much more consistent with an MI mindset, where we are partners in this exploration. There are times where the second person (“you”) is the more appropriate choice, but my aim has been to use it as little as possible.

So Who Am I, Anyway?

I am a clinical psychologist who, in retrospect, has been pursuing the issue of client motivation in the service of growth since prior to receiving my PhD in 1988. I learned that accurate conceptualizations of client issues, well-considered plans, and empirically supported treatments were all well and good, but none of these factors meant that clients would do it—whatever it was. This impasse set me on a search for answers and eventually to the doorstep of MI in 1990.

At first, my research career focused primarily on the use of brief interventions in the process of outreach, engagement, and intervention. Over time, I participated in research investigating alcohol and drug use, HIV risk behavior, driving practices and DUI risk, and prevention of alcohol-affected births. My work has taken place in street outreach, detox units, assessment centers, treatment programs, client homes, and over the phone. Treatment populations have included prisoners, adolescents with anger problems, people with mental health issues, substance misuse issues, health care concerns, and employment issues, to name a few. Over time my research interest has shifted to models of effective MI training and methods for evaluating skill acquisition, and eventually to implementation science. At its most succinct, implementation science is the study of how we bring empirically based practices to practitioners and help the entire field of practitioners learn to use these successfully. My role in these projects, in addition to working as an investigator, has often been to serve as an MI trainer, supervisor, and consultant.
In 1993, I attended the inaugural training of new trainers (TNT) event that Miller and Rollnick held in Albuquerque, New Mexico. In that meeting I volunteered to start a newsletter. From that humble beginning and the efforts of many have emerged an international collection of MI trainers known as MINT. This organization has well over a thousand members spread across six continents and hosts an international meeting each year. I am proud to be a member of an organization that holds as one of its core principles to give back more than is received.

In the past 20+ years I have trained or presented MI material to a wide range of groups and professions. A consistent question following this work has been, “How do I learn more?” The resources available to answer this question have grown exponentially since the first edition of this book, but it still includes one consistent response—try this workbook.
I was sitting in the back of a training room, watching as one of our trainers led a continuing education session, when Sarah, one of the training participants, piped up.

“Well, I let people know it’s okay to challenge me, but I also tell them I’m going to challenge them right back. If they’re wrong, I’m going to let ‘em know. They also need to know I’m in charge.” Sarah was hitting a refrain she’d sung before.

Some heads nodded in agreement. Others looked down, disengaging from a conversation they’d also heard before from this participant. Some shook their heads in disagreement. The trainer, standing at the head of the class, mentally ticked through her considerations:

- Respond to the statement in a manner consistent with MI, since we train MI as we practice it.
- Shape the response so we can support the participant, and provide a new perspective on her concerns.
- Attend to the rest of the participants, as this behavior was dividing the room.
- Offer an alternative view for the participant’s consideration, one that is more consistent with MI.
- Avoid bogging down a conversation that will lead away from the session’s focus.

I sat in the back thinking how some things have changed over the past 20 years, whereas others have not. This person, chatty and opinionated, had been a thorn in several trainers’ sides during this training day. Sarah struggled to embrace and apply the concepts and skills being taught. She offered differing views frequently and also cared deeply about her clients. But she was irritating, and I could see the trainer struggling to respond and could feel my own desire to confront her and show she was wrong! The trainer opened her mouth and said...
We are at a crossroads: a situation that often arises in treatment, consultations, and training in which a person raises objections and we would rather not deal with them. In fact, we may be annoyed, irritated, or frustrated, just as I was (and suspect this trainer was). So, we have a choice. Do we offer facts? Counter the arguments? Ignore the objections? Dismiss the concerns because of the messenger? Use the group to address Sarah? Weigh in with our expertise? Or do we respond in a manner that focuses on her reasons for concern? Do we try to understand what is driving this behavior? The choice we make lies at the heart of MI.

**A Deeper Look**

**Conversations about Change**

At its most basic, MI is a conversation about change. There are many ways to have this conversation. Rollnick, Miller, and Butler (2008) suggest these can be thought of as conversational styles that share three primary communication tools (asking, listening, and informing), but fall along different parts of a circle. Each of the three styles—directing, following, and guiding—is well suited to some situations and a mismatch with others. The goal is not for practitioners to use only one style but rather to move flexibly and skillfully among them as the situation dictates.

The practitioner using a *directing style* provides expertise, often in the form of advice or a plan of action. There is a problem-solving quality to this process. The person directing is typically in charge. Before surgeons insert a pacemaker/defibrillator, they communicate to patients the problem, the solution, and how they will accomplish this task. The technical expertise the practitioner brings to the encounter may be quite helpful to the client, but there is also an implication of an uneven relationship as a result. The client depends on the practitioner for decisions, advice, and action. This approach may save lives. For example, a child runs into a street and the parent responds quickly with a command to stop to prevent harm. The implicit message in this style is, “I have ideas about how to solve this situation.”

In contrast, in a *following style* the practitioner, not surprisingly, follows the client’s lead as the client explores an area. The following style is an approach wherein the client is primarily in charge. The practitioner’s goal is to listen well and to understand the situation. The practitioner sets aside concerns and focuses on how the client sees the problem. For example, a woman considers either staying in a stable job where she is valued but not entirely fulfilled, or leaving for self-employment that might be more fulfilling but also has significant financial risk. There is generally no correct choice, so the practitioner helps the client understand her situation more clearly, primarily through listening and avoiding the temptation to give advice. This style may be particularly helpful in situations in which the client has received some powerful news or is overwhelmed by emotion. The conversation moves at the client’s pace and direction. The practitioner’s implicit message is, “I accept and trust your wisdom about what is needed.”

A *guiding style* involves an approach in which a practitioner and client work as a team. The practitioner and client “walk” together, but this time the practitioner points out routes and options, serving as a resource about what is possible, what others have done, and the possible risks and benefits of each approach. As the practitioner points out possible paths,
the client receives assistance in choosing the direction that fits best for him or her. However, it is the client who must ultimately choose the way. In this style the implicit message is, “I’ll help you solve this yourself.” MI is a refined form of this guiding style.

Within each of these styles, practitioners might listen, ask questions, or share information, though some skills may predominate within a particular style. Each of these styles can be enacted in a manner that is either consistent or inconsistent with MI principles. Finally, although the distinction of the styles makes intuitive sense, it may be difficult to draw clear boundaries between them as one moves from following to guiding to directing. In practice, this boundary is only of minor importance because the goal is not to apply only one style, but rather to move fluidly between all three and decide at which point a particular style is likely to be the most effective. A beginning definition of MI flows from these ideas.

**A Beginning Definition of MI: What Is MI?**

MI is a collaborative conversational style for strengthening a person’s own motivation for commitment and change.

It is easy to see how one style—guiding—fits this definition more than the others. MI is a conversational style marked by both people contributing expertise to the discussion. There is a partnership. Yet, there is a second part to this definition that asks the practitioner to consider an essential question: “Does my style assist clients in strengthening their reasons for change?” To understand how a style may aid or detract in this process, we need to explore how conversations about change work.

**Readiness to Change**

Our partners in these conversations differ in their readiness to change. This statement is not a revelation to most of you. In fact, your desire to influence your clients’ readiness may have prompted you to purchase this book. Let’s review a few basic concepts about readiness and change, many of which originate in writings about the transtheoretical model by Prochaska and DiClemente (1984, 1998).

- **Ambivalence about change is normal.** If changes were so obviously needed and so easily accomplished, they would’ve already happened; clients wouldn’t need our assistance. But because change is tough, people have mixed thoughts and feelings about it. Instead of viewing this uncertainty as a problem, MI practitioners view it as part of the process. Indeed, ambivalence occurs throughout the change process, even after clients are well under way in their change efforts (Engle & Arkowitz, 2006). It is this ongoing quality of ambivalence that has led us away from the idea of resolving ambivalence to instead focusing the client on working through it enough to tip the balance in favor of change. Once tipped, the job becomes maintaining and enhancing that tilt toward change.

- **Change is often nonlinear.** That is, clients often do not move in straight lines from no change to change. In some instances, there are initial steps, setbacks, and sometimes a
What Is MI and Why Use It?

return to old behaviors before change is accomplished. Often, clients will have attempted to
effect changes without our assistance, with more or less success.

- **Readiness is not static.** We return to this concept repeatedly. Whereas clients may
differ in their starting points, it has also become increasingly clear that change efforts are
something we, as practitioners, can influence either positively or negatively. One can imag-
ine many different paths Sarah’s response might take based on what happens next in the
opening example.

- **Attend to readiness in your work.** Some MI trainers refer to readiness as a vital
sign, just as blood pressure, temperature, and pulse are vital signs in health care settings.
By attending to readiness levels, the practitioner can direct sessions more effectively. For
example, when clients are high in their confidence about making a change but low in their
perceived importance of making that change, attention and energy can be directed to
exploring the issue of importance.

**The Righting Reflex**

The *righting reflex* refers to the tendency of practitioners to actively attempt to fix problems
in their clients’ lives and, by doing so, reduce the likelihood of client change. It begins with
our desire to help others. It is a positive motivation that leads us to address problems when
we see them. We want to help clients change a situation and thereby lead a happier, health-
ier, more productive life. There is nothing wrong with wanting these outcomes for people.
The difficulty of the righting reflex is that it fails to consider the possibility of ambivalence.

Since clients are naturally ambivalent, there are times when they do not view change as
either necessary or possible. This situation is simply the flip side of the coin of change. There
may be costs associated with change, including fear and uncertainty, changes to rela-
tionships, and monetary and time demands, which all argue for maintaining the status quo. All
of these costs or factors influence the client to stay with the current behavior.

When we actively press for change, we place this ambivalence under pressure and
the result is predictable—clients push back! Miller and Rollnick (2013) previously called
this pushback *resistance* but, upon further consideration, saw the interpersonal aspects of
this process were not adequately represented. As a result, the term *discord* is now used.
Research supports this conceptualization. Practitioner behavior directly influences client
behavior, either positively or negatively (Barnett, Moyers, et al., 2014; Miller & Sovereign,
1989; Moyers et al., 2007; Patterson & Forgatch, 1985). Practitioner behavior that increases
discord includes (1) trying to convince clients that they have a problem, (2) arguing for the
benefits of change, (3) telling clients how to change, and (4) warning them of the conse-
quences of not changing. The righting reflex also tends to slip in when we feel there is informa-
tion a client really needs. This may be particularly pernicious because it doesn’t seem to
fit any of the four conditions previously listed. Its soft character may reduce our awareness
of its occurrence. Yet, the result is the same—clients push back.

Our arguments in favor of change increase discord, which then reduces the likelihood
that any change will occur. In this perspective, discord is a form of energy that practitioners
can either intensify or lessen, depending on their behavior. Intensification of discord is then
a signal to practitioners that a change in their behavior is needed. The practitioner’s goal is to be aware of this natural and well-meaning tendency, to avoid engendering it by trying to fix problems, and to minimize discord by not actively fighting against it. Instead, we will use a style and behaviors designed to elicit reasons for change from the client.

**A Practitioner Definition of MI: Why Would I Use It?**

These ideas not only help fill in the picture for the beginning definition of MI, but they also lead us to a second definition of MI, which addresses why a busy practitioner might invest the time and effort to learn this method.

MI is a person-centered counseling style for addressing the common problem of ambivalence about change.

Within this definition the elements begin to converge. This is a conversation that has a particular quality. It is collaborative in nature; we’re in this conversation together. It does not involve either telling people what to do or why to do it, but rather eliciting their reasons for change. It does so because it recognizes the centrality of ambivalence about change for most clients and notes that telling people what to do often has the unintended consequence of increasing resolve not to change. Moreover, MI provides a method for responding to ambivalence built on client-centered traditions. It is this influence of client-centered traditions to which we turn next.

**MI Spirit**

There is a guiding philosophy that informs how we interact with clients and it originates with the client-centered writing of Carl Rogers (1980). However, in the context of MI, there is an evolution of Rogers’s ideas. Miller and Rollnick (2013) describe this philosophy as a heart set and mindset that falls within four domains: partnership, acceptance, compassion, and evocation. Moreover, each of these domains contains not only an experiential component, but also a behavioral one. Finally, these domains are overlapping, and it is at the center of this overlap that we find the core of MI spirit.

Although *partnership* may seem an obvious footing for MI, it can be easily missed as we feel pressure to help clients change. This domain recognizes that to be most effective, we must view the client as an active partner. Although the practitioner brings significant expertise to this relationship, a partnership stance embraces clients’ expertise on themselves, their histories and circumstances, and their prior efforts at change. The practitioner’s respect for the client’s expertise is the experiential element of partnership. The behavioral expression involves actively eliciting the client’s aspirations and goals (as well as maintaining awareness of our own), and creating a positive environment within which change is possible. For example, as practitioners we avoid prescriptive and proscriptive advice, even though we offer concerns about certain client decisions.

*Acceptance* both contains elements of this partnership and moves beyond. Miller and Rollnick (2013) describe it as comprised of four components: absolute worth, autonomy,
What Is MI and Why Use It?

accurate empathy, and affirmation. In these components, the Rogerian traditions are clearly evident.

*Absolute worth* reflects the belief that each person not only has value, but also has a potential to become more than he or she is. Thus, we accept and esteem people, even when they engage in behavior with which we have profound disagreements. This component of the MI spirit can be especially challenging for practitioners when clients choose paths that negatively affect others who may have few or no options (e.g., children). MI practitioners share this concern and recognize they cannot force clients to change. Even within coerced circumstances where we control freedom and reinforcers, clients must choose change.

*Autonomy* reflects the belief that people must make their own decisions about their life direction. It’s important to make a distinction here between *influence* and *control*. The work we do with clients can influence their decisions, but it is ultimately their decision, even (and perhaps especially) when they’re incarcerated. This knowledge is contained in the modified adage that although we can lead a person to water, we can’t make the person drink. With regard to MI, this statement would be more accurate if the following were added, “... but we can help the person become aware of his or her thirst so that he or she might choose to drink.” Notice this addition is not the same as making the person thirsty, which seeks to simply impose our will on another. Instead, we are helping the person identify a process that already exists within him or her.

To help clients recognize their thirst, we must first understand the world from their perspective (Moyers & Miller, 2013). Such an understanding requires that we have *accurate empathy*: that is, the ability and desire to see the world as the client does while retaining our ability to not become lost in it. It is the intermingling of these two qualities that helps clients and us to notice and work toward other possibilities for their lives.

Finally, if clients are to be successful in making changes, they must first see that change is possible. Hope is essential to any change effort, and thus we must nurture that possibility within clients (and within ourselves). We assist in this process not by looking for problems and weaknesses, but instead by looking for and identifying the strengths and resources that lie within the individual. Miller and Rollnick (2013) call this process *affirmation* and again note there is both a *mindset* of looking for these things within clients and then the *behavioral component* of actively calling their attention to those strengths and resources.

Taken together, these four elements—absolute worth, autonomy, accurate empathy, and affirmation—comprise *acceptance*. They form the bedrock of what Rogers taught us more than 60 years ago: If we accept clients as they are, they feel less need to defend themselves and thus are more open to the possibility for change.

The domain of *compassion* may seem like nothing more than common sense, but it is far more: It is the antidote to the practitioner (or salesperson) who would manipulate people into taking actions that serve the practitioner. In this sense, compassion extends beyond the usual definition of experiencing caring and concern for another’s suffering, to one that includes working on behalf of that individual’s welfare. Indeed, Miller and Rollnick describe compassion as “a deliberate commitment to pursue the welfare and best interests of the other” (2013, p. 20).

*Evocation* involves drawing out ideas and solutions from within clients. As experts on themselves, clients have experience with their challenges and the things that help and hin-
der them in attempting to change. As experts in our fields, we generally know something about clients with these issues and although we have educated guesses, we don’t know what this specific client will need or want. Our goal is to evoke from clients their reasons and potential methods for changing and to offer, as appropriate, ideas for clients’ consideration. We also acknowledge there are multiple ways to enact change and motivation for change comes from within the client.

This guiding philosophy is not unique to MI. Indeed, the elements of MI spirit have appeared in a variety of categories (e.g., religious teachings, psychological treatises). Research (Moyers, Miller, & Hendrickson, 2005) indicates this spirit is an important predictor of practitioner skill with MI, which, in turn, predicts client behavior and treatment outcome. Indeed, Miller and Moyers (2006) place such importance on this context that in describing eight tasks for learning MI, they make this the first element for practitioners to learn.

Core Skills

MI contains counseling skills and methods found in many therapeutic approaches. Within these skills, we find the tools that help build rapport with clients, explore concerns, and convey empathy. The acronym OARS+I (open-ended questions, affirmations, reflective listening, summaries, and information exchange) conveys these core skills. Although these skills are basic to many approaches, this should not be taken to mean they are easy or simple. Each of these skills can be done well or poorly, and training is needed to achieve clinical expertise using them. For some types of counseling, they are all that is ever used. Chapters 4 and 5 discuss these skills in greater depth.

Eliciting Client Change Talk

A third element represents what is unique to MI: an emphasis on eliciting specific kinds of speech from clients—what we call “change talk.” Many of the interventions used in MI are specifically designed to evoke this kind of language and reinforce it when it occurs. This approach is based on the idea that clients will be more likely to do what they have genuinely spoken in favor of doing during a session. Research by Amrhein, Miller, Yahne, Palmer, and Fulcher (2003) suggests that the trajectory and strength of this change talk predicts commitment, which in turn predicts behavior. Research also indicates that frequency of occurrence is important (Barnett, Spruijt-Metz, et al., 2014; Moyers, Martin, Houck, Christopher, & Tonigan, 2009)—and might be a little easier for us to notice when it’s occurring than the other two factors. A central goal of MI is to help clients articulate their reasons for changing, increase the frequency in which they engage in this talk, and, in so doing, strengthen their intention to change.

1In their most recent text, Miller and Rollnick (2013) emphasize the active nature of these skills by using the gerund form: asking, affirming, listening, summarizing, and exchanging information. This emphasis is a useful way to think of these things. However, for the purposes of learning and recalling the skills, the acronym OARS+I has a “stickiness” that makes retention easier, and so it is the convention used here.
Having clients (rather than us) make the arguments for a particular change is most important when a client is ambivalent. As already noted, client ambivalence creates a special dilemma: whatever the practitioner argues for, the client may argue against. The unfortunate result of this ambivalence dilemma is that well-meaning counselors often try to convince clients to move in the direction of a useful change (the righting reflex in action), only to be met with a “yes, but . . . ” response. If this dynamic goes on long enough, clients will actually talk themselves out of changing, leaving dispirited practitioners behind (or ones who are convinced that clients did not want to change, anyway). Chapter 9 provides more information about change and sustain talk, and Chapters 10 and 11 provide exercises in responding to each.

These three elements—MI spirit, OARS+I, and change talk—are essential for MI. Figure 2.1 provides one way of thinking about how these components fit together and combine to form MI. Again, many pieces of MI have been present in other systems of therapy, as well as in religious and philosophical thinking throughout the ages. Unique to MI is how these elements are combined, the timing of how they’re used, and their application to evoke change talk. These also lead us to our third definition of MI.

**A Technical Definition of MI: How Does It Work?**

This is the definition for folks who like to know how things work—that is, for those who don’t just want to put gas in the car and occasionally change the oil, but who also want to raise the hood and understand how the parts of the engine work together.

MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

![FIGURE 2.1. MI elements.](image-url)
Within this definition, we see the expression of the MI spirit, OARS+I, and change talk. Partnership and conversational style are still evident, but now another layer of goal orientation is present. The aim is still to elicit client reasons for change, but now toward a specific goal. There is also a causal relationship noted for how motivation and commitment are strengthened. Finally, there is a context within which this process occurs and includes not only acceptance but also working in the client’s interest. Again, for some of us, this is more information than we want, but for others it will provide the links we want to see. As with MI, it’s up to you to decide which definition is the most useful for your circumstance.

**Concept Quiz—Test Yourself!**

1. T F MI really is just Carl Rogers with an attitude.
2. T F Many MI concepts are drawn from others’ theories, writing, and research.
3. T F Within MI, practitioners avoid arguing with clients.
4. T F Reflective listening is MI.
5. T F *Evocation* means you’re drawing out motivation and resources from within the client.
6. T F In MI, how you say something is just as important as what you say.
7. T F Ambivalence is a sign of denial.
8. T F Discord is an interpersonal process.
9. T F Being directional is a key concept in MI.
10. T F Autonomy means we don’t have goals for clients’ behaviors.

**Answers**

1. F A dear and now departed colleague liked to describe MI in this joking reference. Although MI builds on Rogers’s ideas, it adds more than attitude. MI is a combination of directionality and intentionality. It builds motivation, dances with discord, attends to change talk, and brings a particular spirit to the encounter.

2. T There have been many sources for the concepts and techniques used in MI. However, this is not the same as saying that MI is simply a new version of an old concept. There are unique elements to MI.

3. T We avoid arguing with clients because to do so engenders discord. This does not mean that we will always agree with everything a client says. MI uses many methods (described in this book) for providing alternative views. However, we begin with a basic stance of curiosity, wherein we try to comprehend how the client understands the world.
4. F Reflective listening is a critical skill in MI, but it is not MI. Indeed, I have observed practitioners forming very accurate, but MI-inconsistent, reflective listening statements. However, as is noted in Chapter 5, I do not believe that you can do MI well without being able to do reflective listening well.

5. T *Evocation,* a component of MI spirit, refers to a stance of constantly trying to draw out information, wisdom, solutions, etc., from clients. We also use evocation to draw out motivation and then hold this information, as in a mirror, for the client’s consideration.

6. T The attitude and intent of the practitioner are critical in terms of how communications are received and used. For example, a sarcastic question that asks “And how is that working for you?” has a very different impact than a question that comes from a genuine attitude of curiosity using the exact same words.

7. F Although ambivalence can keep people stuck and its resolution is a central aim of MI, it is not the same as denial. Nor is it a problem. It is a normal part of any change process and should be expected and respected.

8. T Discord is not something inherent in a particular disease or disorder. Rather, it is part of an interpersonal process that can be influenced—for better or worse—by the practitioner and should be used as a cue for the practitioner to change strategies.

9. T Directionality, a key concept in MI, has two elements: paying attention to parts of conversation that support client change and steering the conversation in productive directions. We will attend to some things and not to others. The practitioner works to build motivation, diminish discord, and elicit change talk through careful attention to the client’s words and steering the conversation.

10. F Recognizing client autonomy does not negate practitioner goals. Within MI, there are targets for change. However, early in the engaging process, these aspirations for clients are set aside as we create a safe environment for the clients to explore their circumstances and decide whether we’re trustworthy guides. Within the MI framework, we (as practitioners) may have an aim we think is important: for example, deciding whether to donate a kidney, shifting attitudes, increasing sexual safety, reducing recidivism, improving diet and exercise, reducing authoritarian and enhancing authoritative parenting, or stopping drug use. Clients will also have goals. We work actively to bring these different agendas into alignment, though this happens only after we discover what is important to the client (typically in the focusing process) and all the while recognizing that clients will and must choose the destination for any change.

**In Practice**

Let us return to Sarah. When we left her, I was annoyed and the trainer was considering options. Remember, I was ready to tell her about the data and, in effect, argue for why she was wrong (and I was right). Although this course of action may have felt good to me, it is not consistent with MI—nor would it have benefited Sarah or the other trainees who felt likewise. Her statements were a form of discord. So, what the room needed was a more
MI-consistent way of responding to it. As is often the case, the easiest route to a more MI-consistent spirit was to focus on the partnership and to do this by really listening and reflecting. Here is a subsequent dialogue between the trainer and Sarah, with commentary.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TR:</strong> You want to have an open dialogue with your clients.</td>
<td>Resists the righting reflex and attempts to communicate understanding of the practitioner’s motivation through a reflection.</td>
</tr>
<tr>
<td><strong>S:</strong> Yeah. I think they should tell me what’s on their mind, but they also need to know when they’re wrong.</td>
<td>Sarah responds positively and reasserts her goal.</td>
</tr>
<tr>
<td><strong>TR:</strong> You don’t want them to leave with the wrong impression.</td>
<td>Listening.</td>
</tr>
<tr>
<td><strong>S:</strong> Yeah. That it’s okay—what they’re doing.</td>
<td>Discord begins to drop.</td>
</tr>
<tr>
<td><strong>TR:</strong> And you challenge them so they don’t walk away with incorrect information.</td>
<td>Nonjudgmental stance; trying to communicate understanding of her motivation.</td>
</tr>
<tr>
<td><strong>S:</strong> Exactly. That’s my job.</td>
<td>Sarah feels understood and reasserts her goal.</td>
</tr>
<tr>
<td><strong>TR:</strong> And you’re doing that in the best way you know how, as I’m guessing is true for the rest of the people in the room . . .</td>
<td>Attempt to build a little motivation and to broaden comments to other trainees.</td>
</tr>
<tr>
<td><strong>S:</strong> Exactly.</td>
<td>Sarah feels understood and affirmed, but did not move much in terms of motivation.</td>
</tr>
<tr>
<td><strong>TR:</strong> Sometimes it works really well.</td>
<td>Affirms trainee’s perspective and opens the door for developing discrepancy.</td>
</tr>
<tr>
<td><strong>S:</strong> Yeah.</td>
<td>Discord lowers.</td>
</tr>
<tr>
<td><strong>TR:</strong> But not always . . .</td>
<td>This is taking a risk to build motivation, though it is a reasonable guess about what might be true.</td>
</tr>
<tr>
<td><strong>S:</strong> No. Not every time. Some people aren’t ready to change.</td>
<td>Discord drops. The relationship feels more collaborative and less adversarial.</td>
</tr>
<tr>
<td><strong>TR:</strong> And you’d like them to be . . .</td>
<td>This reflection joins with Sarah and her positive motivation for helping clients.</td>
</tr>
</tbody>
</table>
What Is MI and Why Use It?

Statement

S: Yeah, it’s why I got into this business. I want to help.

TR: And it’s that desire to help that brings you to training like this—to add tools to your tool belt.

S: That and (laughs) the CE [continuing education] credit.

TR: (Laughs.) I’m guessing CE credit is important to a lot of people in the room, as well as finding ways to help with those clients who challenge us.

S: (Trainees laugh and nod heads.)

TR: So, the question becomes, “How do we know if something we are doing is working with clients?”

Commentary

Sarah taps into her hopes and values.

Listens to trainee and emphasizes Sarah’s proactive stance in learning something new. The relationship feels more like a partnership, while respecting her autonomy to choose.

Sarah feels understood, and the joking suggests a shift in her feelings.

Engages with Sarah and the room and links their agendas together in a reasonable guess.

There is agreement and engagement.

With the participants and Sarah reengaged, the trainer directs the conversation in a manner that will lead the trainees to identify when things are and are not working for clients.

This interchange illustrates the components discussed previously, though it’s not a perfect interaction. The interchange flows from Sarah’s dug-in stance to one that is more open to the possibility of change. This shift may be less than what we would want and yet it creates the conditions under which change can occur. Creating those conditions is the goal of engaging.

Rather than attempt to persuade Sarah, the trainer built the partnership by listening well to her and valuing her desire to be helpful with clients. There was also a clear directionality and intentionality in the encounter. The trainer’s reflections did not simply repeat what Sarah had said, but instead took some guesses about what might lay below the surface in her statements. This approach allowed Sarah to consider her deeper motivations and to be open to the possibility of what this training might offer her.

The trainer was attentive not only to Sarah’s needs but also to those of others in the room. This stance led the trainer to identify common elements across trainees and to choose a method—a well-timed and well-crafted question—that asked the group members to begin a self-evaluative process. This approach laid the groundwork for change talk, as well as moved the group back on target for the purposes of the training session. To reinforce something noted earlier in the chapter, reflective listening statements were the primary tool throughout this encounter.
The spirit of MI, noted as critical to doing MI, is better shown than described. Fortunately, most of us have experienced an example of that type of spirit through individuals who made a difference in our lives through their care and concern, as well as their expectations. Such a person, whom we call a mentor, might have been a teacher, a neighbor, a parent, a coach, or a supervisor, to name but a few possibilities. Here is an activity, based on an exercise\(^2\) used by trainers of MI, which exemplifies that type of spirit. Subsequent exercises help you recognize MI spirit and help you build the empathy “muscle.” Finally, the partner work helps you focus on your strengths and capacities as a person, which in turn you can use to help your clients.

**Exercise 2.1. Favorite Mentor**

Who motivated you to learn, inspired you to excel and to try harder than you otherwise would have, and become more than you might have conceived for yourself? You’ll be asked to think about this person and then answer some questions. The aim is to draw out characteristics about him or her and how you felt and responded when you were with that person. If you cannot choose one as a favorite, simply choose among your favorites for the purpose of this exercise (and consider yourself fortunate indeed!).

**Exercise 2.2. Is It MI Spirit?**

It can be very helpful to look at exchanges between clients and practitioners to observe if the MI spirit is present. The worksheet for Exercise 2.2 contains examples of short client statements and practitioner responses. You’ll review these exchanges and then decide if the practitioner’s response is consistent with the spirit of MI (thumbs up) or not (thumbs down). Then write your reasons so you can compare them with the analysis that follows the items.

**Exercise 2.3. My Aspirations**

After looking at how others work, it might be helpful to look at how we work and, in particular, the aspirations we bring to the work we do with clients.\(^3\) These aspirations are not only for the client, but also for the kind of helper we are. This is an opportunity to consider what characteristics we view as important to our client work and how these might influence how we practice. Additionally, we assess how these values might support MI spirit and what might need to change if we are to bring our aspirations and the MI spirit into closer alignment.

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\(^2\)This is a variation on Carolina Yahne’s Favorite Teacher exercise.

\(^3\)This exercise was inspired by value-sorting activity developed by Zuckoff and Gorscak (2015).
Exercise 2.4. Commuting

For some clients, it is easy for us to feel empathy and understanding; for others, it is not. Here are a couple of methods\(^4\) for practicing empathy skills while moving from place to place in your daily world. In this exercise, you’ll take a couple of common events that can occur during commuting and use them as opportunities to build empathy. One involves developing a “backstory” for someone who has made a silly, annoying, or risky decision that comes to your attention or may even affect you. This can happen when you’re driving a car, standing on a bus, riding a train, flying in a plane, chugging along on a ferry, or just walking. The second activity involves listening to a radio and providing reflections.

Exercise 2.5. Here’s What You Need to Do . . .

As practitioners, the desire to help is often a core value. Yet, this core value can get us into trouble with clients in the form of the righting reflex. This exercise helps us recognize that righting reflex and identify the “sustain side” of the ambivalence that might be getting in the way of client’s hearing helpful information or advice.

Exercise 2.6. A Difficult Client

We all have difficult clients. These individuals put us through our paces and may leave us feeling uneasy about our work or even dreading their next visit. Consider your work situation and think about who that client might be. Then complete the worksheet for Exercise 2.6.

Partner Work

Exercises 2.1, 2.2, 2.3, 2.5, and 2.6 can all be done as activities with a partner. Exercise 2.4 could also be done as a team activity. Exercise 2.7 is a partner-based activity, but you can also do it by yourself. You will just need to identify the strengths yourself after reviewing your story.

Exercise 2.7. A Favorite Memory

This activity is based on an exercise called “Reliable Strengths.”\(^5\) In this exercise, each of you take turns recalling memories from a time when you were at your best as a person, drawing that memory, and then describing the elements. Your partner, who will, in turn, identify strengths you demonstrated in these stories. We then ask you to consider how you might use these strengths in your work.

\(^4\) Thanks to Dee Dee Stout and Chris Dunn for these exercises.

\(^5\) Thanks to Elaine Christensen for this exercise.
Other Thoughts . . .

Ballroom dancing continues to be a popular metaphor for MI. That is, ballroom dancing can only occur when the two people move together in partnership. When done well, the movement unfolds through a series of subtle but intentional moves on the part of both partners. This movement pattern stands in contrast to wrestling, where one grappler attempts to assert his or her will over the opponent. So, one question you might ask yourself in times of frustration and client discord is, “Am I dancing or am I wrestling?”

A common misconception about MI is that it is a method for manipulating clients into making changes they do not really want to make. Another misconception is that MI is clinically useless because it works only when clients want to change anyway. I hope this chapter has illustrated that it is really neither of those things. MI is a series of specific strategies informed by respect for client autonomy and values and used to maximize the chances clients will choose adaptive behavior change. MI takes advantage of the natural tendency of human beings to choose what is best for them in the long run by working collaboratively to identify clients’ desire for change within apparently destructive behaviors.
EXERCISE 2.1. Favorite Mentor

Think about people who have been significant influences in your life. Although we can all think of people who might have scared us into behaving a certain way, this is not the person we want to think about in this exercise. Instead, this person set high expectations and inspired you to see possibilities in you that you hadn’t recognized and then encouraged you to strive for them. There are a few categories that come to mind: supervisors, teachers, coaches, counselors, neighbors, and, of course, parents. These are people who may have opened new vistas for you.

Specifically, who was this person who motivated you to learn, inspired you to excel and to try harder than you otherwise would have? Take a moment to write down this person’s name and his or her characteristics and how you felt and responded when you were with him or her. If you cannot choose one person as a favorite, simply choose among your favorites for the purpose of this exercise (and consider yourself fortunate, indeed!). Here is one of my favorite supervisors.

**AI**

*Characteristics:* Al expected a lot from me, seemed to have hope for me as a therapist despite my inexperience, encouraged me to show rather than hide my foibles, could be grandfatherly and warm when needed, but was also direct and honest when the situation required. He was thoughtful in his responses to me and to clients, displayed his work in the form of tapes, and provided practical tips about things to consider. My all-time favorite lecture in graduate school was given by Al and was entitled, “What to Do When the Lawyer Calls.” He also provided a line I quote often in my training with professionals: “Our clients benefit from neither our naiveté nor our cynicism.”

*How I responded:* I kept trying, despite many mistakes, because I knew he was committed to making me a better therapist and a good psychologist. Over time, I learned to trust my judgment and skills because I knew these were based on a solid foundation. A Rogerian, Al taught me the spirit of being a good therapist, as well as the techniques. Specifically, I learned that I couldn’t become a good therapist without being truly present in the therapy room myself; this meant including things like my humor in these very serious encounters.

Here is one of my favorite teachers:

**Doc**

*Characteristics:* Doc loved to teach high school art. His classroom was a welcome respite from the regimentation of other classes. There was music playing, independent work, and informality. He respected students’ ideas and choices, encouraging us to be wildly creative rather than doodling at the edges of the usual. He communicated genuine interest in my work and looked carefully at it each day. He provided feedback when asked and suggestions if requested, but never told me what to do. He held me to account for doing my work and made a clear distinction between sharing ideas and goofing off with friends. It was a relaxed atmosphere in which to explore creativity and abilities, but he also had expectations that I would do the work. He clearly did not believe that there was only one way to paint, draw, sculpt, or be creative. For example, during my senior year, another student and I decided to make an animated movie—an activity that was entirely different from any other student’s project and a task that neither of us knew anything about. Doc’s response was, “Cool. How are you going to do it?” The movie took the entire year to complete. We wrote scripts, developed animation techniques, learned how to use an editing board, and shot rolls and rolls of film. Doc kept checking on our progress, commiserating with our setbacks and expressing concern when we didn’t complete tasks as promised. He encouraged a “premiere” for the movie, replete with invited guests, sound system, and popcorn he’d made.

(cont.)
How I responded: I tried things I would never have attempted otherwise. I made mistakes, but I also made discoveries and was not afraid of appearing foolish because I did not know how to do something. When I encountered problems, I didn’t hide my inadequacies. I learned what I could overcome and what I could not. Perhaps most importantly, I looked forward to that class and always felt welcome.

Now it’s your turn. Think about your favorite teacher or supervisor. Consider, especially, what characteristics he or she had or what he or she did that inspired you to learn and excel. Then answer these questions.

What’s his or her name?

What characteristics did he or she have?

What inspired you to do or be your best?

How did you respond to his or her efforts?

After you’ve completed this exercise, examine the characteristics of this important person and compare them to the MI spirit characteristics of partnership, acceptance, compassion, and evocation. “Partnership” is the proclivity to work in harmony with others to solve a problem, address an issue, or pursue an idea. Each person may have separate roles, but the process is mutually supportive. “Acceptance” recognizes the absolute worth of others, their ability and need to choose their life paths, and their ability to choose wisely. “Compassion” is not only sharing care and concern for the well-being of another, but also acting on behalf of the other’s welfare. “Evocation” is the action of one party bringing out the best in the other. How do these four elements reflect the person you identified?
EXERCISE 2.2  Is It MI Spirit?

Here are examples of short client statements and practitioner responses. Review these exchanges and then decide if the practitioner’s response is consistent with the spirit of MI (thumbs up) or not (thumbs down). You might want to jot down a few notes as to why you rated each sample as you did. Then look at the discussion for each example at the end of this exercise.

1. Richard (Sarah’s husband): I’m just furious that Sarah lied to me and had this affair behind my back. I can’t believe I didn’t see it! I feel like such an idiot.
   
   Practitioner: In retrospect, what signs did you overlook?
   
   Thumbs up ______  Thumbs down ______
   
   Why?

2. Arthur: I know my dad told you I’m depressed, but I’m not. Just because I don’t want to play football doesn’t mean I’m depressed.
   
   Practitioner: Your father is worrying needlessly. What do you think he’s seeing that makes him worry this way?
   
   Thumbs up ______  Thumbs down ______
   
   Why?

3. Tanya: I need to come up with some sort of plan to help myself get back on track now. This health crisis has thrown me for a loop. I can’t think about anything else. What do you think I should do?
   
   Practitioner: Well, I have some ideas about what might help, but first let me hear what you’ve already considered.
   
   Thumbs up ______  Thumbs down ______
   
   Why?
4. **Arthur:** I'm not going to keep that stupid thought journal. How does it help me to monitor my “loser” thinking? I'm coming here to feel better, and paying attention to all that makes me feel worse.

**Practitioner:** Okay, Arthur, you might be right. This works for many folks, but not everyone. Maybe we need to try a different way to approach this. We've talked about other ways to address this issue. What makes sense to you to practice instead?

_Thumbs up _____  Thumbs down ______

_Why?_

5. **Tanya:** They told me I have to have this surgery right away. But I don't trust them, so I haven't scheduled it yet.

**Practitioner:** Why take the chance? They're the experts, after all. Let's call from this phone right now—maybe you can get in this week.

_Thumbs up _____  Thumbs down ______

_Why?_

6. **Sarah (Richard's wife):** I've had it with Richard's guilt mongering. Okay, so I had an affair. I'm ready to end it and start working on our marriage, but I don't think he's ever going to let me forget it. Maybe we should just get a divorce.

**Practitioner:** Sarah, you are the only one who can decide if you should stay in this marriage or leave it. I wonder what signs you would need to feel more optimistic about working on things with Richard.

_Thumbs up _____  Thumbs down ______

_Why?_

7. **Peggy (Arthur's mother):** They had a little “surprise party” for me. Everyone showed up when I wasn’t looking and then spent the next 2 hours telling me how my drinking hurt them. They think I’m an alcoholic! I might have a drinking problem, but I’m damn sure not an alcoholic.

**Practitioner:** (gently) Peggy, if it walks like a duck and quacks like a duck, it's probably a duck. I think if all those people are telling you you’re an alcoholic, that is probably something to pay attention to. You might be in denial, don't you think?

_Thumbs up _____  Thumbs down _____
8. **Lloyd (Arthur’s father):** I think Arthur is taking over too many of the household responsibilities. A boy his age ought to be playing sports and chasing girls. Instead, he’s worrying about his younger brother and how the house looks. He even does laundry. I can tell you I never did that at his age. But when I try to push him toward more normal things, like football, he just gets mad at me and says I don’t understand him. What am I supposed to do?

*Practitioner:* In families where alcohol has been a problem, it often works like this. What if you tried the chess club or the school newspaper instead of pushing him toward football? I think he’d be more receptive to that. I don’t think you recognize how smart Arthur is. It could be that he will never be all that interested in football.

**Thumbs up** ______  **Thumbs down** ______

**Why?**

9. **Tanya:** My doctor gave me a long list of all the things I have to do to manage my care. It’s overwhelming. I have to take medication three times a day. I can’t even remember to feed my dog every single day. I just can’t do it. But I’m afraid I’ll die if I don’t.

*Practitioner:* (encouraging) You can do this. You have to.

**Thumbs up** ______  **Thumbs down** ______

**Why?**

10. **Richard (Sarah’s husband):** I don’t know what to do here. I feel stuck. I don’t want to live this way anymore. What should we do, Doc?

*Practitioner:* Well, how about if you invest in a couple’s workshop? I’m offering one this weekend. It is expensive, but I think it would be really good for you two. It could help you two rediscover why you wanted to be with each other in the first place.

**Thumbs up** ______  **Thumbs down** ______

**Why?**
Recognize that MI spirit is typically rated on a continuum, whereas here we are using a simple dichotomy. We may disagree on the direction of the thumb, so the reasoning becomes far more important. Here are my thoughts . . .

1. **Thumbs down.** This is an instance where evocation and partnership might take the practitioner in different directions. The practitioner might be better served by paying attention to the supportive aspects of partnership first. More specifically, the practitioner missed the chance to express empathy and instead slipped into information gathering.

2. **Thumbs up.** Again we see partnership and evocation present, but this time the practitioner attends to the relationship issues first. The practitioner offers a reflection, followed by an open-ended question that encourages exploration in the direction of change.

3. **Thumbs up.** The practitioner avoids the expert role and makes an active attempt to seek partnership with the client and to act on behalf of the client’s interests. The practitioner does not dodge the client’s request for advice, but ensures that it will occur in the proper context. This practitioner will not miss a chance to hear Tanya’s ideas about how to improve her situation.

4. **Thumbs up.** Even the best treatments don’t work if clients won’t implement them. The practitioner avoids a power struggle and looks for ways to partner instead.

5. **Thumbs down.** This practitioner has missed a chance to support the client’s autonomy (part of acceptance) in making a difficult decision fraught with ambivalence. By pushing hard for change, even for compelling reasons, the practitioner will likely elicit the “Yes, but . . .” response from this client.

6. **Thumbs up.** The practitioner demonstrates acceptance in acknowledging Sarah’s autonomy in making the decision about her marriage, but has also shifted the conversation toward self-exploration and optimism.

7. **Thumbs down.** Confrontation typically leads to increased discord. This practitioner has violated an important concept in MI: Allow clients to draw conclusions about their own behavior. This approach violates both acceptance and partnership elements.

8. **Thumbs down.** Even when well meaning (and accurate), advice should be given quite sparingly when using MI, as it may be inconsistent with a spirit of evocation, partnership, acceptance, or compassion. Here there is a quality of arguing for something specific, which will likely engender either sustain talk or discord.

9. **Thumbs down.** Comfort, encouragement, and support are important therapeutic interventions, but always secondary to the importance of MI spirit. In this case, the practitioner’s response violates the client’s autonomy (part of acceptance) by indicating that there is no choice. In addition, it fails to recognize this client’s dilemma itself provides the momentum needed for change.

10. **Thumbs down.** This is a tough decision because the workshop might be very helpful for these clients. It’s also clear that the practitioner has a vested financial interest. This, in combination with how this information is presented, is where the difficulty lies. In this case, the practitioner argues for an approach, which undermines the principles of evocation, acceptance (autonomy), and, most importantly, compassion. It’s no longer clear if the practitioner is working in the clients’ or in the practitioner’s best interests. Later, we’ll discuss how to present information in a manner that supports these elements.
EXERCISE 2.3. My Aspirations

We have aspirations for the type of helper we would like to be. We might refer to these as qualities or characteristics, though they could also be termed values. Regardless of the description, these help to inform our work. Perhaps our views are well articulated and consistent with a theoretical model. Or we may have only vaguely formed thoughts about what a helper should do or be like. In either case, this exercise is an opportunity to consider the type of qualities or characteristics we believe should be brought into our work.

Read through this list and circle qualities you believe are essential to your work with clients, not just the things you ought to do. There are two blank spaces at the end for you to add other values or qualities not listed here.

<table>
<thead>
<tr>
<th>Acceptance</th>
<th>Authority</th>
<th>Authenticity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept clients as they are</td>
<td>Be in charge and responsible for clients</td>
<td>Be true to who I am in my client work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Autonomy</th>
<th>Caring</th>
<th>Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage clients to make their own choices</td>
<td>Take care of clients</td>
<td>Provide for clients’ needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Commitment</th>
<th>Compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage clients to take on difficult tasks</td>
<td>Devoting myself to clients</td>
<td>Feel and act on concern for clients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confidence</th>
<th>Contribution</th>
<th>Cooperation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel sure of myself and of how clients can succeed</td>
<td>Add something to my clients’ world by my work</td>
<td>Work well with others who care for clients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Creativity</th>
<th>Dependable</th>
<th>Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bring original ideas to the client work</td>
<td>Be reliable and trustworthy to clients</td>
<td>Carry out my duties and obligations to clients and work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excitement</th>
<th>Expert</th>
<th>Forgiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bring energy and enthusiasm to my client work</td>
<td>Be recognized by clients for my skills and knowledge</td>
<td>Help clients accept mistakes and limitations</td>
</tr>
</tbody>
</table>

(continues)
<table>
<thead>
<tr>
<th>My Aspirations</th>
<th>Fun</th>
<th>Generosity</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fun</strong></td>
<td>Play and have fun in work with clients</td>
<td>Give what I have to clients</td>
<td>Keep changing and growing in my client work</td>
</tr>
<tr>
<td><strong>Helpfulness</strong></td>
<td>Be helpful to clients</td>
<td>Be honest and truthful with clients</td>
<td>Keep a positive and optimistic outlook about clients</td>
</tr>
<tr>
<td><strong>Humility</strong></td>
<td>Be modest and humble in my client work</td>
<td>Bring the funny side of life to client work</td>
<td>Decide for myself how to work with clients</td>
</tr>
<tr>
<td><strong>Inner Peace</strong></td>
<td>Feel at peace with the client work I do</td>
<td>Promote fair and equal treatment for clients</td>
<td>Provide valuable information to clients</td>
</tr>
<tr>
<td><strong>Leisure</strong></td>
<td>Have time to relax at work</td>
<td>Give and receive love from clients</td>
<td>Be loyal and trustworthy with clients</td>
</tr>
<tr>
<td><strong>Nonconformity</strong></td>
<td>Challenge authority and norms and encourage clients to do so</td>
<td>Be open to new things and experiences with clients</td>
<td>Work in a well-ordered and organized manner</td>
</tr>
<tr>
<td><strong>Passion</strong></td>
<td>Feel strongly about the client work I do</td>
<td>Enjoy the work that I do with clients</td>
<td>Determine the nature and conduct of the client work</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Have meaning and direction in my client work</td>
<td>Be guided by reason and logic in the clinical work</td>
<td>Be well liked by my clients</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
<td>Be treated as a person of worth by clients</td>
<td>Make and carry out responsible decisions with clients</td>
<td>Try out new ideas and methods with clients</td>
</tr>
<tr>
<td>Value or quality</td>
<td>What makes it important to me?</td>
<td>How is this quality expressed in my client work?</td>
<td></td>
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<td>------------------</td>
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<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Example: Fun</td>
<td>I believe that positive emotions are critical in helping clients see new possibilities and feel capable of following through on them.</td>
<td>Although I am serious about the work, I also joke, laugh, and bring a playful spirit to my encounters with clients. However, this is not done at their expense.</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Provide a safe and secure setting for client work</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td>Self-Discipline</td>
<td>Be disciplined in my client work</td>
<td>Self-Discipline</td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>Feel good about myself in the client work</td>
<td>Self-Esteem</td>
<td></td>
</tr>
<tr>
<td>Selflessness</td>
<td>Place client needs before my own</td>
<td>Selflessness</td>
<td></td>
</tr>
<tr>
<td>Solitude</td>
<td>Have time and space apart from clients to think</td>
<td>Solitude</td>
<td></td>
</tr>
<tr>
<td>Spirituality</td>
<td>Bring spiritual life and growth into client work</td>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>Stability</td>
<td>Provide a stable presence for clients</td>
<td>Stability</td>
<td></td>
</tr>
<tr>
<td>Tolerance</td>
<td>Accept and respect clients who are different from me</td>
<td>Tolerance</td>
<td></td>
</tr>
<tr>
<td>Tradition</td>
<td>Follow respected patterns of client work</td>
<td>Tradition</td>
<td></td>
</tr>
<tr>
<td>Wealth</td>
<td>Provide for my financial needs and desires through client work</td>
<td>Wealth</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>Work hard and well at my client work</td>
<td>Work</td>
<td></td>
</tr>
<tr>
<td>Other Value:</td>
<td>Other Value:</td>
<td>Other Value:</td>
<td></td>
</tr>
</tbody>
</table>
Just as values and qualities shape our choices in everyday life, they also shape our interactions with clients. As in life, it is easy to begin moving away from these values and qualities over time in our client work. This exercise is an opportunity to not only clarify what aspirations we hold for ourselves, but also to consider how these might fit with the four elements we identified as part of the MI spirit. Take a moment to consider in what ways each value or quality you’ve identified is consistent with these MI elements and what might need to change to bring it into closer alignment with them.

<table>
<thead>
<tr>
<th>Value or quality</th>
<th>What makes it important to me?</th>
<th>How is this expressed in my client work?</th>
</tr>
</thead>
<tbody>
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</table>

- Partnership is the tendency to work in harmony with others to solve a problem, address an issue, or pursue an idea. Each person may have separate roles, but the process is supportive.
- Acceptance recognizes the absolute worth of others, their abilities and need to choose their life courses, and their abilities to choose wisely.
• Compassion involves not only sharing care and concern for the well-being of another, but also acting on behalf of the other’s welfare.
• Evocation is the action of one party bringing out the best in the other. Direction is offered when needed, but with a light touch. The other’s autonomy is respected and encouraged.

<table>
<thead>
<tr>
<th>Value or quality</th>
<th>How is this value consistent with MI spirit?</th>
<th>What might need to change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Fun</td>
<td>This value doesn’t fit neatly into these categories. However, the positive emotions allow us to both build partnership and to create the conditions wherein clients can be more creative and empowered in identifying and implementing solutions to problems.</td>
<td>Although fun creates harmony, I need to be thoughtful to make sure that being playful is not just goofing off and that it is done in service of the client work. I need to make sure it does not take us off track from the client work.</td>
</tr>
</tbody>
</table>

The next steps are to reinforce what you observed in the second column and to bring those qualities into the third-column items in your client work. Jot down how you might do those things, if you decided to do so.
EXERCISE 2.4. Commuting

Commuting to work is a common occurrence; becoming annoyed by others in that process can also be common. Here are opportunities to practice empathy while reducing your stress.

The first method is essentially this: Wait for an annoyance (e.g., someone cuts you off in traffic, pushes in front of you onto the subway, takes the seat you were heading for on the ferry, puts the airline seat back in your lap, talks loudly on a cell phone) that would normally upset you, then create a “backstory” for that person.

Example:

“Wally just cut me off. He’s been having a very bad day. He spilled coffee on his pants on the way to work this morning. It hurt. Then he had to go right in—wet pants and all—to give a big presentation that he’d stayed up until very late to make sure was perfect. Next his partner called to say that Cecil the dog had thrown up on the carpet again and maybe it was time to talk about Cecil’s future. Then, as Wally was packing up his stuff, his new boss dropped off some corrections that had to go out before closing. This little project made him late for his daughter’s recital. She is performing third, and he promised that he would be there this morning, so if he just hurries he might make it before she finishes.”

Continue the story until your feelings of dislike and frustration are replaced by a sense of compassion for the other person’s plight. Make this situation fit your commute. And if you don’t commute, think about times you venture into the world and others annoy you.

The second approach, while a little less fantasy-based, requires no less creativity. Tune a radio to a talk radio station that you wouldn’t normally listen to and whose content may not fit with your beliefs or practices. Your job is to listen to a commentator or caller statement, switch off or turn down the radio, and give a reflection—aloud. Then do it again and again and again, until you feel that you may understand (though perhaps not agree with) this caller’s or commentator’s point. Alternatively, you could again create backstories time for either the commentators or the callers.
EXERCISE 2.5. Here’s What You Need to Do . . .

We worked with these client statements before, but now there is a little more information added. We’ll use these a little differently in this exercise. Read the statements and then identify a concern practitioners might experience. These are the prevailing winds, against which practitioners want to push, which lead them to the righting reflex. Jot down the “good” advice that comes to mind, given that concern. Then consider the sustain side of the ambivalence that might get in the way of taking this good advice. These are thoughts the client might have. Finally, write a statement the client might say in response to this advice, based on this sustain side. Here’s an example to begin.

1. **Richard (Sarah’s husband):** I’m just furious that Sarah lied to me and had this affair behind my back. I can’t believe I didn’t see it. I feel like such an idiot! At this point I just want to hire an attorney to make sure I get the kids and she pays for this.

   **Righting Reflex:** Richard’s anger may get in the way of his best interests.

   “**Good**” **Advice:** I understand that you’re angry, but don’t you think going to war with your wife might be a little premature and hard on your kids?

   **Sustain Side:** You’re telling me that I’ve been thinking only about myself, when she’s the one. . . .

   **Richard:** Maybe, but this has been going on awhile and if she cared at all about the kids, or me, she wouldn’t have been pulling this crap. Let’s face it—she’s been thinking only about herself.

   If it feels too hard to separate out the sustain side from the client response, simply write the client response. However, it can be helpful to challenge ourselves to consider the kind of internal dialogue a client might have and recognizing that this self-talk might be different than what the client expresses to us.

2. **Arthur:** I know my dad told you that I’m depressed, but I’m not. Just because I don’t want to play football doesn’t mean I’m depressed. Okay, so I’m not the happiest guy in the world and I don’t do a lot. So what? You’d be unhappy too if you were in my situation.

   **Righting Reflex:**

   “**Good**” **Advice:**

   **Sustain Side:**

   **Client:**  

   (cont.)
3. **Tanya:** I need to come up with some sort of plan to help myself get back on track now. This health crisis has thrown me for a loop. I can’t think about anything else. What do you think I should do? I can’t sleep. My body hurts all of the time, and I have no energy. I can’t do the things I love anymore.

   **Righting Reflex:**

   “**Good**” Advice:

   **Sustain Side:**

   **Client:**

4. **Arthur:** I’m not going to keep that stupid thought journal. How does it help me to monitor my “loser” thinking? I’m coming here to feel better, and paying attention to all that makes me feel worse. That’s what I do all of the time now, and it’s what I want to quit doing—not do more.

   **Righting Reflex:**

   “**Good**” Advice:

   **Sustain Side:**

   **Client:**

5. **Tanya:** They told me I have to have this surgery right away. But I don’t trust them, so I haven’t scheduled it yet. We’ve done multiple surgeries to correct this leg and it hasn’t fixed the problem—I’m still in pain. So why would I do another one with no guarantee of feeling better?

   **Righting Reflex:**

   “**Good**” Advice:
6. Sarah: I’ve had it with Richard’s guilt mongering. Okay, so I had an affair. I’m ready to end it and start working on our marriage, but I don’t think he’s ever going to let me forget it. Maybe we should just get a divorce. There were reasons why I did this. It didn’t just happen. Richard played a part.

Righting Reflex:

“Good” Advice:

7. Peggy (Arthur’s mother): They had a little “surprise party” for me. Everyone showed up when I wasn’t looking and then spent the next 2 hours telling me how my drinking hurt them. They think I’m an alcoholic! I might have a drinking problem, but I’m damn sure not an alcoholic. My father was an alcoholic, so I know what that looks like. I am definitely not him.

Righting Reflex:

“Good” Advice:
8. **Lloyd (Arthur’s father):** I think Arthur is taking over too many of the household responsibilities. A boy his age ought to be playing sports and chasing girls. Instead, he’s worrying about his younger brother and how the house looks. He even does laundry. I can tell you I never did that at his age. But when I try to push him toward more normal things, like football, he just gets mad at me and says I don’t understand him. What am I supposed to do? If I leave him alone he just broods. If I say anything, he snaps at me. I lose no matter what I do, so I might as well do what I think is right.

**Righting Reflex:**

“**Good**” Advice:

**Sustain Side:**

**Client:**

9. **Tanya:** My doctor gave me a long list of all the things I have to do to manage my care. It’s overwhelming. I have to take medication three times a day. I can’t even remember to feed my dog every single day. I just can’t do it. But I’m afraid I’ll die if I don’t. So, that’s where I am—stuck between two bad choices. I want you to get me unstuck.

**Righting Reflex:**

“**Good**” Advice:

**Sustain Side:**

**Client:**
Key for Exercise 2.5

The righting reflex can take multiple forms. Often this reflex engages when we see inaccuracies in clients’ perspectives or we feel there are things that could help them within our knowledge base or skill repertoire. Notice how these examples may feel like good practice from caring practitioners, yet they can get in the way of change. Considering the client’s internal talk and subsequent response requires us to do at least three things. First, consider what is the sustain side of the ambivalence that lies below the surface, as well as what is being expressed. Second, build empathy by considering how the client would receive this information. Third, think sequentially about what comes from our actions. This last aim is a consideration we’ll return to throughout the book.

2. **Righting Reflex:** Arthur denies being depressed and seems to abdicate the role his choices play in the situation.

   *Practitioner:* Well, I can’t say one way or another whether you’re depressed, but it sure seems like there are some things you could do to make yourself feel better, if you wanted to.

   *Sustain Side:* You’re saying it’s my fault I feel this way.

   *Arthur:* Like what? Thinking happy thoughts?

3. **Righting Reflex:** Tanya is asking for help. [It’s easy for us to slip into advice giving in this situation without exploring the challenges, since she seems ready to move.]

   *Practitioner:* The first thing we need to do is get you a little more active. The research supports the absolutely critical role that activity plays in managing chronic pain. If you don’t, your world will just keep getting smaller and smaller.

   *Sustain Side:* I know my world has gotten smaller. I’ve been trying to do that already. It doesn’t work. I don’t feel like you’re respecting my attempts to solve this problem.

   *Tanya:* Exactly, and if it was that easy I would’ve done it.

4. **Righting Reflex:** Arthur is arguing against a technique that CBT has shown can be quite effective in identifying problematic cognitions.

   *Practitioner:* I don’t want you to think happy thoughts. Research indicates that just leads to more unhappiness. Instead, I want you to keep track of how your thoughts might be influencing your behavior and your choices. Once we know that, we can start to challenge those thoughts and take back some of your control over your situation.

   *Sustain Side:* These statements may all be true [indeed, they are!] and you’re just another adult telling me what to do. I don’t like it and I won’t do it. Besides, I don’t like the thoughts I’m having.

   *Arthur:* No, I don’t think so. Is this gonna magically make my situation with my mom and dad better?

(cont.)
5. **Righting Reflex:** Tanya is stuck and her doctors may be offering a way to fix the structural problem that is creating the pain.

   *Practitioner:* Yes, there are no guarantees and that can be frustrating. But don’t you think that if there is a chance to fix the underlying problem, we should at least consider that as a first step?

   *Sustain Side:* I’m balancing the possibility of change with the experience of prior surgeries, associated pain and inconvenience, and lack of benefit. I want something more solid before I’m willing to do that again.

   *Tanya:* I have been considering it, and the math doesn’t work for me.

6. **Righting Reflex:** The continued threat of divorce impedes the couple’s ability to engage in a productive conversation.

   *Practitioner:* Perhaps we can ease off the divorce talk for the time being. It’s pushing you both to the edge and that can be a difficult spot to step back from. I don’t want you to feel pushed into a position you don’t want to take.

   *Sustain Side:* I’m fed up and you’re not hearing my side of the story. He’s not going to bully me with the threat of a divorce. Besides, he played a part in all this mess.

   *Sarah:* Well, I don’t know where I stand with that yet, but he’s going to have to make some changes if I’m going to stay.

7. **Righting Reflex:** Peggy’s feelings of hurt, embarrassment, and anger are getting in the way of seeing how her drinking is affecting others, as well as herself. Her model of what constitutes alcoholism might also prevent her from accurately assessing her risks.

   *Practitioner:* It’s interesting how our views of what is or is not an alcoholic can affect how we assess where we are with our drinking. Alcoholics come in lots of forms, including someone who seems to be functioning well.

   *Sustain Side:* Even though you said it nicely, I feel labeled and I don’t agree with it.

   *Peggy:* What are you saying?

8. **Righting Reflex:** Lloyd is struggling. He wants to be a good parent and is asking for support, as well as help. He also has some views about what a boy should and should not be doing that may cause him trouble.

   *Practitioner:* I can hear how much you want to help, but I think at this point you need to back off and not tell your son how a young man should behave. He may not be interested in chasing girls or playing sports.

   *(cont.)*
Sustain Side: You say you’re on my side, but then you’re not really because you’re telling me what I’m doing is wrong. I want some direction and what you’re suggesting will just take us back to the brooding. That’s not helpful for him or me.

Lloyd: What am I supposed to do? Just let him brood all day? That’s not working.

9. Righting Reflex: Tanya continues to feel overwhelmed, is moving in circles, and seemingly wants me to take control. She needs to prioritize and then have a direction.

Practitioner: Okay. Well, let’s help you get back on track. Let’s start with your meds, since those are critical. Let’s find a regular time for you to take them. How about when you wake up and when you go to bed to start with? People often have routines around those times that can assist with providing structure.

Sustain Side: If it were that easy, I would have done it. You don’t understand all the things that get in the way and make it hard.

Tanya: The problem is I can’t sleep, so I tend to stay up. Then I fall asleep on the couch and am too tired and in too much pain to go to my bedroom. It’s just easier to stay where I am.
EXERCISE 2.6  A Difficult Client

We all have difficult clients. These individuals put us through our paces and may leave us feeling uneasy about our work or even dreading our next encounter. Consider your work situation and think about who that person might be for you.

Now consider three questions about this person.

Where are you now in your work with him or her?

Where would you like to be?

What’s getting in the way of that happening?

Now imagine that you are this client. Really put yourself inside this person’s skin.

Where are you now in your work with your practitioner?

Where would you like to be?

What’s getting in the way of that happening?
After reviewing both sets of answers, think about the four areas of MI spirit.

- Partnership is the tendency to work in harmony with others to solve a problem, address an issue, or pursue an idea. Each person may have separate roles, but the process is supportive.
- Acceptance recognizes the absolute worth of others, their abilities and need to choose their life courses, and their abilities to choose wisely.
- Compassion involves not only sharing care and concern for the well-being of another, but also acting on behalf of the other’s welfare.
- Evocation is the action of one party bringing out the best in the other. Direction is offered when needed, but with a light touch. The other’s autonomy is respected and encouraged.

What do these four areas tell you might need to happen for the relationship to change?

If you were to try one new approach with this client, what would it be?
EXERCISE 2.7  A Favorite Memory

Draw a picture of an event that you feel proud about—something in which you played a part. Make it an event when you were at your best as a person—perhaps you overcame adversity or maybe you put yourself out for another. Whatever it is, don’t worry about your art skills. Stick figures work, but try to add important details. Who was there? What was happening?

Make your drawing here:

When you’re both done, show and describe your drawing to your partner.

(Cont.)
When you’ve each had a turn, spend a couple of minutes thinking about the qualities your partner displayed in this interaction. Then from those qualities, identify three strengths that you’ve heard. Write those below, along with specific examples that support your statement.

Example: You are empathic. You weren’t happy about the duty you’d been assigned, but then you put yourself in the position of the people you were asked to serve and thought about what it would be like for them. You then acted to respond to their need, rather than focus on your disappointment.

1. Strength:

2. Strength:

3. Strength:

Finally, feed back to each other the three strengths that you heard—explicitly or implicitly—in these two activities. Be sure to include the specific examples.

These are strengths you can count on. They reflect you when you’re at your best. They are also things you can build on in times of strain. However, to use these strengths purposefully, you first need to acknowledge and embrace them. This exercise represents a step in that direction. How have you observed these strengths at play in your life?

How might you use this knowledge with your clients?
Merriam-Webster's definition of “processes” includes:
- A series of actions that produce something or that lead to a particular result
- A series of changes that happen naturally

In 2013 Miller and Rollnick formally introduced the four processes that are central to MI: engaging, focusing, evoking, and planning. At their most basic, we might define these processes as follows. Engaging is establishing a safe place within which the client can explore difficult realities and a working relationship. Focusing is coming to understand what matters most to the client and defining an agenda for moving forward. Evoking is calling forth the client’s reasons for changing and reaching a commitment to an action. Planning is putting into place the methods by which the client will act on this commitment. These processes, which we define in more depth later, provide a framework with which to understand how we navigate through our work with clients. Unlike the processes of change from the transtheoretical model of Prochaska and DiClemente (1984), which describe mechanisms that happen within clients and that counselors seek to engage as part of the engine for change, these four processes are meant as a map for the interaction between practitioner and client. As a map, the four processes help us identify and better understand how to tailor our work with clients; that is, what to do, when to do it, and why to do it.

Although the preceding statement implies clarity, and indeed MI trainers have liked the simplicity of this model, much remains to be understood about the nature of these four processes. Miller and Rollnick (2013) describe the flow of MI as a sequential thread, like the plot in a book. Yet, even as they describe this idea, they also note that the categories are overlapping and tend to repeat. Furthermore, these processes are never completed. Instead, they are revisited as circumstances require. So, what are these processes, how are we to make sense of them, and, more importantly, how are we to use them?

It seems to me these processes have three qualities. First, they describe where we are in the sequence of facilitating change with any particular client. Second, they tell us some-
A guided raft trip down a river could be a 1-day event or could extend over weeks, just as our work with clients can. There are four elements to this process: the river, the guide, the client, and the tools (e.g., raft, paddles). Let’s start with the river.

A stream does not contain the same water consistently. That is, even if we enter the same spot twice, the water is not the same. It is intermingled with all the elements from upstream, as well as those from the present location and those that have swirled back from downstream. What does this metaphor tell us about the four processes? First, this part of the metaphor means that elements of the four processes will all be intermixed. However, there is a general order to the processes, and failure to successfully navigate one can create problems downstream. For example, if we do not accomplish engaging so that clients experience safety, then their willingness to participate in focusing will be limited. Or if we jump into planning without evoking their reasons for the why of change in sufficient depth, they might have trouble sustaining this effort when problems are encountered. In this manner, the stream of change provides important information about where we are. This knowledge helps us navigate the work, even as we recognize that the water remains mixed with all the stream’s elements.

Second, where we are in the stream of change also tells us something about our goals in this immediate situation. That is, what are clients doing and what should we be doing? What are we trying to accomplish at this point and to where are we headed? Is this a time for learning how to work together, as happens when we first begin engaging? Or perhaps we’re choosing routes as might occur in the focusing process. Maybe we’re in the white water of rapids where we need to work together to find the way forward, as happens when we differentially evoke change talk to help people move out of the crosscurrents of ambivalence. Or maybe it is the planning process as the practitioner and client pull their boat to the shore and then discuss how they will navigate the river ahead. In all of this, the practitioner is like a good river guide that not only acts in the moment, but also thinks about the river ahead in a strategic manner. The guide has knowledge about navigating the river, but he or she also must be in partnership with the other person if the trip is to be successful. The client must decide which route best suits him or her, then must paddle effectively. This means the client will work in particular manners at particular times. But most importantly, the client and guide must work together to navigate the river.

Third, where we are in the stream and what our goals are will then determine how we use our skills as a guide. The applications of the skills vary and may be used more or less at various times, but the core skills remain consistent. In both the river raft and in MI, we use our OARS (+I) to help navigate, though our paddling will look very different in the gentle float of a quiet section of river, as compared to the complexity and challenge of paddling in the narrow passages and turbulent waters of severe white water. For example, in the midst of this froth, it might be a time to reflect differentially as part of the evoking process or it might be a time to refocus and determine if the route selected is the correct one. Finally, some techniques may be used only in certain situations or emerge as we progress down the river. For example, we only engage in planning after the client has identified and committed to a course of action.
Taken together, then, the four processes tell us where we are. They also tell us what needs to happen now, including when to just be still and think, as well as what we are aiming for ahead. Finally, they tell us how we want to apply our skills. Of course, conditions change unpredictably on a river, and so we need to prepare for things being different from what we had anticipated. Heavy rains, opened dikes, and droughts can all change a river’s character. Similarly, client’s movement through a change sequence can be altered suddenly. We might have expected significant discord, but instead find the client ready to move forward into planning. Alternatively, we might have thought the client was on the precipice of action, only to discover we need to drop back into refocusing and perhaps even in engaging, before we move back into evoking.

Of course, this image of flowing water and river rafting is imperfect. The river guide is much more directive then we typically encourage an MI guide to be. On a real river, particularly a dangerous one, processes occur in a different order. Planning, for example, would happen before the river is ever entered. Streams—on the whole—flow in one direction, whereas clients’ inner processes and the changes they try to actualize might not. Moreover, the river of change continues to flow whether we are on it or not with the client. The limits of the model are evident.

Yet even within these limitations, there are possibilities. Our time with clients is small compared to the time they typically spend away from us. This is the flowing river. Our intermittent work with them then might be akin to pulling our raft out of the river; this is as far as we will go together on this occasion. The client might continue on without us. Even if we step into that river at the same point we left it, the river and we have changed since our last time in it. Hence, we are back to engaging. So, even with limitations, this metaphor catches the essence of the challenges and interactions. More specifically, it shows how the tasks will vary for the guide and the client, how those tasks will change across time, and the importance of the partnership.

As we move forward through the book, we will use the four processes to help organize the description of skills. Although there are points where skills are most prominent, we use the same core skills throughout the journey. In each of the sections, we will review these three areas:

1. Where are we?
2. What are the aims for now and ahead?
3. How do we apply the skills in this situation?
Merriam-Webster defines “foundation” as:

- An underlying base or support
- A body or ground upon which something is built up or overlaid
- A basis (as a tenet, principle, or axiom) upon which something stands or is supported
- The act of founding

Foundations imply stability. We think of structures and the ground upon which things are built. A foundation implies a sense of depth and an unchanging nature. Yet relationships are dynamic and shifting, so can they also have foundations?

Of course, they can and do. In fact, it can seem silly to even pose that question. If we look more carefully at the dictionary definition of foundation, we see how our focus can become too narrow. Foundations provide the basis upon which something is built or supported. Within MI this foundation is relationship.

The definition also includes the act of founding: that is, to take the first steps in building something. Within MI, these first steps mean establishing a connection based on partnership. We don’t assume relationship; we build it. Moreover, it is built on a particular kind of conversation about change, which is (1) infused by the MI spirit, (2) pays attention to client language in the form of change and sustain talk, and (3) relies upon certain core skills to enact those first two points. It is these elements, in combination, which differentiate MI from other forms of conversation about change, such as person-centered therapy or solution-focused therapy.

Engagement and Disengagement

Miller and Rollnick (2013) assert this act of founding begins with engaging clients, which they define as “the process of establishing a mutually trusting and respectful helping rela-
Engaging relationship” (p. 40). This is an interesting definition because it not only taps important areas such as therapeutic alliance, but also focuses us on the importance of this undertaking as a shared process. Often our attention in MI focuses on creating conditions under which clients can feel safe, comfortable with sharing, and willing to become actively engaged with another person. Yet, this definition also implies that we, as practitioners, must come to trust our clients. This can be a difficult proposition, particularly when we work with people who engage in problematic behaviors that affect others or who continue to act counter to their apparent best interests. Thus, as we consider factors that influence the client’s willingness to engage with us, we also need to consider the things that influence our engagement and willingness to trust the client. These factors include our values, aspirations, prior experiences with clients, and our social contexts. At the end of this section there is an exercise that asks us to consider factors that influence our willingness and ability to trust our clients. In addition, in the next chapter we will spend a little time with our values and how these might affect our aspirations for clients. These are important areas for us to understand about ourselves as we step into this partnership with clients.

Moving past what we bring to the partnership, Miller and Rollnick (2013) identify practitioner behaviors that increase or decrease client engagement. On the disengagement side, they list common traps into which practitioners can fall:

- Assessment—the tendency to gather information in the service of addressing a need, but failing to attend to the individual
- Expert—structuring the encounter such that the practitioner gathers information to arrive at the correct solution, rather than seeing the situation as a partnership
- Premature focus—narrowing focus on the problem area to the exclusion of understanding the big picture of this person’s life
- Labeling—this may include failing to see the individual because of a focus on diagnosis and/or fighting to have the client accept the correctness of a diagnosis
- Chatting—confusing small-talk interchanges between practitioner and client with the work of the session

Conversely, factors that can promote engagement include attending to the client’s frame of reference for this encounter. Here are four factors stated as questions for our consideration:

- Goals—what are the client’s goals or desires for this encounter?
- Importance—how important is the presenting issue or situation to this client?
- Positivity—to what degree does this encounter generate positive feelings, including hope?
- Expectations—what are the client’s expectations for what will happen between the practitioner and client in this encounter?

These questions may guide initial discussions with clients. They are also the questions clients might ask themselves. So, it is our ability to address the needs contained within these
questions for clients and, in turn, to understand how clients might answer these in a deep manner that helps us know if engagement has been achieved. To address these needs, we will use skills that are discussed in the remainder of this book. For simplicity, I’ve placed these needs into three general categories, along with some questions we might ask ourselves to determine how well we are doing:

- Create safety and welcome.
  - To generate positive emotions, people need to feel safe. How do I create a situation where this person feels welcomed and valued?
  - What are the tangible things I do or offer?
- Ask and listen.
  - What made the client decide to come in and talk to me? There is almost always an option not to do that, so why did this person come?
  - How does this situation fit into this person’s life and the constellation of demands and priorities?
- Offer small bites of information.
  - How do I find out what the person knows about this situation and offer small bites of information to fill in the picture?
  - In what ways do I provide realistic hope based on prior client experiences, while avoiding attempts to convince this client? How do I find out what provides hope for this client?

These categories and their accompanying questions help us achieve a deeper understanding of this person. They move us beyond our inner response, such as “This client is here only because of __________ and doesn’t care about this issue,” to beginning to understand the client’s inner world and his or her responses to it. Thus, when engaging, we go well beyond building rapport and establishing a surface-level connection. We are establishing a deeper connection whereby the individual feels safe in exploring problematic behaviors and troubling areas of self, and we gain a sense of how the current difficulties fit in the bigger scheme of this person’s life.\(^1\) For example, engaging doesn’t mean just finding out what being a good parent looks like for the client; it begins by discovering what being a parent means and how that meaning fits into his or her life. It is upon this foundation of engaging that MI builds.

Let’s return to our river rafting metaphor to think about this area a little more. The three categories of what the processes provide—where, what, and how—are pretty straightforward. We are at the very beginning of this journey together, or if we’ve done this before, we are reentering the river together. What we are doing is getting used to being in the raft together and beginning to figure out how we will work with one another. Finally, the skills—create safety, ask and listen, and offer small bites of information—will help us understand what the client wants from this journey and, in turn, will allow the client to

\(^1\)Thanks to Stephanie Ballasiotes for this differentiation of depth and rapport.
begin experiencing us as a helpful guide in this process. We also learn about each client’s life and how the current situation fits within that big picture.

Engaging is a process that takes time as it builds the desired connection, relying on specific skills as it develops. The next few chapters help us shape and hone these skills. Before we turn to those chapters, however, we will do a couple of activities. The first activity focuses on how people and other factors might influence our work with clients. The second activity introduces Russell, with whom we’ll spend some time working with the engaging process to understand his situation in a little more depth. We will return to Russell later as we consider how interactions might differ at each point in the four processes (engaging, focusing, evoking, and planning).
**ACTIVITY IIa. Influences on My Work**

A lot of things may influence our work with others. In addition to our values as practitioners and our aspirations for clients, which are addressed in Exercise 2.3, there are other factors and people who affect how we work with clients. This activity asks us to consider how some of these may influence our processes in engaging and trusting clients.

Let’s begin by identifying important people in our lives. Here are some categories of influential people. Note there is an Other category for you to include people who are not represented. Please add names or initials of important people there.

Also, influence can be either positive or negative. There is no assumption here as to which it is, only that they have influenced us in an important manner.

Parents/caregivers: ...................................................................................................................

Siblings: ....................................................................................................................................

Other family members: .............................................................................................................

Friends: ....................................................................................................................................

Teachers/professors: ..................................................................................................................

Coaches: .....................................................................................................................................

Religious leaders: ......................................................................................................................

Bosses: ....................................................................................................................................... 

Other adults: .................................................................................................................................

Teammates: .................................................................................................................................

Spouses/partners: ....................................................................................................................... 

Boyfriends/girlfriends: ................................................................................................................

Military leaders: ..........................................................................................................................

Military buddies: .......................................................................................................................... 

Other: .........................................................................................................................................

(cont.)
Influences on My Work

From this group, choose the four or five people you consider the most influential in your life generally and write their initials in the first column. In the second column indicate each person’s view of the nature of people. In the third column, jot down how this person’s view affected your sense of people’s trustworthiness.

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<tr>
<th>Person</th>
<th>Person’s view of people</th>
<th>Influence on your willingness to trust</th>
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Now consider people who’ve influenced your views about clients and how you work with them. These may be professors, supervisors, coworkers, researchers, or theory builders. Choose the four or five who have most influenced how you think about and work with clients. Write a brief summary of each person’s view of clients and their trustworthiness. Then add how that view influenced your perspective of engagement and trust.

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<thead>
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<th>Person</th>
<th>Person’s view of clients and their trustworthiness</th>
<th>Influence on your view of engaging and trusting clients</th>
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Research has taught us that we also need to consider the influence of our current social context, which includes multiple levels of impact such as national identity, our local community, subgroups to which we may belong (e.g., racial/ethnic groups, religious affiliations, organizations, friendship groups), and even current events. These influences may be more or less direct, depending on their relationship to our identity. Nonetheless, they represent the water in which we swim.
Here’s an example. In America, an oft-articulated value is rugged individualism, where the individual is self-reliant and advances steadily, based on the merits of hard work. Although we could debate the accuracy of this assertion, nonetheless it influences how many Americans view people in general, their life circumstances, and the nature of their problems. Take a moment to consider some of these subtle and perhaps not-so-subtle influences on you.

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<tr>
<th>Context</th>
<th>Values about people</th>
<th>Influence on your values and sense of trust</th>
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Other contextual influences include popular media and advertising. Although an exploration of these factors is beyond the scope of this work, you might pay attention the next time you are exposed to these materials and consider what the messages say or imply about the nature of people in general.

Moving from the general to the more specific, let’s consider the situation in which you see clients and how this supports or impedes your ability to engage and trust your clients.

What is the stated philosophy about clients in your work situation?
What is the unstated philosophy about clients in your work situation?

What are the barriers to engaging clients (e.g., lack of privacy, client load, time together, number of sessions, referral circumstances)?

Now, let’s put all this information together.

What are my beliefs about trusting people generally?

What are my beliefs about trusting clients specifically?

How do these beliefs influence how I engage with clients?

As I consider all the influences in the last few pages, which ones serve me well in engaging with clients and I want to do more of?

Which ones might be getting in the way of my work and I might need to change?
Thinking back to the specifics of this section, how could I enhance these skill categories or integrate them differently than I am currently?

Create safety and welcome:

Ask and listen:

Offer information:
Introducing and Engaging with Russell

Russell is a 28-year-old, divorced father of two young girls (ages 8 and 6). He was in college when his then-girlfriend, Addie, became pregnant. They decided to marry and Russell left college to support his family. He found a decent paying but physically demanding job as a delivery driver at an international shipping and delivery company. He remains in that job.

Although they loved each other, it became clear to Russell and his wife that they’d acted hastily in marrying. They were not well suited to each other and two young children only added pressure to the fissures in their relationship. Despite couples counseling, it became apparent to both that their relationship would not work. Although their split was hard, it was not acrimonious. They try to work together to provide stability and consistency for their daughters. Still, there are differences in parenting styles that create conflicts between the two.

Russell lives in a small, two-bedroom duplex. The girls spend weekends with him and weekdays with their mother. He loves seeing the girls and misses them during the week. He also feels like he never gets a break, as he’s working fast and hard all week and then has two high-energy girls to manage all weekend long. He occasionally sees his old college friends on a Thursday night. Although he enjoys this social connection, he also envies their completed college degrees, greater pay, and more carefree lifestyles. He has been lonely at times and has been on only a couple of dates since he and his wife split 2 years ago. As he looks at his life, he sees his youth sliding past, an empty raft on the river of his responsibilities.

His company has a drug-free policy and requires random urine samples to enforce this policy. Last week his sample showed marijuana metabolites. Consistent with company policy, a human resources counselor at the company met with him. He’s now on probation and referred for four sessions to an outside counselor. The company pays for this time and does require a report about the work conducted, though not specific content. Also, the company does take seriously the risk of impaired drivers, and so it will now require more regular urine samples and will dismiss Russell for any additional “positive” (marijuana metabolites are present) urine samples in the next 6 months.

As noted previously, Miller and Rollnick (2013, p. 40) define “engaging” as “the process of establishing a mutually trusting and respectful helping relationship,” and they identify factors that promote engagement. Let’s translate this definition into some practical ways we might think about this process in relation to Russell.

What do you think Russell might be hoping will be the outcome of this work together? Name at least two possibilities.
What do you imagine might be three priorities in Russell’s life now? How might this work together fit or not fit with those priorities?

What are some of the strengths that you observe within him? Name at least three.

What do you guess might be some of his long-term aspirations? Name at least three.
Introducing and Engaging with Russell (p. 3 of 5)

What might get in the way of this client engaging with you? Name at least three factors.

Here is an opening discussion between Russell (R) and a counselor (C). Read the dialogue through. In the middle column, try to identify the general skill category the counselor employed. Note that in the category of “Ask and listen,” the response could be ask, listen, or ask and listen. The order may also be reversed: listen and ask. In the right-hand column, take some guesses about which, if any, of the four engaging factors the provider addressed. Finally, next to Russell’s responses, please add your guesses about how these provider comments affected him, using his responses as your guide.

<table>
<thead>
<tr>
<th>Skill category</th>
<th>Engaging element</th>
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</thead>
<tbody>
<tr>
<td>Create safety and welcome</td>
<td>Goals</td>
</tr>
<tr>
<td>Ask and listen</td>
<td>Importance</td>
</tr>
<tr>
<td>Offer information</td>
<td>Positivity</td>
</tr>
<tr>
<td></td>
<td>Expectations</td>
</tr>
</tbody>
</table>

C: How about a cup of coffee or tea?

R: No thanks. I’m good.

C: I am curious about what you know about this employee assistance process.

R: I don’t really know anything, except that this is what you have to do if you get a dirty UA [urine analysis].

C: And that’s what happened to you . . .

R: Yeah. They popped me.

C: And that was a surprise . . .

R: Well, the UA sure was.
C: You know, it seems like before we go much further, it would be good to talk about privacy here. What do you know about confidentiality here and what I share with your company?

R: Well, they told me this was for me and it's supposed to be private.

C: You sound as though you're not quite sure you believe that.

R: Let's just say I have some things at stake here.

C: Being too revealing could put those at risk . . .

R: Yep.

C: And you don't want to do that.

R: (Nods.)

C: I could provide a little detail about that, if it would be helpful.

R: Sure.

C: This is kind of a weird circumstance because the company tells you this is private, but then pays for my services and says I need to make a report.

R: Exactly.

C: And those things are true, but let me add a little texture to that. I do write a report. It indicates your name, the dates we saw each other, the amount of time we spent, and the general progress of the work. So, if we were to do that for today, the entry would go something like this: “We established the ground rules of working together.” I would not reveal anything more about what we talked about. What are your thoughts about that?

R: It does add a little more texture. (Laughs.)
Introducing and Engaging with Russell  

<table>
<thead>
<tr>
<th>Skill category</th>
<th>Engaging element</th>
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</thead>
<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

C:  *laughs.* And that helps.

R:  Yeah, it does. I wondered about that.

C:  And this might be a place where you could get what you wanted versus what the company wanted.

R:  Exactly.

C:  If we were able to accomplish that, working on what you wanted, what sorts of things might be helpful?

R:  I’m not really sure.

C:  You hadn’t really considered those possibilities.

R:  No. But, it would be good if I could find some ways to have a little down time.

C:  *laughs.* Yeah, without causing any more problems.

R:  *laughs.* Okay. That seems like an area that could be helpful for you. What else?

C:  Maybe spending some time on parenting tools and activities.

R:  Yeah, that would be really good.

C:  You’d like that.

R:  Yeah. That would be really good.

C:  All right. There may be other things as well, but before we go too far into those specific things, I’d like to step back and get the big picture of your life so I know how these things fit in. Tell me a little bit about your life away from work.
Sample Responses and Key for Activity IIb

These are not the answers for Russell, rather just possible answers. Use these just as a guide to see if you are picking up on some of what might lie below the surface for Russell.

What do you think Russell might be hoping will be the outcome of this work together? Name at least two.

1. Avoid additional risk at work.
2. Feel less pressure in his life.
3. Feel better able to parent his daughters.
4. Convince his superiors that he doesn’t have a drug problem.

What do you imagine might be three priorities in Russell’s life at the present time? How might this work together fit or not fit with those priorities?

1. Maintaining work
2. Providing stability at home
3. Being a parent to his daughters
4. Reducing stress

What are some of the strengths that you observe within him? Name at least three.

1. Hard worker
2. Accepts and embraces responsibility
3. Able to defer needs
4. Sense of humor
5. Ability to step back and see the big picture

What do you guess might be some of his long-term aspirations? Name at least three.

1. Finding some balance between work, parenting, and his own needs
2. Returning to college
3. Having more fun
4. Developing a social life

What might get in the way of this client engaging with you? Name at least three.

1. Talking about marijuana use could put his job at risk.
2. Uncertainty about what will be shared with his employer.
3. Feeling his problems are insoluble.
4. Uncertainty about what this counseling could provide him.

(cont.)
Opening discussion between Russell (R) and a counselor (C):

<table>
<thead>
<tr>
<th>C:</th>
<th>Skill category</th>
<th>Engaging element</th>
</tr>
</thead>
<tbody>
<tr>
<td>How about a cup of coffee or tea?</td>
<td>Create safety and welcome.</td>
<td>Positivity</td>
</tr>
<tr>
<td>R:</td>
<td>Neutral. Wary.</td>
<td></td>
</tr>
<tr>
<td>C:</td>
<td>I am curious about what you know about this employee assistance process.</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>R:</td>
<td>Neutral. No change.</td>
<td></td>
</tr>
<tr>
<td>C:</td>
<td>And that's what happened to you . . .</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>R:</td>
<td>Neutral. No change.</td>
<td></td>
</tr>
<tr>
<td>C:</td>
<td>And that was a surprise . . .</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>R:</td>
<td>Well, the UA sure was.</td>
<td>Neutral, except a little negative emotion added.</td>
</tr>
<tr>
<td>C:</td>
<td>You know, it seems like before we go much further, it would be good to talk about privacy here. What do you know about confidentiality here and what I share with your company?</td>
<td>Offer information. Ask and listen.</td>
</tr>
<tr>
<td>R:</td>
<td>Well, they told me this was for me and it's supposed to be private.</td>
<td>Offer factual information.</td>
</tr>
<tr>
<td>C:</td>
<td>You sound as though you're not quite sure you believe that.</td>
<td>Ask and listen. Create safety and welcome.</td>
</tr>
<tr>
<td>R:</td>
<td>Let's just say I have some things at stake here.</td>
<td>Offers his concerns and a hint at his priorities.</td>
</tr>
<tr>
<td>C:</td>
<td>Being too revealing could put those at risk . . .</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>C:</td>
<td>And you don't want to do that.</td>
<td>Ask and listen. Create safety and welcome.</td>
</tr>
</tbody>
</table>

(cont.)
### Sample Responses and Key for Activity IIb (cont.)

<table>
<thead>
<tr>
<th>Skill category</th>
<th>Engaging element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laughter reflects positive emotion and increased sense of safety.</td>
<td></td>
</tr>
<tr>
<td>Ask and listen.</td>
<td>Positivity.</td>
</tr>
<tr>
<td>Ask and listen.</td>
<td>Positivity. Importance.</td>
</tr>
<tr>
<td>Client continues to deepen engagement.</td>
<td></td>
</tr>
<tr>
<td>Ask and listen.</td>
<td>Goals. Importance.</td>
</tr>
<tr>
<td>Client offers another step in engaging.</td>
<td></td>
</tr>
</tbody>
</table>

R: *(Nods.*)* Possibly feels more understood.

C: I could provide a little detail about that, if it would be helpful.

R: Sure.

C: This is kind of a weird circumstance because the company tells you this is private, but then pays for my services and says I need to make a report.

R: Exactly.

C: And those things are true, but let me add a little texture to that. I do write a report. It indicates your name, the dates we saw each other, the amount of time we spent and the general progress of the work. So, if we were to do that for today, the entry would go something like this: “We established the ground rules of working together.” I would not reveal anything more about what we talked about. What are your thoughts about that?

R: It does add a little more texture. *(Laughs.*)* Providing a little more information about his concerns.

C: *(Laughs.*)* And that helps.

R: Yeah, it does. I wondered about that.

C: And this might be a place where you could get what you wanted versus what the company wanted.

R: Exactly. Client continues to deepen engagement.

C: If we were able to accomplish that, working on what you wanted, what sorts of things might be helpful?

R: I’m not really sure. Client offers another step in engaging.
Sample Responses and Key for Activity IIb (cont.)

<table>
<thead>
<tr>
<th>Skill category</th>
<th>Engaging element</th>
</tr>
</thead>
<tbody>
<tr>
<td>C: You hadn’t really considered those possibilities.</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>R: No. But, it would be good if I could find some ways to have a little down time.</td>
<td>Client engages more deeply.</td>
</tr>
<tr>
<td>C: You’re a busy man, and so finding ways to relax and have fun—without causing yourself trouble—would be great.</td>
<td>Ask and listen. Create safety and welcome.</td>
</tr>
<tr>
<td>R: (laughs.) Yeah, without causing any more problems.</td>
<td>Positive emotion continues.</td>
</tr>
<tr>
<td>C: (laughs.) Okay. That seems like an area that could be helpful for you. What else?</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>R: Well, the girls are great and I love having them, but they can also be a handful.</td>
<td>Offers additional depth.</td>
</tr>
<tr>
<td>C: Maybe spending some time on parenting tools and activities.</td>
<td>Ask and listen.</td>
</tr>
<tr>
<td>R: Yeah, that would be really good.</td>
<td>Adds emphasis on the importance of this area.</td>
</tr>
<tr>
<td>C: You’d like that.</td>
<td>Ask and listen. Create safety and welcome.</td>
</tr>
<tr>
<td>R: Yeah. That would help.</td>
<td>Confirms importance.</td>
</tr>
<tr>
<td>C: All right. There may be other things as well, but before we go too far into those specific things, I’d like to step back and get the big picture of your life so I know how these things fit in. Tell me a little bit about your life away from work.</td>
<td>Ask and listen.</td>
</tr>
</tbody>
</table>

Note the shift at the end of this conversation. This is a point where we could move into a premature focus. This question allows us to move out to the bigger picture of Russell’s life and through that process to understand more about who he is and what his priorities are. This is an important element of engaging: broadening the focus beyond the problem area.
Carl is 10 years old. This year is his first year playing baseball. He knows little of the game, but what he lacks in knowledge he makes up for in enthusiasm. He also has attention-deficit/hyperactivity disorder (ADHD), which makes it hard for him to focus this energy at practice and in the games. Although he has trouble catching the ball and throwing it consistently to a target, he desperately wants to pitch for his baseball team. His coach, despite reservations about Carl’s ability to succeed in the endeavor, assures him that he’ll get a chance to pitch; however, he also tells Carl that he needs to practice throwing strikes. Of course, Carl’s interest in pitching does not translate into regular practice at home, and so his accuracy doesn’t improve much. Still, the coach is true to his word, and one glorious day the moment arrives when Carl pitches an inning for his team. Carl experiences control problems and walks in four runs, the maximum number allowed per inning in this league. Undaunted, he walks into the dugout after his outing, his face beaming, and says, “Pretty good, eh, Coach? I even got one guy out.” The coach, standing at the dugout entrance as the team straggles in, says to Carl.

This coach has lots of options about how to respond, depending on what he wants to accomplish. If he thinks the important thing is for the kids to have fun, he might say, “That was pretty exciting, Carl.” Or maybe he thinks that kids need encouragement and success, thus leading to more interest and effort, in which case he might say, “You did a nice job getting that guy out. It takes toughness to pitch, and you showed it.” Or maybe he thinks that setting goals and working toward them are important, in which case he might say, “Yeah, you sure did get the guy out. So, if you wanted to work on getting two more outs, what would you need to work on for next time?” Or maybe the coach is interested in having Carl assess his pitching skills more realistically: “Carl, you did some things very well, and I thought there were some areas that could use some work. What did you think?” Of course, the coach
may think that winning is the most critical thing, which may lead to a more confrontational response: “Carl, you sure did get that guy out, and we need to get three outs in each inning for you to be an effective pitcher. So, I want to support your interest in pitching, and I need to see you throw strikes in practice before you pitch again.” These examples illustrate how the coach’s goal determines the response he selects, which in turn may produce very different reactions from Carl. We can easily see how Carl’s motivation to pitch and the direction that motivation takes might be quite different, depending on the coach’s response.

In MI we refer to these small responses as “core skills.” These skills are fundamental tools that counselors often have in their clinical repertoire but may overlook as they focus on other types of interventions. Yet, the strategic use of these skills can have dramatic effects on what happens during the course of an interaction.

OARS+I is the acronym used to describe these core skills: **Open-ended questions**, **Affirmations**, **Reflective listening**, **Summaries**, and **Information exchange**. Practitioners use OARS+I to intervene intentionally during a session. These skills can be used in the context of larger interventions or as a primary method of intervention. Furthermore, we use these skills strategically and purposefully to address or explore some topics (e.g., change talk) but not others (e.g., sustain talk); this is the *directional* aspect of using these skills. We will return to these ideas of being intentional and directional in the use of skills throughout this book. Because of the importance of reflective listening in doing MI well, this chapter focuses exclusively on it. Chapter 5 targets the OAS part of the core skills, and Chapter 8 addresses information exchange.

Reflective listening is the primary skill on which MI built. It is the mechanism through which practitioners convey their interest, empathy, and understanding of clients. Practitioners can express acceptance of the client and also gently challenge positions; they can encourage greater exploration or a shift away from a problematic statement. Reflective listening is typically used to engage clients and create momentum, which can then be channeled in directions that are productive.

Reflective listening looks deceptively easy, but it takes hard work and skill to do it well. As a trainer, my experience indicates reflective listening is often the area where practitioners need the most work but are least enthused about spending training time. Yet, without this skill, I don’t think it’s possible to do MI. In addition, my trainees and clients have taught me humility about reflective listening. Even as an experienced practitioner and trainer, I encounter times when my biggest problem is that I am not listening to what is being said. Thus, I benefit from opportunities at fine-tuning these skills, and I encourage you to spend some time in this area as well, even if this is a skill you already do well. Indeed, for the more skilled practitioner, this is an opportunity not only to generate reflections but also to practice doing so intentionally.

**A Deeper Look**

This discussion begins with a consideration of what reflective listening is *not*. Indeed, many of the skills used routinely in clinical work are not reflective listening. Thomas Gordon (1970) grouped many of these interventions into 12 areas that he called “roadblocks” (see
Figure 4.1). Gordon called these interventions “roadblocks” because he felt they obstructed or interfered with a client's forward movement and thus the momentum toward change. Asking questions—as we’ll see in the next chapter—is an important type of core skill, but questions cause clients to stop and reflect on the matter queried and thus halt their forward movement. Reflections, meanwhile, generally sustain the forward momentum, even when incorrect.

Some roadblocks can be quite useful in working with clients. Indeed, they may be appropriate interventions, but it’s important to recognize these interventions are not the same as listening. Praising is a good example. Most of us would agree there are times and places when praising clients is an important activity and should be encouraged. For example, we ask parents to praise children when they are doing well. Other interventions on this roadblock list may seem less credible. Most of us would avoid ridiculing our clients—but we might communicate our belief that they are making “bad” choices, which has an implication of disapproval. The problem, from the MI perspective, is not that practitioners must always avoid these things (though some are clearly less helpful than others), but rather we may employ too many of the roadblocks and too little reflective listening.

So if these interventions are not reflective listening, what is? To begin, it’s a way of thinking that includes interest in what the person has to say and respect for his or her wisdom. We start from this rather obvious position that each client knows more about him- or herself than we will ever know. Clients know far more about factors that have influenced their personality development, life choices, behaviors, attitudes, and beliefs than we do. Yet, there are also things that we can see that they do not. Moreover, there are parts that neither of us can see clearly nor know fully, which brings us to the iceberg.

We’ve all heard that icebergs—those large chunks of ice that float in the ocean—contain far more below the surface than what lies above it. Although the exact percentage of ice below the waterline amount varies by iceberg, the general notion remains true: There is far more below the surface than what we are seeing. Whereas it is a rather obvious simile to say that clients are like icebergs, it may be less intuitive to think about client statements in this manner. Let’s explore this idea.

A client makes a statement. Depending on our work circumstance and how we are feeling that day, we see (what we observe as the client communicates) and hear what the client says. This client statement is the part of the iceberg that lies above the water. Now, clearly things can interfere with this most basic process. With regard to actual icebergs, fog can interfere with the ability to see and hear accurately, as can nights that are particularly cold, clear, and starry. Indeed, it’s this latter condition, in combination with too much speed, that some assert led to the sinking of the Titanic. That is, the observers perceived a false horizon, which led to hitting the iceberg. Similarly, there can be things to either befog us or lead to our perceptions of a false horizon with a client. Let’s look at the example of Arthur, an unhappy teen brought to therapy by his parents to see how this might happen.

Suppose the practitioner asked Arthur how he felt about coming to therapy. Arthur might respond, “I’m not sure I buy this therapy crap.” There are several things that could interfere with our seeing and hearing his response accurately. For example, the practitioner could miss a part of what Arthur said. It may be an insignificant part; it may not. Perhaps
Thomas Gordon’s 12 Roadblocks

1. **Ordering, directing, or commanding**—A direction is given with the force of authority behind it. Authority can be actual or implied.

2. **Warning or threatening**—Similar to directing but carries an implication of consequences, if not followed. This implication can be a threat or a prediction of a bad outcome.

3. **Giving advice, making suggestions, providing solutions**—The therapist uses expertise and experience to recommend a course of action.

4. **Persuading with logic, arguing, lecturing**—The practitioner believes that the client has not adequately reasoned through the problem and needs help in doing so.

5. **Moralizing, preaching, telling clients their duty**—The implicit message is that the person needs instruction in proper morals.

6. **Judging, criticizing, disagreeing, blaming**—The common element among these four is an implication that there is something wrong with the person or with what has been said. Simple disagreement is included in this group.

7. **Agreeing, approving, praising**—This message gives sanction or approval to what is being said. This stops the communication process and may imply an uneven relationship between speaker and listener.

8. **Shaming, ridiculing, name calling**—The disapproval may be overt or covert. Typically, it’s directed at correcting a problematic behavior or attitude.

9. **Interpreting, analyzing**—This is a very common and tempting activity for counselors: to seek out the real problem or hidden meaning and give an interpretation.

10. **Reassuring, sympathizing, consoling**—The intent here is to make the person feel better. Like approval, this is a roadblock that interferes with the spontaneous flow of communication.

11. **Questioning, probing**—Questions can be mistaken for good listening. The intent is to probe further, to find out more. A hidden communication is the implication that if enough questions are asked, the questioner will find the solution. Questions can also interfere with the spontaneous flow of communication, directing it in the interests of the questioner but not necessarily the speaker.

12. **Withdrawing, distracting, humoring, changing the subject**—These divert communication and may also imply that what the person is saying is not important or should not be pursued.

**FIGURE 4.1.** Thomas Gordon’s 12 roadblocks. From *Parent Effectiveness Training* by Thomas Gordon, MD, copyright © 1970 Thomas Gordon. Used by permission of McKay, a division of Random House, Inc.
Reflective Listening

the dance studio, on the floor below, is revving up for the evening, and it’s a little harder to hear. Maybe the client spoke softly. Or perhaps the practitioner just finished a session with an especially intense client and is still trying to clear his head from that meeting. Maybe the last session went long and the practitioner rushed to check messages, write a note, and review the case materials, so he didn’t get a chance to use the bathroom, a break needed two sessions ago. Or maybe his back has begun to hurt from sitting all day. Each of the items on the list could befog the practitioner, causing a failure to see or hear Arthur’s communication clearly.

There are other factors that can create false horizons. The practitioner tries to make sense of what he heard. His experience with adolescents tells him that this young man is likely to be thinking or feeling certain things. Some of these likely thoughts or feelings may be accurate; others may not apply to this young man. The practitioner might expect that this young man to be reluctant about being here, since his parents insisted he come. He may read correctly the client’s body language and affective tone, but overinterpret its meaning. This client may remind the clinician of another client he found difficult to deal with and didn’t particularly like. These assumptions may lead him to choose a false horizon and not accurately perceive the iceberg.

How do we rectify these problems? The simplest and most direct way to check our perceptions is to make a statement of what we perceive of the iceberg. We reflect what we see and hear above the waterline. We’ll return to this idea momentarily, but first let’s explore a few basics about reflective listening.

Reflective listening involves making statements, not asking questions. The words may be exactly the same, but the delivery (and effect) is different. For example, say the following two sentences aloud:

“You’re not sure you want to be here?”

“You’re not sure you want to be here.”

Did you notice how your voice tone turned up at the end of the first sentence and down at the end of the second? This second sentence may feel presumptuous, but it is what reflective listening entails. The listener makes a guess to confirm or deny the meaning of what the speaker said. If not terribly off-target, this statement leads to clarification by the speaker and to greater exploration. It creates movement and momentum in the conversation. In contrast, questions interrupt the client’s flow. Think about your reasons for buying and reading this book, then respond to these two sentences:

“You want to learn about MI?”

“You want to learn more about MI.”

How did you to respond to these two sentences? What thoughts or feelings did they invite or evoke in you?

When using reflective listening, some people find it helpful to use standard phrases:
“So you feel . . .”
“It sounds like you . . .”
“You’re wondering if . . .”
“You . . .”

These phrases can be helpful in getting into the routine of using reflections, but be wary of using them routinely. Clients tire of them and may feel like you are “therapizing” them, if you don’t vary your routine. That is, you’re using a gimmick rather than truly working to understand them. This idea of “therapizing” also applies when we continually reflect what lies above the waterline of a client’s statement. Let’s return to Arthur to explore why this might be so.

Arthur comments, “I’m not sure I buy this therapy crap.” This statement is the part that lies above the water. We can simply respond, “You’re not sure you buy this.” It accurately responds to what Arthur has said. This surface (or technically known as “simple”) reflection stays very close to what the client has said. The statement adds little beyond what has already been stated, but communicates attention and interest. The practitioner statement uses the same words or very close to the same words the client used. Moyers, Manuel, and Ernst (2014) note that a simple reflection may “mark very important or intense client emotions, but do not go far beyond the client’s original statement” (p. 21). Similarly, summaries can be coded as simple reflections if the listener does not “add an additional point or direction.” Thus, surface reflections tend to stabilize the client and the communication, as well as keep the conversation alive.

However, consider what else might be going on under the waterline for Arthur. He might think, “I’m not sure if I want to be in therapy. It’s sort of weird talking to somebody I don’t know, especially about this stuff. Besides, how can I trust he won’t tell my parents what I say? But, if I don’t do this, my parents will rag on me even more than they do already. This sucks.”

Alternatively, Arthur may have trouble putting his thoughts together in a comprehensible manner. He may not fully understand all his thoughts and feelings. Or he may not connect all the elements that are influencing his thoughts and feelings. School may have been tough that day, and then Dad spent the ride to the office badgering him about his future. He doesn’t want to think about anything except being somewhere else. It may also be that he is not used to talking with adults. He may be a typical adolescent boy who will use shoulder shrugs and “I don’t knows” whenever possible to respond to adult queries. He may know there are multiple pieces, which he can say individually, but finds impossible to put together in an integrated thought. Or, he may be able to express all these things but is not ready quite yet to say them to a stranger. Still another possibility: He may feel so much resentment about being forced to come for therapy that he communicates things verbally that he may not feel fully (e.g., “I don’t buy this therapy crap”). All these things represent potential facets of the iceberg that lie below the surface for Arthur in his one brief statement.

In this example then, we can see the limits of the surface reflection. It responds to what the client has said, while communicating that we’re paying attention and hearing the state-
Reflective Listening

ment accurately. Yet, it does not communicate a deeper understanding of either who the client is or what the concerns are. Although it keeps the conversation alive, it does not move it forward. This does not mean that simple reflections should be abandoned. These reflections have great value, particularly in times of trouble for the practitioner, and can be done quite artfully, based on what the practitioner responds to. However, these are limited tools and if we use only these, the client (and we) will feel that the conversation is not progressing.

So, our challenge is to go below the waterline by changing the depth of our reflections. These deeper reflections address information that lies beyond what the client has said, but are reasonable based on what we think might lie below the surface. Figure 4.2 captures this idea of what lies above and below the waterline. By varying our depth, we deepen or raise the intimacy level of the session. This change also alters the affective tone of an interaction.

In general, the depth of reflection should match the situation. Early and late in a session, above the waterline reflections are typical. In the heart of a session, depth should be increasing. However, with someone struggling to control emotions, more surface-level reflections might be more appropriate. A basic guideline is the less you know what a person means, the more shallow the “dive” below the waterline.

Deeper reflections may go well beyond what the client has said. These types of reflections infer even greater meaning, possibly about the client’s feelings, and often cognitively reframe the information. Whatever the specifics of their content, these reflections must also contain additional depth, movement, or direction (according to MI coding systems), if they’re to be considered deeper (cf. Moyers et al., 2014). A deeper reflection adds to client self-understanding by putting elements in contrast to each other that the client might not have considered. Using Arthur’s statement again, a deeper reflection might be, “You’re frustrated by others making decisions for you.” Although this statement is short, it moves well beyond what the client has reported and opens the door to other directions of exploration. In this way, deeper reflections, when done well, move the conversation forward.

FIGURE 4.2. The iceberg.
Just as varying the depth of reflections is important in reflective listening, there are also benefits to either overstating or understating a reflection. An overstatement (i.e., an amplified reflection) may cause a person to back away from a position. This tool can be useful when a client takes a near absolute position. The practitioner gently and genuinely presses on the absolute or the discordant element to determine if this is an accurate stance. If the client backs away from the position, then the practitioner has created space for the client to consider alternatives, thereby subtly reframing the situation. If the client does not move, then it is simply an accurate reflection. For example, with Arthur, an amplified reflection might be, “So, from your perspective, things are going really well.” The importance of being genuine is clearly evident in this example. Any hint of sarcasm and Arthur will feel it and respond with anger or a counterargument. For this reason, practitioners often prefer understatement.

Understatement involves emphasizing statements at, or slightly below, the intensity that the client expresses them. Understatement often leads to a continuation and deepening of the topic. Leading and following align closely with these concepts, though they are not the same. When following, the practitioner stays slightly behind the client in terms of conversational direction. This technique typically involves understatement, as well as directional intent (i.e., by what is reflected and what is ignored), but it does not seek to lead the client to the next step. Leading involves moving slightly ahead of the client and supplying what is unstated, but implied, in the conversation. This technique is known as “continuing the paragraph.” The purpose of this technique is to move the client in a new and perhaps unrecognized direction. If we return to Arthur, a following response might be, “You’re annoyed your parents brought you here,” whereas a leading response could be, “You’re confused about why your parents want you here, and that’s information you might be interested in finding out.” In the first response, the practitioner follows the client’s direction, even as the focus on the client’s unstated emotion deepens the interaction. In the second response, the practitioner actively leads the conversation in a new direction the client has not articulated. Usually, practitioners will start with following, before moving to leading.

A double-sided reflection highlights the ambivalence in a client’s words. It may involve something said in the immediate past, stated earlier in a session, or articulated in prior conversation. The statement can include phrases such as “On the one hand you feel . . . and on the other. . . .” Whenever I use a double-sided reflection, I inevitably raise my hands like a scale and use them as visual representations of the two sides. I also teach people to start with the element that favors the status quo and end with the dimension that favors change, as this provides a natural stepping-off point for further exploration of change—if appropriate. It also takes advantage of recency. Research indicates that what is heard last is more likely to be remembered and influential in the conversation (cf. Cialdini, 2016). Also, I encourage people to beware of the conjunction used in this situation. “But” tends to dismiss everything that precedes it, whereas “and” acknowledges both sides as having merit. With Arthur, a double-sided reflection might be, “On the one hand, you’d rather not see me, and on the other, you’re aware that something may need to change before you can stop coming here.”

A final consideration in reflective listening is the use of metaphors. These are regarded as a deeper form of reflection because they typically move well beyond what the client has
said, while still containing the essence. The metaphor seems to allow clients to understand their situation in a new way while providing an organizational scheme and/or image for incorporating new data. A metaphor for Arthur might be, “So, it’s like a game where you are forced to play, but no one has told you the rules or even the point of the game.” This metaphor of a game provides a common situation that would make sense to Arthur (organizational element). This new framework then allows either Arthur or the practitioner to add ideas about how the situation needs to change (incorporating new data) for Arthur to feel comfortable. The metaphor provides new ways to understand and (potentially) respond to a situation. Figure 4.3 provides a brief recap of these different reflection types.

Some trainees express concern about “putting words into clients’ mouths.” They feel it is presumptuous and that it should be done with care, if at all. In essence, they wish to stay above the waterline. My sense is that MI (1) builds on taking guesses about what lies below the surface on that iceberg, (2) is done in the spirit of deepening both of our understanding, and (3) is necessary to move forward. Again, as long as these guesses are not wildly inaccurate, clients will typically respond to an off-target reflection with clarification and more information. Thus, it is my belief that practitioners should not be afraid of taking guesses and being wrong, but instead should add words that clients didn’t use. It is through this process that clients and we seem to come to a greater understanding of themselves, their needs and their behavior.

The exception to this substitution of language is the use of “hot” words. The nature of these words will vary by the work type and location. However, some words are universally hot within a culture (e.g., “manipulated”) and, regardless of the situation, will draw clients’ ire. It’s best to find a different word or phrase because these hot words are likely to immediately inflame discord.

<table>
<thead>
<tr>
<th>Surface</th>
<th>Lies above the waterline and uses the same words or very close to the same words the client used.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below the waterline</td>
<td>Moves well beyond the client’s words and presents information in a new light.</td>
</tr>
<tr>
<td>Feeling</td>
<td>Addresses the emotion either expressed or implied.</td>
</tr>
<tr>
<td>Amplified</td>
<td>Overstates what the client has said, often increasing the intensity by pressing on the absolute or resistant element.</td>
</tr>
<tr>
<td>Double-sided</td>
<td>Reflects both parts of the client’s ambivalence.</td>
</tr>
<tr>
<td>Continuing the paragraph</td>
<td>Moves the client in a new and perhaps unrecognized direction.</td>
</tr>
<tr>
<td>Metaphor</td>
<td>Provides a new way of thinking about the situation that typically moves well beyond what the client has said, but still contains the essence.</td>
</tr>
</tbody>
</table>

**FIGURE 4.3.** Types of reflections.
Concept Quiz—Test Yourself!

True or false:

1. T F OARS+I are basic MI skills.
2. T F OARS+I are unique to MI.
3. T F Reflective listening is a critical skill in MI.
4. T F Within MI, reflective listening is intentional and directional.
5. T F Good reflective listening involves repeating only what clients say.
6. T F It’s important to use a variety of reflection forms.
8. T F You should move quickly into leading clients, if possible.
9. T F Accurate reflections can include elements that a client doesn’t say.
10. T F You should be careful about taking guesses regarding what clients mean.

Answers

1. T OARS+I are referred to as the “core skills” of MI and are basic to good MI practice.
2. F Although a foundation of MI, these skills are not unique to MI. Indeed, many practitioners learn these skills in an introduction to interviewing course. What may be unique to MI is the directional and intentional use of these skills.
3. T Although reflective listening is one of many tools, it is also the backbone of MI. Many trainers believe that you must be proficient in reflective listening to do MI. Research suggests that not only frequency but depth of reflections distinguish expert from novice MI therapists.
4. T Indeed, this is an area where strictly person-centered therapy and MI part ways. The skilled MI therapist works strategically to help deepen and move the conversation forward. Research supports this approach in helping clients move toward change.
5. F Although surface reflections may stay very close to what clients say, there is nothing more annoying to clients than a therapist who keeps repeating back only what they said.
6. T You should vary the depth of your reflections, as well as using under- and overstatement and leading and following.
7. T The key to offering effective amplified reflections is working gently and genuinely; failure to do so will engender resistance.
8. F Leading too quickly is a form of inaccurate listening—the practitioner tries to insert his or her agenda rather than trying to understand the client.
9. T  Absolutely! Reflections should include information that moves beyond the words the client uses—these additions deepen the reflections.

10. F  Although you should not be careless or callous, guesses should be made. This process allows us to go below the waterline and to deepen our mutual understanding of concerns while (potentially) providing a way forward.

**In Practice**

Note the following interchange with an adolescent client. This young man was brought to treatment because of significant conflict between himself and his father. His father wanted him “fixed,” noting that he was “belligerent” and “without morals.” The young man’s aim was to be left alone.

Notice the practitioner’s questions and statements and the client’s responses. This example shows how subtle practitioner behaviors lead to engaging the client, and through this process, openings emerge for focusing the work. A few of the other core skills (OAS) are also evident.

**Statement**

P: How’s your week been?

C: Pretty good.

P: Tell me about it.

C: Nothing much’s been happening, really. Just hanging out and seein’ my friends. Well, I guess there was the deal between me and my dad. It was no big deal really. You know—I just don’t get him.

P: So, it was no big deal, but something happened.

C: Yeah. He said I couldn’t go out one night, but I’d already made plans. It was just this power trip thing. We got in an argument, and he told me to go to my room. I got mad and split instead. When I got home he’d packed up my brothers and taken them to the cabin for the weekend without me. Things have been better since then.

P: It was actually an improvement.

**Commentary**

Open-ended question.

Minimal response.

An open-ended question.

More information; slips in data about an event with Dad.

Above the waterline. Surface reflection.

Client continues to reveal more data.

Below the waterline. Amplified reflection.
C: Well, I guess so. I don’t know. I mean, he does this name-calling and mocking stuff, and I guess I do it back, which isn’t such a good idea—but it pisses me off. It’s immature.

P: Maybe it was and maybe it wasn’t, but name-calling and mocking really bug you.

C: Yeah, it’s so immature—like calling us slobs or losers and being sarcastic. I just can’t stand people who are hypocrites—that’s a strong word—but that’s what it feels like.

P: Someone you want to trust, but can’t quite . . .

C: Right. I think my word is my bond. If I say I’m going to do something, I do it. Like, for example, this summer I hit this kid’s car with my scooter and put a dent in the door. You’re not going to tell my parents this, right?

P: Right, not unless there’s a danger to you or to someone else.

C: So, I told him I would pay for it. He had to have the door replaced and painted. Well, in the meantime, I wrecked my truck, and I guess his parents felt sorry for me so they said I didn’t have to pay them back. But I made a promise, so I am going to keep it. I need to get a job and start paying it off. It’s about $500, so it’s a lot of money.

P: You’re willing to keep your word, even if others don’t hold you to it and if it costs you something. This is an important value to you. I’m wondering where you got that from . . .

C: I don’t know. My mom, I guess, though my dad can be okay, too.

P: Okay, so it was probably Mom, though you and your dad aren’t always like this.
C: Yeah.
P: So, let me see if I understood all this stuff. You . . . Starts to summarize.

The end of this interchange feels hopeful. This young man, whom Dad had described as belligerent and without morals, displays a clear sense of values and behavior that is consistent with these values, even when others may not hold him accountable. This, in addition to the discovery of his ambivalence about his father’s departure, suggests possible motivational discrepancies. If you were to compose a summary of this interchange, what element might you add that would go below the waterline?

Try This!

These exercises will walk us through a series of listening experiences, progressing from the least complex to the most subtle. Although you do not have to start at the beginning, each activity builds on the preceding exercise. The beginning exercise involves spotting what is and is not listening. In MI, we encourage practitioners to use clients as trainers. That is, we use clients’ reactions to teach us about what we’re doing well and where we need to do some more work. However, to do this, we must be good observers of our own and our clients’ behaviors. We begin building this observational skill by watching other people work—specifically, popular TV talk-show hosts. You can watch in real time or a taped version, though I encourage recording because a tape allows more opportunity to control the speed of the process. Then we move into practicing going below the iceberg’s waterline. Specifically, we generate ideas about what is on the lower parts of the iceberg. This exercise pushes us to consider more deeply a client’s words; the follow-up then asks us to create reflections based on those observations. The next exercise asks us to take this one step further by generating reflections that are intentional. That is, we practice emphasizing different aspects of the same statement and thereby begin influencing where the conversation will go. We then move into an activity that asks us to integrate all these steps into creating more complex reflective responses. This practice helps to build that reflective listening muscle by including greater depth or emphasizing different aspects of the communication. Finally, all this written practice leads to an exercise in which we have a real conversation and work to be intentional in our use of listening.

Exercise 4.1. Watching for Roadblocks

Tuning your receptors to detect roadblocks can be a very helpful first step in becoming more conscious of when you use these roadblocks in your interactions. However, it would be impolite to pull out a coding sheet and begin tracking conversations with your friends, neighbors, or family. A better approach is to use TV or radio talk shows on which hosts inter-
view guests. You might choose a program whose host has a reputation for being a “tough” interviewer. You are likely to observe both excellent listening and Gordon’s (1970) roadblocks. After reviewing Exercise 4.1 (at the end of the chapter), watch an episode of a talk show and note every time hosts use a reflective listening comment and each time they use a roadblock. Keep in mind that roadblocks are not necessarily bad things, and hosts may be quite successful in using these with their guests. However, they do stop forward momentum and can generate discord between interviewer and interviewee. If possible, choose a program on which the host is working with someone on a problem. Since the program is likely to move quickly, you may consider recording it so that you can stop and think about your answers. Or, you could put a recorder next to your radio and record a show. Podcasts will also work. If you still find that these methods don’t work for you (e.g., you’re not an auditory learner), you might see if a transcript of a show is available and use this written format. Tally your scores and answer the questions that follow.

**Exercise 4.2. Watching for Listening**

This is the second part in tuning your ear for listening. Again, choose a TV, podcast, or radio program on which a host interviews guests. This time focus on observing and listening. If video is available, watch for a few minutes without the sound to see how the interviewer communicates interest and caring. Then turn the sound on and count reflections. Again, you might record this program so that you can slow down the process. Transcripts may also be helpful if you find that the interaction moves too quickly.

**Exercise 4.3. Tip of the Iceberg**

When a client makes a statement, there is the part we can see and hear; that is, what we observe as the client communicates and the words he or she uses. However, such statements may be the tip of the iceberg of what the client is thinking and feeling as he or she makes this statement. This exercise asks you to look at the tip of the iceberg and then to make some guesses about what lies below the waterline. You will find client statements on the Exercise 4.3 worksheet, to which you respond with guesses about what these statements could mean. You are encouraged to think broadly. This exercise makes explicit a process that will occur implicitly as you begin making more refined reflections.

**Exercise 4.4. Reflecting Off the Iceberg**

This exercise takes the next step in forming reflections. We take the guesses we made in Exercise 4.3 and now form these into reflective listening statements. At times this will be as simple as changing the word “I” to “you.” At others, we may choose to take the statement even more deeply under the iceberg. This is an opportunity to practice forming reflections, so I encourage moving beyond simply substituting words. If all we do is change “I” to “you,” we may not be taking full advantage of this opportunity to strengthen the reflective listening muscle.
Exercise 4.5. Intentional Reflecting

MI is intentional and directional. So, in addition to taking a guess at what is being said by the person, a reflection (in MI) will attend to certain aspects of a client statement and not others. This process allows the practitioner to focus on motivating pieces of the interchange. However, to be directional, we must first be able to recognize and respond to these parts. This exercise asks us to answer client statements with reflections that use different elements of what is being said. For each client statement, we will generate three reflections—each focusing on a different part of the communication. Notice how when we pay attention to different elements (i.e., we’re intentional), we can lead the conversation in different directions (i.e., we’re directional). Later in the book we will work more on directionality, but for now our focus is on intentionality.

Exercise 4.6. Going Below the Waterline: Deepening Reflections

The prior exercises asked us to guess what might lie below the waterline and to then turn these into reflections. Next we worked at noticing and responding intentionally to different parts of a client statement. Now we will take this process one step further and integrate these different elements while being intentional about how we reflect. Our aim is to move beyond the immediate content and add greater depth and complexity to the communication. Again, we will make educated guesses at what is implied by the client words (what lies below the waterline), and we will use specific forms of reflections in this process.

Exercise 4.7. Targeting Reflections: Engaging

Now that we’ve had considerable practice forming and deepening reflections, we turn our attention to practicing how to form reflections that draw clients into the engaging process. Once again, read the client statement and then form two different reflections. This time, however, word reflections in a way that fosters engaging. Do not worry about focusing, evoking, or planning. (Feel free to thumb back through the chapter and prior section to refresh recall in any area.)

Exercise 4.8. An Intentional Conversation

This exercise asks us to try out the listening skills we’ve been developing through written techniques. Put simply: We listen, instead of doing other things, and then observe how this listening affects the interaction. To make this exercise most effective, choose a situation in which you would normally be inclined to give advice. This “pull” to give advice may be hard to ignore, but see what can be accomplished just by listening. It often helps to select the context of the conversation ahead of time (e.g., when my partner and I talk tonight; when my coworker complains about the boss; when my child justifies why homework was not completed). Use the worksheet to prompt your thinking afterward. When I have used this exercise in workshops, people have returned to say that they had found out things they hadn’t known in 20 years of marriage. Listening can have profound effects! However, if the
exercise doesn’t go as well as you would have liked, don’t worry. This is practice and can always be repeated.

Partner Work

Many of the exercises described in “Try This!” can also be used as part of partner work, too. For example, you might record a TV show and code the conversations together. When you get to a difficult-to-code comment, stop the tape and discuss what you are finding problematic. With Exercises 4.3 and 4.4, each of you can fill out the sheets and then each give your response, describing your thinking behind it. Or you can watch a TV show recording and stop after each “client” statement. Generate a reflective response you might use. To increase variety, you could also try generating several reflections of greater depth or complexity.

In an alternative exercise, you might have your partner make a statement that describes a quality about him- or herself and then you keep using the “You mean . . .” approach to guess at what this means to your partner. The catch is, your partner can answer only yes or no. Do this until either you can’t generate any more hypotheses or your partner thinks you’ve got it. In another version your partner responds only with “warmer” or “colder” as your statements move closer (warmer) or further (colder) from the central idea or ideas your partner had in mind.

You can also practice intentional listening with your partner. Ask your partner to describe a recent weekend, and you use only reflective listening statements. See if you can go 5 minutes without asking a question. You can also have your partner describe something he or she is struggling to change. Choose only material your partner feels comfortable sharing.

Once you feel at ease with this type of intentional listening, try it out with clients. If you tend to work in a very different manner, this shift may be noticeable to them and they may ask you about it. You can inform them that as part of professional development, you work to improve your skills, and this is part of that process. In this case, you are making sure that you are really being attentive to what the client is telling you. If you have the resources—and approval (client and agency)—you might also tape these sessions for your own review. Use your rating sheets for Exercise 4.2 to code what you are doing. You might also include your partner in this process. Remember, it is easy to focus on the negative when you hear your own work. So, focus your attention on what you are doing well and what you want to do more often in the next encounter. Ask your partner for tips when you get stuck.

Other Thoughts . . .

The core skill of reflective listening looks easier than it is. Said another way, reflective listening is simple, but that doesn’t mean it’s easy. If it feels like you get nowhere when using listening only, you’re probably sticking too closely to what the person said. You’re staying above the waterline. Take some guesses at what’s below the waterline. There is no substitute for practice in this area.
What is it about listening that is helpful? This is an excellent question and a full answer is well beyond the scope of this book. A brief answer is, we help clients organize and understand their experiences. Our job is not just repeating back what we have heard, but also putting it into structures clients can use to help solve problems and move forward. Some therapists would describe this process as “creating a coherent narrative.”

There are obviously other important aspects of listening. Rogers (1980) wrote about the power of the experience of having another carefully listen to you. Consider from your own life: When you’ve been well listened to, has this been helpful? If so, what provided the benefit?
EXERCISE 4.1. Watching for Roadblocks

Tuning your receptors to detect roadblocks can be a very helpful first step in becoming more conscious of when you use these roadblocks in your interactions. In this exercise you will use TV, podcast, or radio talk shows on which hosts interview guests as your raw material. You might also use YouTube videos. Consider choosing a program whose host has a reputation for being a “tough” interviewer. You are likely to observe both excellent listening and Gordon’s roadblocks. Keep in mind that roadblocks are not necessarily bad things, and hosts may be quite successful in using these with their guests. However, they do stop forward momentum and can generate discord between interviewer and interviewee.

Here are the steps:

1. Review the roadblocks listed below.

2. Watch an episode of a talk show, podcast, or listen to a radio show. If possible, choose a program whose host is working with someone on a problem.

3. Note every time hosts use a reflective listening comment, and each time they use a roadblock.

4. Since programs move quickly, you may consider recording so that you can stop the show to think about your answers. Or you could also put a handheld recorder next to your radio and record a show. Downloading a podcast is another option.

5. If you still find that these methods don’t work for you (e.g., you’re not an auditory learner), you might see if a transcript of a show is available and use this written format.

6. Tally your scores and answer the questions that follow.

<table>
<thead>
<tr>
<th>Thomas Gordon’s 12 Roadblocks</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ordering, directing, or commanding</strong>—A direction is given with</td>
<td></td>
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<tr>
<td>the force of authority behind it. Authority can be actual or implied.</td>
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<tr>
<td><strong>Warning or threatening</strong>—Similar to directing but carries an implication of consequences, if not followed. This implication can be a threat or a prediction of a bad outcome.</td>
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</tr>
<tr>
<td><strong>Giving advice, making suggestions, providing solutions</strong>—The interviewer uses expertise and experience to recommend a course of action.</td>
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<tr>
<td><strong>Persuading with logic, arguing, lecturing</strong>—The interviewer believes that the person has not adequately reasoned through the problem and needs help in doing so.</td>
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</tr>
<tr>
<td><strong>Moralizing, preaching, telling clients their duty</strong>—The implicit communication here is that the person needs instruction in proper morals.</td>
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</tr>
<tr>
<td><strong>Judging, criticizing, disagreeing, blaming</strong>—The common element among these four is an implication that there is something wrong with the person or with what has been said. Simple disagreement is included in this group.</td>
<td></td>
</tr>
<tr>
<td>Watching for Roadblocks (p. 2 of 3)</td>
<td></td>
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<tr>
<td>-----------------------------------</td>
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</tr>
<tr>
<td><strong>Agreeing, approving, praising</strong>—This message gives sanction or approval to what is being said. This stops the communication process and may imply an uneven relationship between interviewer and person.</td>
<td></td>
</tr>
<tr>
<td><strong>Shaming, ridiculing, name calling</strong>—The disapproval may be overt or covert. Typically, it’s directed at correcting a problematic behavior or attitude.</td>
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</tr>
<tr>
<td><strong>Interpreting, analyzing</strong>—This is a very common and tempting activity for interviewers: to seek out the real problem or hidden meaning and give an interpretation.</td>
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</tr>
<tr>
<td><strong>Reassuring, sympathizing, consoling</strong>—The intent here is to make the person feel better. Like approval, this is a roadblock that interferes with the spontaneous flow of communication.</td>
<td></td>
</tr>
<tr>
<td><strong>Questioning, probing</strong>—Questions can be mistaken for good listening. The intent is to probe further, to find out more. A hidden communication is the implication that if enough questions are asked, the questioner will find the solution. Questions can also interfere with the spontaneous flow of communication, directing it in the interests of the questioner but not necessarily the person.</td>
<td></td>
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<tr>
<td><strong>Withdrawing, distracting, humoring, changing the subject</strong>—These directly divert communication. They may also imply that what the person is saying is not important or should not be pursued.</td>
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</tbody>
</table>

**Total Roadblocks**

**Total Reflections (surface and below the waterline)**

---

Here are some questions you might consider as you reflect on this material:

How many roadblocks and reflections did the interviewer use? Are these numbers different? What do you make of that difference?

Where did you have difficulty differentiating reflections from roadblocks?
When did you find yourself agreeing with the interviewer in use of a roadblock?

At what points did you observe discord between the interviewee and interviewer? What was the interviewer doing prior to that happening?
EXERCISE 4.2  Watching for Listening

This is the second step in tuning your ear for listening. Again, choose a TV, podcast, or radio program (or YouTube video) on which a host interviews guests. This time focus on observing the host’s listening skills (or lack thereof).

1. Begin by watching the first 3–5 minutes of the host’s interaction with a guest without the sound (if you’re using a video source). Notice what he or she does to communicate interest and caring.

2. Now turn the sound back on and count the number of reflections used. You can employ the same form as you did for the previous exercise, or you can use the Exercise 4.2 form, which includes different types of reflections.

3. Again, you might record this program so that you can slow down the process. Transcripts may also be helpful if you find that the interaction moves too quickly.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Number</th>
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<tr>
<td>Surface</td>
<td>Stays very close to what the person has said; communicates interest and stabilizes the client.</td>
<td></td>
</tr>
<tr>
<td>Below the waterline</td>
<td>Goes well beyond what the person has said and may not use the same words; often cognitively reframes the material, infers greater meaning, and may include feelings.</td>
<td></td>
</tr>
<tr>
<td>Amplified</td>
<td>Pushes on an absolute statement by the person; may back the person away from this position.</td>
<td></td>
</tr>
<tr>
<td>Double-sided</td>
<td>Acknowledges both sides of the person’s ambivalence.</td>
<td></td>
</tr>
<tr>
<td>Metaphor</td>
<td>Moves well beyond content to provide a model for understanding.</td>
<td></td>
</tr>
<tr>
<td>Roadblocks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions to consider:

What types of reflections does the host tend to use?

Were some reflections more effective than others? If so, what made them more effective? If not, what do you think got in the way?

When the host doesn’t use reflections, what tends to happen with guests?

If you viewed two different shows for Exercises 4.1 and 4.2, how were the hosts the same or different in their use of reflections and roadblocks?
EXERCISE 4.3. **Tip of the Iceberg**

When clients make a statement it may represent the tip of the iceberg about what they are thinking and meaning. For the following statements generate at least five guesses about what might lie below the waterline for this statement. Write these guesses as statements the client might make.

*Example:* *I am an organized person.*

- I like things orderly.
- I rely on routines.
- I don’t like when things change unexpectedly.
- I like my desk neat.
- I think logically.

Notice that several of these statements stay close to the waterline, while others go much deeper on the iceberg. That is, they go well beyond what *organized* might mean. Some may be wrong, though all acknowledge some component of what could be considered organized. This process allows us to find where the edges of that iceberg might lie.

Now try going below the surface with the following sentences. Try to generate at least five statements for each.

- *I don’t like conflict.*
  1.  
  2.  
  3.  
  4.  
  5.  

(cont.)
I have a sense of humor.
1. 
2. 
3. 
4. 
5. 

I let things bother me more than I should.
1. 
2. 
3. 
4. 
5. 

I am loyal.
1. 
2. 
3. 
4. 
5.
Sample Responses for Exercise 4.3

I don’t like conflict.

I am uncomfortable when people disagree.
I work hard to resolve differences.
I avoid confrontations.
I look for ways to work together.
My anger scares me.

I have a sense of humor.

I like to laugh.
I find humor in daily life.
Humor helps me lighten the load.
Laughing is something I do easily.
I don’t take myself too seriously.

I let things bother me more than I should.

My reactions are part of the problem.
I waste energy at times.
I am sensitive.
I am too sensitive.
I wish I didn’t worry about what others think.

I am loyal.

I stand by people.
I stand by people when maybe I shouldn’t.
If someone makes a mistake, I am forgiving.
I value loyalty in others.
It makes me angry when others switch allegiances.
EXERCISE 4.4. Reflecting Off the Iceberg

In Exercise 4.3, you generated guesses about what might lie below the waterline in a client statement. You wrote these guesses as statements the client might make. Now, practice converting these answers into reflective listening statements you might make to the person. For some responses, this might simply involving changing “you” to “I.” However, for others you might take more of a guess.

Here’s an example:

I am an organized person.

I like things orderly ........................................ You like things in their places.
I rely on routines ............................................. You rely on routines.
I don’t like when things change unexpectedly ................. Change throws you off your game.
I like my desk neat ........................................... You feel better when your space is organized.
I think logically .................................................... This reflects your thinking, too.

Notice how, in crafting these statements, some stay close to the waterline, whereas several went deeper on the iceberg. That is, they go well beyond what the original guess about what organized might mean. Some may be wrong, though all acknowledge a component of what could be considered organized. This process allows clients and us to find where the edges of that iceberg might lie. Now, it’s your turn. Return to Exercise 4.3 and generate a reflective listening statement for each. If the sheet gets too crowded, copy your guesses over to another sheet of paper and write your reflections next to them.
Sample Responses for Exercise 4.4

**I don’t like conflict.**
I don’t like conflict.  
I am uncomfortable when people disagree.  
I work hard to resolve differences.  
I avoid confrontations.  
I look for ways to work together.  
My anger scares me.  

I make you uncomfortable when people disagree.  
You’re a peacemaker.  
Confrontation makes you nervous.  
You look for common ground.  
Anger scares you.

**I have a sense of humor.**
I like to laugh.  
I find humor in daily life.  
Humor helps me lighten the load.  
Laughing is something I do easily.  
I don’t take myself too seriously.  

Laughing helps you feel alive.  
You look for humor in the things around you.  
Your load feels lighter when you laugh.  
Laughing feels natural to you.  
You don’t take yourself too seriously.

**I let things bother me more than I should.**
My reactions are part of the problem  
I waste energy at times.  
I am sensitive.  
I am too sensitive.  
I wish I didn’t worry about what others think.  

Sometimes your reactions cause you problems.  
You don’t want to waste energy.  
You’re easily bruised.  
You’d like to your skin to be thicker.  
You’d like to not worry about what others think.

**I am loyal.**
I stand by people.  
I stand by people when maybe I shouldn’t.  
If someone makes a mistake, I am forgiving.  
I value loyalty in others.  
It makes me angry when others switch allegiances.  

You stand by people.  
You stand by folks, even when maybe you shouldn’t.  
You’re able to forgive mistakes.  
That’s also a quality you value in others.  
And it bothers you a lot when others are not.
EXERCISE 4.5. **Intentional Reflecting**

Read the sentence and write down three responses. Each response should emphasize a different aspect of the statement. Here is an example that breaks out the part of the sentence to which each reflection corresponds. You need only write the reflection in your practice.

**It’s been fun, but something has got to give. I just can’t go on like this anymore.**

1. “It’s been fun . . . ” You’ve enjoyed yourself.
2. “But something has to give . . . ” You’re worried about what might happen.
3. “I just can’t go on like this anymore . . . ” It’s time for a change.

**I know I could do some things differently, but if she would just back off, the situation would be a whole lot less tense. Then these things wouldn’t happen.**

1.

2.

3.

**I’ve been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple of drinks.**

1.

2.

3.
So, I’m not too worried, but it’s been over a year since I’ve had an HIV test.

1. 

2. 

3. 

I know I’m not perfect, but why do they have to always tell me what to do. I’m not 3!

1. 

2. 

3. 

My daughter thinks smoking marijuana is no big deal. After all, more and more places are making it legal is what she says. She just doesn’t get why I won’t back off.

1. 

2. 

3.
Sample Responses for Exercise 4.5

For clarity, the part of the sentence to which each reflection corresponds is shown.

I know I could do some things differently, but if she would just back off, the situation would be a whole lot less tense. Then these things wouldn’t happen.

1. “If she would just back off . . .” You wish she would give you some space.
2. “The situation would be a whole lot less tense . . .” You’d like things to be less tense.
3. “I know I could do some things differently . . .” You could do some things differently.

I’ve been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple of drinks.

1. “I’ve been depressed lately . . .” You’ve been feeling down.
2. “Nothing seems to work, except having a couple of drinks . . .” Drinking works in the short-term.
3. “I keep trying things other than drinking to help myself feel better . . .” You might like it if something other than drinking worked.

So, I’m not too worried, but it’s been over a year since I’ve had an HIV test.

1. “It’s been over a year . . .” It’s been awhile.
2. “Since I’ve had an HIV test . . .” You’re wondering about your HIV status.
3. “I’m not too worried . . .” You’re a little worried.

I know I’m not perfect, but why do they have to always tell me what to do. I’m not 3!

1. “I know I’m not perfect . . .” Sometimes you make mistakes.
2. “Why do they have to always tell me what to do . . .” It bugs you when they tell you what to do.
3. “I’m not 3!” You feel like you’re being treated as a child.

My daughter thinks smoking marijuana is no big deal. After all, more and more places are making it legal is what she says. She just doesn’t get why I won’t back off.

1. “My daughter thinks smoking marijuana is no big deal.” Her marijuana use is a concern.
2. “More and more places are making it legal is what she says.” She’s been arguing with you.
3. “She just doesn’t get why I won’t back off.” She doesn’t see how much you care.
EXERCISE 4.6.  Going Below the Waterline: Deepening Reflections

Read the sentence stems and write down each of the response types listed. Note that sometimes certain reflections may not fit as well (e.g., amplified reflections). Try to create one anyway. Here is a reminder of each form:

Below the waterline: Moves well beyond the client’s words and presents information in a new light.
Amplified: Overstates what the client has said, often increasing the intensity by pressing on the absolute or resistant element.
Double-sided: Reflects both parts of the client’s ambivalence.
Feeling: Addresses the emotion either expressed or implied.

Here’s an example:

It’s been fun, but something has got to give. I just can’t go on like this anymore.

Below the waterline: So, the fun has come at a cost.
Amplified: You’ve had the time of your life.
Double-sided: On the one hand, you’ve had a good run, and on the other, you can see that it’s coming to an end.
Feeling: You’re worried about where this is taking you.

I know I could do some things differently, but if she would just back off, the situation would be a whole lot less tense. Then these things wouldn’t happen.

Below the waterline:

Amplified:

Double-sided:

Feeling:

I’ve been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple of drinks.

Below the waterline:

Amplified:
So, I’m not too worried, but it’s been over a year since I’ve had an HIV test.

Below the waterline:

I know I’m not perfect, but why do they have to always tell me what to do. I’m not 3!

Below the waterline:

My daughter thinks smoking marijuana is no big deal. After all, more and more places are making it legal is what she says. She just doesn’t get why I won’t back off.

Below the waterline:
Sample Responses for Exercise 4.6

I know I could do some things differently, but if she would just back off, the situation would be a whole lot less tense. Then these things wouldn’t happen.

Below the waterline: You would like your situation to be different.
Amplified: It feels like she’s totally responsible for it; like this is really her fault.
Double-sided: So, she played a part in what happened, and you know there are parts you might want to do differently.
Affective: You’re upset about this situation.

I’ve been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work, except having a couple of drinks.

Below the waterline: You keep looking, despite the lack of success, for ways other than drinking.
Amplified: Drinking is the only possible way.
Double-sided: Drinking helps in the short-term, and part of you recognizes that this may not be a great long-term strategy.
Affective: You’re frustrated by the lack of payoff on your hard work.

So, I’m not too worried, but it’s been over a year since I’ve had an HIV test.

Below the waterline: You’ve had some risky behavior.
Amplified: It’s no concern to you.
Double-sided: You feel you’ve been pretty safe, while also recognizing there has been some risk.
Affective: It’s like there is always a little uncertainty—a little fear—since you’ve chosen to be sexually active.

I know I’m not perfect, but why do they have to always tell me what to do. I’m not 3!

Below the waterline: They are the parents you don’t want to have.
Amplified: They don’t let you make any choices.
Double-sided: It feels like they’re being pretty bossy, and, at the same time, you know there are some things you could do better.
Affective: And as your anger grows, you may end up feeling like a 3-year-old who wants to pout and say “no.”

My daughter thinks smoking marijuana is no big deal. After all, more and more places are making it legal is what she says. She just doesn’t get why I won’t back off.

Below the waterline: She doesn’t see your concern, only “meddling.”
Amplified: You see some really big problems ahead for her.
Double-sided: On the one hand, you want to help your daughter, and, on the other, you can see that your methods are causing some conflict.
Affective: You’re scared about what might happen to her.
EXERCISE 4.7  Targeting Reflections: Engaging

Now that we’ve had considerable practice forming and deepening reflections, we turn our attention to practicing the forming of reflections that target clients in the *engaging* process. Once again, read the client statement and then form two different reflections. This time, however, word reflections in a manner that fosters *engaging*. Do not worry about *focusing*, *evoking*, or *planning*. (Feel free to thumb back through the chapter and prior section to refresh recall in any area.)

1. *I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.*

   Reflection A:

   Reflection B:

2. *Marijuana is legal in lots of places now and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke, and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.*

   Reflection A:

   Reflection B:

3. *My family thinks I work too much and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and it takes me away from the family, which I don’t like.*

   Reflection A:

   Reflection B:

4. *I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.*

   Reflection A:

   Reflection B:
Sample Responses for Exercise 4.7

Remember, the aim of engaging is to try to understand the world from the client’s view, to understand the bigger picture of his or her life, and to create a safe environment.

1. *I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.*

   **Engaging:**

   Sample Reflection A: You really want to help your daughter.

   Sample Reflection B: You’re concerned for her health.

2. *Marijuana is legal in lots of places now and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.*

   **Engaging:**

   Sample Reflection A: It feels like marijuana gets treated unfairly.

   Sample Reflection B: Things are a bit bumpy around the house because of the marijuana.

3. *My family thinks I work too much and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times and it takes me away from the family, which I don’t like.*

   **Engaging:**

   Sample Reflection A: You love what you do.

   Sample Reflection B: Your family is concerned about you.

4. *I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.*

   **Engaging:**

   Sample Reflection A: You feel spiritual.

   Sample Reflection B: You keep trying to embrace organized religion.
EXERCISE 4.8  An Intentional Conversation

Decide that you will practice your listening skills in a conversation with someone. This task is usually best accomplished if you make this decision ahead of time, though it could evolve naturally. In particular, try to choose an interaction in which you would normally be inclined to give advice and try to refrain from this desire. Afterward consider the following questions.

What was it like to listen intentionally instead of using other skills (e.g., questions)?

How did your conversation partner react?

In what ways were you able to vary your type of reflection?

What was hard about doing this type of listening?

What did you learn from this interaction about your own style?
Barbara sat down, rubbing her hands, tension etched on her face. She was here for a vocational assessment. The agency asked the practitioner to evaluate her cognitive and academic skills and offer an opinion about whether college was a realistic option for her. A normally developing teen until age 14, she suffered a seizure in school one day. Doctors discovered tumors. Although surgery successfully removed the tumors, it also affected her thinking. Where she had been a hardworking “A” student, she subsequently required special education services to complete high school, including significant tutoring to understand concepts.

On paper, her goal appeared unrealistic to the agency. But she was now 32 and there had been changes since high school. After reviewing the purpose of the evaluation in the waiting room and discussing her questions, she’d signed consent forms.

“You look worried,” the examiner began.
“I really want to go to school, and I’m worried you’ll tell me I can’t.”
“Because somebody has given you that message before. . . .”
“Well, yes and no. It’s just more like school was a struggle after my tumors, but with a little help I can do it. I also feel more mature.”
“The goal is to be successful, and you feel like college is the way to do that. You also feel ready and able to do it.”

There are a number of directions we could take now. So far we’ve done very little beyond engaging, but we learned some important information by doing a couple of reflections. Where would you go from here and how would you get there?

As noted in Chapter 4, MI relies heavily on core skills to move sessions forward and especially to help with the process of engaging. Core skills are basic tools that counselors often have in their clinical repertoire. As noted previously, these can be remembered by the
acronym OARS+I: Open-ended questions, Affirmations, Reflective listening, Summaries, plus Information exchange. Whereas Chapter 4 focused exclusively on reflective listening, Chapter 5 targets open-ended questions, affirmations, and summaries. Although the process of engaging does involve some information exchange, as noted in the introduction to this section, it is really during the process of focusing that information emerges more fully. As a result, we pick up information exchange in Chapter 8, as we talk about focusing.

A Deeper Look

Open-Ended Questions

Although short-reply, information-gathering questions are necessary during client contacts, open-ended questions are the backbone of the MI information-gathering process. This type of questioning sets the tone for a nonjudgmental setting in which clients can explore their problem area(s). Open-ended questions are those that ask clients to give more than “yes,” “no,” or “three times last week” as the answer. So, instead of asking clients “How often and how much do you drink?” you might ask “What are your drinking habits like?” Sometimes this wording can be too vague or too broad. Frequently when I ask this question, clients ask what I mean, and I respond with a clarification: “When you decide to drink, tell me about the circumstances.” The question creates an opening, and then additional movement is directed through the use of reflective listening. If we return to our river rafting metaphor, open questions push us from the shore and help us make turns, while reflections guide our progression through subtle movements.

Typically, questions asked during the engagement process are broad, at least at the beginning. We can always add greater specificity. Our hope, though, is to create sufficient space so that clients can tell us about what is important to them.

Of course, questions often have a purpose and a direction. For clients ready to work, a simple invitation to talk may be enough—for example, “What brings you here?” However, it is common for clients to be ambivalent about making changes. They often need more help in getting underway. This does not mean that small talk is needed to make them feel more comfortable. Small talk may delay the business of the session and may postpone what tends to make clients feel most comfortable: the perception that we understand their situation and do not judge them. So, it’s often helpful to have some questions at hand that are broad, but not generic, and get the session underway. Think of these as engagement questions. For an adolescent who has come in via a parent’s referral, we might say, “Your dad has some concerns about how things are going for you. What’s your sense of why he thinks this is important?” Of course, if a focal problem has been identified, we can always ask directly about that: “So, you’ve been feeling a bit depressed. What’s been happening?” Though when engaging, and particularly with discordant clients, it can be useful to back away from a specific discussion of the problem area and begin by eliciting more broadly about their life before focusing on the area of interest.

“So, you’re here not because you see a particular need but because your probation officer [husband/wife/partner/teacher/doctor/supervisor, etc.] wanted you to come. I’d like to
come back to that in a bit, but first I’d like to find out a little more about you. Tell me a little bit about who you are and what your life is like.”

There is another category of practitioner behavior that is MI consistent but does not fall easily into the OARS categories. Open-ended statements are a hybrid of a reflection and a question: for example, “I wonder what it would be like if you decided to stop.” These are not exactly questions, but they seem as though they are. The impetus is clearly on the client to respond with more information. In MI research, these statements are considered questions, and generally MI trainers refer to them as such.

With engaging questions, a bit of introduction can be helpful in establishing the context and building initial rapport. The lead-in tells clients what we know and our attitude toward these encounters. In particular, it communicates the nonjudgmental stance noted in Chapter 2 as a critical part of MI spirit.

Asking open question during the engaging process can also broaden the discussion. We move away from a narrow focus on the problem area and work to understand more about the client as a person. Focusing on positive open questions can be particularly helpful when opening a new session or starting a new helping relationship. For example, “What’s an area that feels successful in your life right now?” Or it can be a little more playful, “Tell me about a time recently where something tickled your funny bone?”

Conversely, avoid rhetorical questions for which there is a single, desirable answer. Usually such a question is simply a mask for expressing concern. Consider the question “Wouldn’t it be easier if you just agreed to . . . ?” It is better to express the concern directly and label it as information for the client’s consideration. Chapter 8 talks more about how to do this effectively.

There is a ratio that is used to denote good MI practice. MI researchers generally use a 2:1 ratio of reflective listening statements to questions as a standard for expert MI practice (Moyers, Miller, & Hendrickson, 2005; Moyers, Ernst, & Manual, 2014). In most instances individuals fall at a level well below this standard when they begin learning MI, usually asking two or more questions for every reflection. This beginning encounter might sound something like this:

PR: So, you don’t think pot is a problem?
CL: Not like alcohol, I don’t.
PR: What makes you feel that way?
CL: I just think the government is biased about weed.
PR: They’re not being fair.
CL: Alcohol-related causes of death totally outstrip weed.

Our research has shown that following a 2-day workshop, we can increase this ratio to a little above one reflection for every question, but this obviously leaves lots of room for practice (Baer et al., 2004, 2009). That type of encounter might sound something like this:
PR: What do you know about problems with pot?

CL: They’re not like alcohol.

PR: And that makes you feel safe.

CL: I don’t know if safe is quite the right word.

PR: What would be the right word?

CL: I don’t know. Fewer problems. Yeah, that’s a phrase, not a word.

PR: Pot seems less risky to you.

You may be wondering why the reflection-to-question ratio is significant. The answer has multiple parts. In MI, as noted earlier, practitioners are attempting to create and then direct momentum. Questions tend to stop momentum in the short-term, which is why Gordon (1970) places them in the roadblock category. Although questioning can be very useful sometimes, it is a method we fall into easily. Practitioners are often very good at asking questions, particularly closed questions that seek small, discrete bits of information (e.g., “How long have you been married?”). Unfortunately, the continued use of questions is this manner sets up the “expert trap.”

When the conversation moves into a question-and-answer rhythm, the relationship is no longer collaborative but rather an investigative process at the end of which we expect the questioner to provide the correct answer. This trap often occurs in medical settings where patients arrive with a set of symptoms, expect the physician or nurse practitioner to ask the correct questions, and then provide the solution. However, it does not happen solely in that context. Regardless of the setting, it has the unfortunate side effect of making the client a passive recipient and leaves the practitioner doing all the work.

This style of interaction also creates the expectation that the examiner is the expert and knows more about the problem than does the client. The relationship is no longer a partnership that seeks to evoke clients’ participation in the process, but rather a hierarchy with the cure resting within the practitioner. Although the practitioner indeed may hold the expertise to discern the nature of a problem, the cure often requires active participation from the client—and that’s the rub. Although a surgeon can do a triple bypass that corrects clogged veins and arteries, the patient will have to do the physical rehab and make the lifestyle changes that will maintain this “cure.” Obviously, these circumstances—a hierarchical relationship with a passive client—are at odds with MI spirit. To sidestep these traps, MI trainers often encourage practitioners to begin by making one reflection for every question, and then when that ratio is maintained regularly, work for two or more. That type of encounter might sound something like this:

PR: What you like about marijuana is quite clear. What are some of the things you’re less crazy about?

CL: I tend to sit on my couch more than I’d like.

PR: There are some things you’d like to get out and do.
CL: Yeah, I like to get out and do things, see people.

PR: Your relationships are important to you.

CL: Yeah and I just kind of put off seeing them. It feels like too much work.

PR: And that is not how you want to be.

A third consideration in this area of questioning is the differentiation between open-ended and closed questions. In training and in research, there has been a clear distinction made between open-ended and closed questions for all the reasons just noted and from the additional perspective that closed questions tend to block momentum even more than open-ended questions. However, in practice these distinctions do not always hold. An open-ended question may elicit a single- or two-word response. In adolescents, a well-crafted open-ended query may be met with a shoulder shrug or an “I don’t know.” Conversely, a closed question may result in a long response, as though it were an open-ended question. The upshot is these differentiations may be less important than they appear. Indeed, the most recent version of the MI Treatment Integrity coding system (MITI 4.1) has a decreased emphasis on the percentage of open-ended to closed questions as a marker of MI proficiency. However—and this is the clear caveat—in general, open and closed questions act in the manner described, and this is most evident when working with clients who are actively discordant. The risk in such a situation is that we will fall into the question-and-answer trap. So, in training, the emphasis remains on asking more open-ended questions than closed questions.

Finally, in MI there is a special type of query called the “key question.” The key question asks, figuratively, “What’s next?” Although it can be used to solidify commitment, more generally it asks whether the client is ready to move toward taking action. As a result, there will be multiple points at which we ask a key question. To be clear, key questions in engaging or focusing are premature. We ask key questions in evoking and planning, so this skill is explored more as we move into the evoking and planning parts of this book.

**Affirmations**

As noted in Chapter 2, MI attempts to build client feelings of strength, capacity, and self-efficacy. We want to bolster or help build an attitude of “can do.” DiClemente (1991, 2003) believes that most individuals who seek help from professionals are unsuccessful self-changers. They’ve tried to make changes independently, but their efforts have not worked to either their or others’ satisfaction. Because of these “failed” attempts, demoralization is a frequent concomitant to individual’s help-seeking efforts. Therefore, part of the practitioner’s role is to instill hope and the belief that the client can indeed change. Optimism appears to be a critical element in change, and we can influence its appearance and strength (Achor, 2010; Frederickson, 2009; Seligman, 2011). Affirmations are a way of reorienting clients toward the resources they have available for this effort.

Affirmations in our context are statements of appreciation for the client and his or her strengths. In fact, Miller and Rollnick (2013) assert that we cannot genuinely affirm others
Open-Ended Questions, Affirmations, and Summaries

without deeply knowing and appreciating them. Thus, the reflective listening process can be quite affirming, especially when a client feels deeply understood, accepted, and prized. Yet, affirmations are also more than reflective listening. These statements anchor clients to their identities, strengths, and capacities, all of which can function as resources as they address problem areas. This awareness of strengths and capacities, in combination with positive emotions, opens people up to the possibilities within their environments, including the possibility of change.

Affirmations usually take the form of clear and genuine words of understanding and appreciation. For example, to a mother involved with child protective services and fearful of losing her children to the state, the practitioner might say, “You are someone who cares deeply for your children and are willing to fight to keep them.” For someone who has repeatedly presented for drug treatment, you might say, “You have great determination, despite setbacks, to make your life be different.”

MI trainers note the use of affirmations can be tricky, as clients may react negatively if they feel judged or patronized. There are clear cultural and contextual differences in how and what is said for an affirmation. MI trainers suggest several ideas to avoid this problem:

- Focus on specific behaviors instead of attitudes, decisions, and goals.
- Avoid using the pronoun “I.”
- Focus on descriptions and not evaluations.
- Attend to nonproblem areas rather than problem areas.
- Think of affirmations as attributing interesting qualities to clients.
- Nurture a competent instead of a deficit worldview of clients.

For all of these reasons, we view compliments and affirmations as divergent within the MI training field. Compliments typically have an evaluative judgment implicit within them. Many times, though not always, compliments begin with an “I” statement: “I think you care deeply for your children.” There is a growing consensus among MI practitioners to employ “you” when offering affirmations: “You are . . . ,” “You feel . . . ,” or “You believe . . . .” This change in pronouns relocates the affirmation from an external vantage point to an internal client attribute—which clients find more difficult to dismiss out of hand. An affirmation communicates a prizing or appreciation of clients for who they are. This view fits well with self-affirmation theory (Steele, 1988), which finds that asking people to orient to their identities, values, and capacities reduces defensiveness in considering areas that might be threatening (Cohen & Sherman, 2007, 2014). Although the research differentiating self versus other affirmation remains to be done, it appears clear there is benefit to the client in this affirmation process.

Yet in practice, affirmations tend to be the least observed core skill. This is unfortunate, as clients have often been battered by life experiences and conditioned to expect others to point out their shortcomings, failings, and insufficient efforts. Think of how powerful it can be in your life, as a person working in a helping profession, to have someone recognize the fine work you do. As part of my introduction to MI training, I often have practitioners tell a story about a time when they were at their best as a person. Their partners listen for strengths and then offer an affirmation based on what they’ve heard. (There is a variation
of this activity in Chapter 2, Exercise 2.7.) It’s a required activity, and everyone knows it’s expected, and yet there is always an energy and warmth to the room as people hear about each other at their best and then have a chance to say those things aloud. When we talk about this exercise afterward, there are lots of smiles and appreciation expressed. When asked about the exercise, invariably someone will say, “I know this was just an exercise, but . . . it felt really good.”

Consistent with the prior statements, Apodaca and colleagues (2015) found affirmations were the only practitioner behavior that both increased change talk and decreased sustain talk. That is, when we offer affirmations, it improves the likelihood that a client will immediately respond with change talk and it decreases the likelihood it will be followed by sustain talk. This is an intriguing finding that warrants additional attention, including why this might be the case, as it is possible to argue that poorly done affirmations might increase sustain talk. One potential explanation is affirmations help people feel more capable of change, and so they begin to envision this possibility. Of course, when people feel capable of change, they are more likely to change. Bandura articulated this idea in his research on self-efficacy (cf. Bandura, 2004), and this idea was integrated into the early writings on MI.

Positive psychology, the rigorous study of what helps people thrive, provides intriguing possibilities about what may be important about affirmations (Wagner & Ingersoll, 2008). Barbara Frederickson (2009), a researcher on the value of positive emotions, notes that positive emotions help us to expand our horizons and see possibilities that we do not see when gripped by negative emotions. Hope and pride are common forms of positive emotions that affirmations would seem to tap. This idea can be taken one step further by examining the positive nature of the relationship when offering affirmations. Although the exploration of this idea is beyond the scope of our discussion, Frederickson (2013) notes that powerful connections form—even between strangers, which are maintained for only brief periods of time—when certain conditions are met: safety, synchrony between the individuals, and a focus on the well-being of the other. In MI, we would call that last condition compassion. Whereas reflective listening may help to create these conditions, it may be the recognition and prizing of strengths within another is a particularly powerful form of positive emotion (Frederickson calls this love, which echoes a theme that Miller [2000] also articulated). The upshot is this: The research suggests these moments between people are potent and potentially transformative; they may literally open us up to the possibility of change. I suspect this is where Bill Miller and Steve Rollnick would say compassion is essential to true MI.

Research on brain imaging adds another intriguing element to this exploration. It appears our brains respond differentially to positive emotions (cf. Hasson, Nir, Levy Fuhrmann, & Malach, 2004), as well as to change and sustain talk (Houck, Moyers, & Tesche, 2013). It may be that we are stimulating particularly important parts of the brain in the affirmation process. These elements await further testing, but current data suggest the use of genuine affirmations has a positive effect on the appearance of change talk in our clients. The natural inclination, then, would be to say: We should provide more affirmations. Indeed, as noted, affirmations occur less often than the other core skills. Affirmations can probably be done more liberally, but beware of overly effusive or forced attempts. Clients recognize a lack of genuineness, and the relationships suffer as a result. Don’t affirm folks
for breathing—it angers them. But you can often reframe difficulties as a personal strength: “It was very hard to keep going. Yet, you somehow had the internal strength to keep moving forward.” Furthermore, affirmations, don’t need to be a heavy business. When we know the person well, affirmations might have a light-hearted or playful quality. This approach uses humor to gently nudge the person toward noticing him- or herself more deeply while we communicate our appreciation and esteem.

Affirmations do not have a particular structure; however, they should be positively stated. That is, focus on a strength or attribute, not on the lack of something. For example, “You managed to avoid cocaine use” is the start of an affirmation, but it’s focused on the avoidance of something. Instead, find the positive element: “Despite serious temptation, you were able to make decisions for yourself—like not using cocaine.” Questions, such as those used in solution-focused therapy (e.g., “Given all that, how did you manage to stay sober as long as you did?”), can elicit affirming information. Asking people to self-affirm also has power. That is, ask clients to describe past successes and strengths. Even in this process, we still hold up the mirror, via reflections or summaries, to both reinforce and deepen what clients have said about themselves.

There are additional methods of generating material for affirmations. The use of other core skills can elicit this information. There are also specific areas that can be mined for these qualities. For example, probing prior “unsuccessful” change experiences can be useful. There are the usual reasons for probing (e.g., understanding what has been done; evaluating what worked; understanding client’s concerns and fears), but in addition, this exploration provides opportunities for a reorientation to what the client did accomplish. Clients exhibit strengths in these attempts. Note them. Even multiple negative outcomes can be reframed—they suggest persistence and a strong desire for change. I was in a training recently where a counselor offered, with some embarrassment, that she had taken and failed the licensing examination on multiple occasions and her intent to take it again. My response, “You are not a quitter; you’re determined to succeed” brought immediate tears to her eyes and a sense of strength rather than inadequacy. Still, there may be particular value in focusing on nonproblematic areas, as suggested by the self-affirmation research. For example, you might orient people to their five most important values and the ways in which they are living consonant with these core parts of themselves.

Negativistic or discordant behavior can also be reframed into an affirmation. Clearly, it’s not uncommon for clients to be negative about seeing a practitioner, especially if someone else suggested it. Practitioners can reframe this experience and affirm clients by saying, for example, “You must have a lot of resolve to come today, despite your strong reservations about being here.” Or, “Given your experiences, it makes sense that you might be concerned about coming here today. It suggests your determination to do it anyway.” In both cases, you’ll note that an evaluative element has a tendency to slip in to the statement. You may not be able to avoid it entirely. Try to be mindful and avoid using this type of element as your primary form of affirmation.

Affirmation is not an endpoint but rather a part of a process wherein valuable information is explored, especially during engaging. Asking for elaboration is helpful in getting clients to move beyond the initial affirmation. For example, this might be a follow-up question
to the affirmation in the prior paragraph: “How did you keep that commitment to yourself?” In general, “how” and “what” questions are good ways to do this. “How did you . . . ?” “What did you do . . . ?”

Trainees sometimes feel that since they’re affirming clients just by listening, nothing more needs to be done. Although being prized in this manner is indeed affirming, we should also be direct in making affirmations. An analogy might be the love we display for our significant others. Although our actions may communicate this feeling, saying the words “I love you” remains important. Moreover, imagine how much more power is added to “I love you” if the speaker also says something like the following: “You make my and others’ worlds brighter places when you are present. You see the best in others and by noticing it, help them to embrace it as well. Your humor draws others in rather than pokes fun at their weaknesses.”

Before we conclude this discussion, let’s draw a distinction between cheerleading and affirmations. Cheerleading can be viewed as an extension of the righting reflex wherein we see a need and want to help the person get over, around, or through whatever is preventing forward progress. Although it lends clients our belief, which can be important, it is also reliant on us and our beliefs and views. It may feel false for clients because of the things they know stand in the way of their progress. In fact, it can elicit sustain talk when done in this manner. Affirmations, conversely, help clients recognize their skills, strengths, and capacities as possible avenues forward. It’s about them and does not depend on us. It also speaks truth—that is why the “You are not a quitter” affirmation was so powerful for the training participant.

Finally, Moyers (personal communication, March 7, 2016) notes that it might be important to distinguish between affirmations as an event and affirming as a style. Affirmation as an event, she explains, can lead to awkwardness if the practitioner misses the mark, as in cheerleading. However, affirming as a style of interaction is subtler and has less potential for awkwardness. It might serve the same underlying process, even though it’s difficult to quantify reliably as a coding event. We may be back to our love analogy. It may be most important to act in loving ways, but saying the words and how we say those words are especially important.

**Summaries**

As my thinking about helping in general, and psychotherapy and MI in particular, has developed over the years, I have come to the belief that part of what happens in this helping process is we assist clients in organizing their experiences. We noted this in the prior chapter. Nor is it a new notion in the treatment world. It is quite consistent with ideas expressed in narrative therapies. Embracing this idea, though, requires we do more than simply hand back to clients what they’ve told us. That is, reflections should do more than simply repeat what clients have said; they should also enhance their understanding by expressing the element that is less clearly articulated or unexpressed but implicit within the message. This idea of organization comes into clearest focus in the area of summaries.

Miller and Rollnick (2013) describe summaries as a special application of reflective listening. There are three different types of summaries—collecting, linking, and transitional—
that overlap, but often serve different purposes. In each instance the summarizer makes decisions about what to include and exclude and how this information is presented. It seems the best summaries are succinct. Summaries that meander for paragraphs don’t help clients organize their experience; rather, these monologues lose power.

Related to the idea of brevity is selectivity. Practitioners should aim to include those elements that will aid the client in moving forward, while keeping in mind the principles of MI. Two important ideas were already noted in Chapter 2: the role of ambivalence in change and the importance of change talk. Specifically, to focus only on the benefits of change with an ambivalent client is to invite counterarguments. Thus, summaries should not focus solely on the pros for change. At the same time, a primary goal of MI is to elicit and reinforce change talk. Thus, practitioners should attend to change talk as clients produce it and then give particular weight to these statements in the summary. Thinking back to Barbara at the beginning of this chapter, here is a summary that might illustrate these ideas:

“You’re here today because the agency asked you to come and not because you’re particularly interested in doing this assessment. You worry that this evaluation could interfere with your hopes of going to school, and, at the same time, you recognize that school is a challenge. Finally, you have strengths and you’ve grown, so part of our task will be to determine how to help you use these resources to be successful.”

This summary, although brief—three sentences—contains multiple ideas and presents them in a manner that is easy to comprehend. These sentences also provide a structure with which to frame Barbara’s experience: “You don’t want to be here, you have some worries, and we share a common goal—for you to be successful.” It does not disregard her ambivalence, but it does not dwell there. It has the start of an affirmation and ends with an emphasis on a reshaped goal (i.e., success, which may or may not include college). It is easy to imagine either letting the client respond to the summary or asking a follow-up query regarding how she has grown.

The summary just described is what Miller and Rollnick (2013) would call a collecting summary. Its primary purpose is to gather information together, present it back to the client, and to keep the conversation moving forward. Because they are especially useful in reinforcing change talk, summaries are offered periodically during the course of an MI session. Miller and Rollnick (2013) note that a well-done summary provides a whole-picture vista to the client, wherein the client is not only affirmed by how you’ve attended to the disparate elements of the conversation, but it also weaves this information together in a comprehensible manner.

In prior writings, Miller and Rollnick (2002) warn against overdoing summaries because such an approach can make the encounter feel artificial. That is, we are performing a technique rather than simply trying to understand the client. I would add that the presentation of a summary must feel consistent with our personality and style. As a practitioner, I periodically summarize just to ensure that I am retaining and understanding information. Without that bit of behavioral rehearsal, important ideas are lost to me. However, I tend to use very brief summaries—two or three sentences—to accomplish this task.
The border between linking and collecting summaries is fuzzy, but in general linking summaries serve a different purpose. Linking summaries seek to contrast ideas heard in the present moment with information that has been shared previously, with the aim of highlighting either disconnection or relationship between the ideas. This technique is especially useful for developing a motivating discrepancy, as well as for exploring the client’s ambivalence—aspects that may come into even greater play as we move into the evoking process. These ideas are not evaluated by the summarizer but, instead, held in equal position and left to the client to assign meaning. As with double-sided reflections, described in the prior chapter, the use of the conjunction and rather than but is important in this technique. The use of but negates everything that precedes it—“That is a really good idea, but . . .” or “I like that dress on you, but . . .”—whereas the use of and allows both concepts to be held simultaneously, which is the position that the client is experiencing internally: “You’d like everyone to just leave you alone, and you’re not sure about doing the things that might accomplish that.” Finally, linking summaries allow the practitioner to integrate outside or collateral information, as well as things the client has said at previous times. For example: “You are of the mind now that this relationship thing is not such a big deal. Things have quieted down and there is less conflict. At the same time, you’ve told me that this is the cycle things tend to go through. Your wife has previously said that if you don’t do something differently, she will leave, and you said that you didn’t like the way things were going either.”

Transitional summaries serve yet another purpose. Practitioners use this type of summary to choose or change the direction in the session. Sometimes this summary is overtly signaled by use of a lead-in such as “Let me see if I have understood what you’ve told me so far” or “Here’s what I’ve heard you tell me about your situation.” These tend to be slightly longer summaries and are used as a prelude to an open-ended question that leads in a new direction or can be used to close a session. Transitional summaries may also serve as a lead-in to a key question. Although there is a tendency to cover a lot of terrain with a transitional summary, bear in mind the dual goals just discussed: brevity and organization of client experience. If the client’s eyes glaze over or we start losing our way, the summary is too long. We should wrap it up, even if we need to do so abruptly. Too often I observe others, as well as myself, trying to fix an overlong summary and making it more convoluted in the process. It is better to stop, check understanding, and then add to it. An example of a transitional summary might look like this:

“We are about to finish here, and I just want to make sure I’ve understood things correctly. You came here today because that’s a requirement of parole. You’re not sure that you can trust me as a parole officer and this is partly based on some bad experiences from the past. At the same time, you are very clear that you don’t want to go back to prison, and so you’ve been trying to do things differently. You are not hanging out with the same crowd. You are living in a different place. You are making some different decisions, even though it’s not easy. One of those decisions is figuring out how to use this time with me, and you haven’t made up your mind on that quite yet. What have I missed?”
With a longer summary there is often an invitation to correct or add to what has been said. This is one more small way we build that partnership while filling in the picture of what the client has said.

In practice, people don’t often stop to consider what type of summary they will do next. However, it is helpful to know there are different types and consider the intent of the summary before it unfolds. Miller and Rollnick (2013) note we may vary our summaries depending on what process we are in with a client. A summary during engaging communicates our effort to understand this client without judgment, so collecting summaries might predominate. A focusing summary might emphasize the elements clients have identified as most important. This approach might include collecting and linking. During evoking, the summary might seek to build discrepancies and emphasize change talk that has been heard; collecting and linking might occur during this process, though it is likely that a transitional summary will appear at some point to solidify commitment and lead into planning. Planning summaries would emphasize the elements the client has put into place to accomplish his or her aims, as well as emphasizing the commitment that has been made. Again, a transitional summary is likely as the plans solidify, though the other two will often be present as a plan is constructed.

**Concept Quiz—Test Yourself!**

True or false:

1. T F OARS are basic skills practitioners often have in their clinical toolbox already.

2. T F OARS+I are MI.

3. T F As beginning MI practitioners, we often ask more questions than offer reflections.

4. T F Closed questions are bad.

5. T F Affirmations are statements that recognize and appreciate client strengths.

6. T F Research supports the use of “you” statements when making affirmations.

7. T F Affirmations are the *most* frequently occurring element of OARS+I.

8. T F When doing summaries, it’s important to pay attention to ambivalence by placing *but* in the middle of a double-sided statement.

9. T F Affirmations are nice, but not particularly important in the change process.

10. T F We use OARS to help clients not only see what they’ve told us, but also to help organize and understand their experience.

**Answers**

1. T OARS are not unique to MI and are often already in practitioners’ skill repertoire. The unique aspect of OARS in MI is the deployment of those skills in a directional manner.
2. F OARS+I are not MI, and although knowing these skills is essential to doing MI, other elements are also required. For example, OARS can be done in a manner that is not MI consistent.

3. T This is true. The goal is to offer two reflections for every question because the research indicates this ratio increases the likelihood of change talk. However, for most beginning MI practitioners our first aim is to offer a reflection for every question and then build on that ratio.

4. F Closed questions are not “bad.” They simply are limited as a tool, so we try to avoid using them in favor of open-ended questions. However, there are situations in which closed questions are desirable. In general, the aim is to ask more open-ended than closed questions.

5. T The purpose of affirmations is to draw attention to the internal resources that clients bring to the situation. Again, we avoid compliments (i.e., external evaluations) and cheerleading in favor of recognizing and appreciating internal attributes, qualities, and values. It seems that clients are much better served by the statement “You are someone who values honesty” than by “I think you’re an honest person” or “I know you do it because you’re an honest person.”

6. F At this point, there is no empirical support for this position. It is a position based on experience and observation and should be recognized as a guideline that may sidestep negative client reactions to affirmations. This guideline may need to change as more research is done.

7. F Of the OARS+I skills, affirmations tend to occur least frequently. It seems that practitioners focus on other areas, and this area is either forgotten or overlooked. Conversely, practitioners can view the whole MI process as affirming and feel it’s unnecessary to do so explicitly. Although this may be the case, it seems important to overtly acknowledge and appreciate client strengths because of the other issues noted. Affirmations may also provide benefits in creating positive emotions.

8. F Although we’ve all grown accustomed to using the conjunction but, it does have the unfortunate side effect of discounting what precedes it. In contrast, and allows both elements to be held in equal standing. Consider how these two statements sound to you:

   “It’s a nice haircut, but it’s pretty short.”

   “It’s a nice haircut, and it’s pretty short.”

Notice any difference?

9. F In addition to being pleasing to hear, affirmations have also been shown to be predictors of increased change talk and decreased sustain talk; this makes them important to the change process.

10. T If we simply hold up the mirror, then we aren’t helping clients become unstuck. In addition to helping clients hear again what they’ve told us, we also selectively attend to certain elements and not to others and then present that information back in a manner that helps clients attain greater understanding of their situation.
Let’s return to Barbara and pick up where the dialogue left off.

**Statement**

P: The goal is to be successful, and you feel like college is the way to do that. You also feel ready and able to do it.

C: That’s right. I think I am more mature, and my brain has healed.

P: Well, that’s probably a really good place to start. You mentioned changing and growing a couple of times. Tell me about those things.

C: I’ve learned more about how my brain does and doesn’t work. I know that it takes me longer to understand things. I have to take them slower than other people. I need to ask people to explain things and to use things to help my memory.

P: You’ve really come to know and accept some things about how your brain works.

C: Yeah. It wasn’t always that way. I used to pretend I was the same or fight against it when people told me I had to do things differently. I fought with my parents. I didn’t want to be different.

P: Like to admit a change would mean that you’d have to give up on some things you really wanted for your life.

C: Yeah. I guess that’s true. It’s part of what worries me about today.

P: It seems like you’re pretty aware of yourself. You’re not going to fool yourself about how you’re doing. And at the same time there are some things that you want to accomplish, and you’re worried about getting there both because of today and some of the struggles you had in school before.

**Commentary**

Deeper reflections.

Provides additional information.

Surface reflection followed by an open-ended question.

Provides a good deal of information and insight.

Affirmation.

Client adds additional depth.

Deeper reflection.

She ties it back to her concerns.

Affirmation as part of a linking summary.
C: I guess that’s true. I am worried about today, but I also wonder if I can do it. I think I can, but I’m not sure.

P: Part of what you are both worried about and hoping for are some answers that might guide you.

C: That’s true.

P: And the ultimate aim here is to be successful. Tell me a little bit about what your life would look like—college or no college—if you were to be successful with this process.

C: I would have a job that I liked, and I would get paid enough so I could live on it.

P: Something you liked . . .

C: I mean, it’s a job, so I am sure there would be parts that I don’t like. When I get up in the morning, though, I wouldn’t dread going in, and I could feel like it was using some of my brain.

P: It wouldn’t have to be perfect, but it would value you and the things you bring to it.

C: I don’t expect perfection.

P: And it would have to be enough so that you can make ends meet. What else would tell you that this process was successful?

C: I want to feel productive, like I am contributing something. I also want to be happy.

P: Right now you don’t feel those things.

C: Sometimes I do. I mean, I am happy about being a mom. I get along well with my husband—most of the time. Money is an issue sometimes, but mostly I am pretty content. It would just help if we had a little bit more money coming in.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>P: In some ways, you are not far away from what you want, though you would still like to have a bit more.</td>
<td>Surface reflection that organizes.</td>
</tr>
<tr>
<td>C: I guess that’s true.</td>
<td>Client agreement. Her frame on her situation and goals seems to be both shifting and coming into greater focus.</td>
</tr>
<tr>
<td>C: I’d like to feel like my job was contributing something to the community.</td>
<td>She adds a bit more.</td>
</tr>
<tr>
<td>P: It’s important to you to make your part of the world a little better place.</td>
<td>Affirmation.</td>
</tr>
<tr>
<td>C: A lot of people have helped me over the years, and I would like to give something back.</td>
<td>Provides additional information.</td>
</tr>
<tr>
<td>P: Let me see if I have all of this. In many ways, you already have the things you want in your life. You’re a mom. You have a loving relationship with your husband. There are some things you’d like to have: a little more money and a job where you felt valued and didn’t mind going in the morning. You’d also like to give back to your community, which sounds like a bigger value than even a job—though it would be great if it did. So, what I am wondering is, how does college fit into your definitions for success?</td>
<td>Transitional summary that leads back to a question about college.</td>
</tr>
<tr>
<td>C: I guess I always thought that college is what you did if you wanted those things.</td>
<td>Offers some insight into her thinking.</td>
</tr>
<tr>
<td>P: Like maybe you had to do it, though now you’re wondering.</td>
<td>Deeper reflection.</td>
</tr>
<tr>
<td>C: I guess I am thinking that maybe I’ve been a little too locked on to college. Maybe I don’t have to, though I am guessing some things would be easier.</td>
<td>She’s exploring while offering new information.</td>
</tr>
<tr>
<td>P: It may not be the only way.</td>
<td>Directional surface reflection.</td>
</tr>
<tr>
<td>C: It’s funny, because I feel less tense now.</td>
<td>She notices her internal reaction.</td>
</tr>
</tbody>
</table>
Engaging Statement Commentary

P: Like maybe a couple of doors have opened. There are more directions to go and a little more room to breathe.

C: Yeah. I am not so worried about this testing anymore.

P: There will be options no matter what.

Deeper reflection.

Client offers a changed view.

Continuing the paragraph.

All the core skills are evident in this encounter. It is through careful listening that the openings for affirmations emerge. Questions are used to elicit information and to shift the focus. Summaries help to organize the client’s experience, keep the momentum going, and link ideas. Again, the first aim is to engage. However, even while engaging, the practitioner is not simply following the client wherever she wishes to go. The reflections go deeper on the iceberg to create clarity; a transitional summary links back to her opening concern; affirmations recognize her capacities; and she notices a change in her physical condition and in her emotions. Even within this engaging process, the practitioner works to create and direct momentum.

This is also an example of a client and practitioner having two different agendas to begin a session. For the client, this agenda was to preserve her self-interest (i.e., attend college), whereas for the practitioner it was to assist the agency in expending its funds wisely (i.e., determine if college was a good option). By spending this time engaging, the practitioner and client were able to begin identifying a broader, mutually agreeable agenda—helping her focus on what it would mean to be successful—which could meet both parties’ goals. The practitioner used OARS to achieve this collaborative relationship. Chapter 7 addresses this topic of agenda setting in greater depth.

Try This!

Exercise 5.1. Converting Closed Questions

We often ask stock questions of our clients. This exercise asks you to convert common closed questions that may or may not be a part of your setting. After completing these questions, think about additional ones used in your work. Write those down and then convert them as well.

Exercise 5.2. Targeting Questions: Engaging

It is also useful to practice forming good questions that target where clients are in the four processes. In this activity you will read a client statement and then form two different questions that might be helpful to foster engaging. We will return to these prompts as we discuss the other processes (focusing, evoking, and planning) to practice developing other sorts of questions as well.
Exercise 5.3. Finding Affirmations

In this activity you will read about a client, consider the situation, write down the strengths you observe, then form affirmations based on these strengths. Try to use “you” language.

Exercise 5.4. Strengths within My Clients

In this activity you will think about the clients within your work context. You will be asked to consider the challenges your clients encounter in this context and the resources they bring to the sessions. This exercise can be challenging, since we often focus on deficits rather than strengths. Some examples are provided to help guide you in this work.

Exercise 5.5. Building Summaries

Read the transcript and label the different techniques the practitioner uses. Then place yourself in the practitioner’s chair. Write the summary you might find helpful.

Exercise 5.6. Real-Time, Drive-Time Summaries

In Chapter 4 we practiced making reflections in response to podcasts, talk radio, or TV talk shows. This exercise extends that practice to the formation of summaries. You can use the same technique with an advice column from a newspaper.

Partner Work

All of the exercises described under “Try This!” could be done in pairs, including Exercise 5.6. A modified form of this last exercise would be to pick up a local newspaper and find a columnist’s article. One party reads the first two or three paragraphs aloud and then stops. The listener should then try to generate one open-ended question, one affirmation, and one summary. The reader should then try to generate a different one of each type. Then switch roles.

Here are some other formats in which you can practice these skills. These are based on questions used in an exercise called “Virginia Reel.” Choose a listener and a talker (you can alternate turns in these roles). Ask the question and then focus on using each of the four OARS at least once during your conversation about this question. Continue until you’ve exhausted the area and then switch roles and repeat.

“What’s the story behind your name?”
“Describe your first time riding a bike without training wheels.”
“What was your first date like?”
“What do you like to do on vacation or holiday?”
“If you could do something else for a profession, what would it be?”
“What do you hope to do when you retire?”

“How’s the next step in your life that would most support your health and well-being?”

Another approach to practice would be to obtain your free copy of the Video Assessment of Simulated Encounters—Revised (VASE-R; see www.adai.washington.edu for ordering information). The VASE-R is an instrument that portrays three different substance-using clients and prompts the viewer to write responses. Watch the DVD together. After each client statement, stop the DVD and write a reflective listening response, an affirmation, and an open-ended question. Then talk about your responses before going on to the next client statement. When you get to the summary items, each of you choose a different kind of summary and try to write that. Then try to write the third type together.

Finally, in working with your clients, you might choose to focus on a single technique in a session. This suggestion does not mean doing only that technique, but rather to consciously look for opportunities to practice that particular technique. For example, you might decide that you want to try to affirm a client at least three times during a session. Pay attention to how the client reacts to your practice and then discuss this with your partner.

Other Thoughts . . .

Leffingwell, Neumann, Babitske, Leedy, and Walters (2006) speculate that social psychology principles can be used to help strengthen the effect of MI. They note the importance of two concepts: defensive bias and self-affirmation theory.

Defensive bias refers to “the tendency of people to minimize the impact of personally threatening information” (Leffingwell et al., 2006, p. 2). Leffingwell and colleagues note that clients engaged in risky behavior tend to downplay the risk, challenge the accuracy of the risk assessment, and generate alternative explanations. This tendency has been found in relation to a number of problem behaviors.

Leffingwell and colleagues (2006) note that self-affirmation theory may be one method to understand this tendency. Specifically, clients have a vested interest in maintaining a positive view of self-worth, which occurs through viewing themselves as competent, responsible, and adaptive (Steele, 1988). When clients engage in behavior at odds with this tendency, they experience a form of cognitive dissonance and thus must react to reduce that psychological discomfort. Specifically, they discount the message. Since MI is often working to bring clients face to face with difficult realities, this human tendency toward a defensive bias presents a challenge.

Leffingwell and colleagues (2006) also note that engaging clients in self-affirming activities, prior to encountering these challenges to self-worth, may reduce this defensive bias—even when these prior activities are not directly aimed at the material that follows. For example, having clients explore important personal values seems to provide this protective effect. These conclusions also suggest that having clients engage in an exploration of the positives of a problem area, before asking about the less positive aspects, may help to reduce this defensive tendency by making the behavior less ego-threatening. This shift might be
expressed in more direct language: “I can see that I get these things out of the behavior, so it’s not so odd that I would do it; still, it would be better if I didn’t.”

There has been considerable discussion within the MI training community as to whether it is advisable to explore sustain talk, as is suggested above. Although there are some data to suggest that caution is warranted, it is not—to my mind—a settled matter. However, it is important to note that this technique is done strategically and differentially, not in an equally balanced manner. This approach fits with an idea we will return to later in **evoking**: It is the *balance* of change and sustain talk that is important, not just the appearance of change talk.
EXERCISE 5.1. Converting Closed Questions

We often ask stock questions of our clients. This exercise asks you to convert common closed questions that may or may not be a part of your setting. After completing these questions, think about additional ones used in your work. Write those down and then convert them as well. Try to identify two alternative questions for each common question.

**Are you doing OK today?**

1. 

2. 

**Are you married?**

1. 

2. 

**How much do you drink on a typical drinking occasion?**

1. 

2. 

**Did you have a good day in school today?**

1. 

2. 

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Sample Responses for Exercise 5.1

Are you doing OK today?

1. What has been good in your day so far?
2. Where would you like to start today?

Are you married?

1. Tell me about the important relationships you have in your life.
2. What’s your home situation look like?

How much do you drink on a typical drinking occasion?

1. What’s a typical drinking occasion look like for you?
2. Tell me about what a night out looks like.

Did you have a good day in school today?

1. What did you talk about at lunch today?
2. What is something interesting or funny that happened today?
EXERCISE 5.2 Targeting Questions: Engaging

It is also useful to practice forming good questions that target where clients are in the four processes. In this activity you will read a client statement and then form two different questions that might be helpful to foster engaging. We will return to these prompts as we discuss the other processes (focusing, evoking, and planning) to practice developing other sorts of questions as well.

1. I think the child needs to understand that you’re the parent and that he [she] needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.

   Question A:

   Question B:

2. I don’t get what we are supposed to be doing here.

   Question A:

   Question B:

3. I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.

   Question A:

   Question B:
4. I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.
   Question A:
   
   Question B:

5. My problem is my wife and her constant complaints.
   Question A:
   
   Question B:

**BONUS**

6. Here we go again: same old stuff, just a new version.
   Question A:
   
   Question B:
Sample Responses for Exercise 5.2.

1. *I think the child needs to understand that you’re the parent and that he [she] needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.*
   
   Sample Question A: Tell me a little more about what being a parent means to you.
   
   Sample Question B: How does parenting fit into the big picture of your life?

2. *I don’t get what we are supposed to be doing here.*
   
   Sample Question A: What’s your understanding of why you are here?
   
   Sample Question B: What information would be useful for you?

3. *I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.*
   
   Sample Question A: What are the feelings like after one of these episodes when you’ve felt pushed and then reacted in a way you didn’t like?
   
   Sample Question B: What are those times like when you are not pushed to the edge?

4. *I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.*
   
   Sample Question A: What sorts of crap have you been dealing with?
   
   Sample Question B: Tell me about the big picture of your life and how this crap fits into that picture.

5. *My problem is my wife and her constant complaints.*
   
   Sample Question A: What would need to happen for your wife to quit complaining?
   
   Sample Question B: So, your wife is unhappy with some things—how about you?

6. *Here we go again: same old stuff, just a new version.*
   
   Sample Question A: What does this pattern look like to you?
   
   Sample Question B: This is one part of your life you don’t like. What are some of the other parts you do like?
EXERCISE 5.3  Finding Affirmations

In this activity you will read about a client, consider the situation, write down the strengths you observe, then form affirmations based on these strengths. Try to use “you” language.

A person with diabetes recently switched to using an insulin pump and has been having alternating high and low blood sugar levels. She is checking her blood glucose levels at least five times daily and is using the pump to deliver extra insulin as she needs it, but this may also be causing the highs and lows as she tries to correct for problems. She is being awakened by low blood sugar in the middle of the night. Her diabetes educator tried to talk with her about this pattern, and she responded by noting that it was his idea to use the pump.

1. Strengths:

2. Affirmation:

This young man stands before the juvenile justice judge for the third time in less than a year. He was arrested for possession of marijuana. He was hanging out with a group of other homeless young people on the avenue when some college students started hassling them. He jumped in and a brawl ensued. As the police arrived and broke up the fight, his bag of weed fell out of his pocket. He takes an insolent attitude in the courtroom each time he is there.

1. Strengths:

2. Affirmation:

A harried executive complains that she is struggling to manage the many tasks in her life. She is always tired and finds it a struggle to get out of bed when the alarm goes off at 5 A.M. She finds herself drinking more wine than she did a few years ago just to unwind at the end of the night, after the kids are in bed and the last e-mails of the day have been sent. Her husband is worried about her stress, but his attempts to talk about its impact are met with snarling responses about her needing to wear the pants in the family.

1. Strengths:

2. Affirmation:
Elmer is 95. He lives alone but now resides in a facility with assisted care available. He attends exercise groups intermittently and enjoys interacting with neighbors. He comes to family gatherings but has trouble hearing in group situations and so often feels isolated. Increasingly forgetful, he requires that things be explained repeatedly and grumbles about others mumbling. To his son, the recipient of these repeated requests and frequent complaints, these communications feel manipulative.

1. Strengths:

2. Affirmation:

Trudy smokes. She knows it isn’t good for her and is fed up with people reminding her of it. Over time, she has come to realize that her social habit has moved to a full-fledged addiction. At some point, she will stop, but just not yet. Indeed, with all the other things happening in her life, this is the one area she feels is her own. She feels guilty about it and tries to hide it from others.

1. Strengths:

2. Affirmation:

Amos is a “man’s man.” As he puts it, “I work for a living.” He hangs steel on high-rise buildings. He works in an environment where one false step could lead to a very long fall. He doesn’t take crap from anyone, including his superiors, and this attitude has cost him at times. His wife complains about his being distant; he’s not even sure he knows what she means. Although he does love her and tells her so, he also is annoyed by her constant nattering and the demands that he talk more. He buys flowers for her, watches her programs on TV occasionally, and does his “honey do” list faithfully. He finds himself becoming increasingly ornery when she demands that he go to counseling to learn to communicate better. Last night he swore at her when she again brought up counseling, and now he feels guilty, but he doesn’t want to “give in” either.

1. Strengths:

2. Affirmation:
Sample Responses for Exercise 5.3

A diabetic is having trouble controlling her A1C (blood glucose).

1. Strengths:
   - Engaged in trying to control her diabetes (checking her glucose five times a day, delivering extra insulin to control her glucose).
   - Persistent in checking her blood glucose levels.

2. Affirmation:
   - You are quite determined to get this stuff under control, despite some setbacks.

This young man stands before the juvenile justice judge for the third time in less than a year.

1. Strengths:
   - Defends his friends.
   - Willing to stand up for himself, even if it costs him.

2. Affirmation:
   - You are a loyal friend who defends others, even when it causes you trouble.

A harried executive complains that she is struggling to manage the many tasks in her life.

1. Strengths:
   - Willing to work very hard for her family.
   - Continues to rise to the challenge, even though it’s getting harder to do.
   - Able to delay her needs until others’ needs are met (kids’, senders of email).

2. Affirmation:
   - You are someone who can work extremely hard, even to the point of delaying your own needs, when you feel that is what is required of you.

Elmer is 95.

1. Strengths:
   - He is independent and sociable.
   - Continues to seek out ways to be active and healthy.
   - He wants to engage with his family and thus asks questions.

2. Affirmation:
   - You are someone who really wants to be engaged with people and especially with your family.

(cont.)
Trudy smokes.

1. **Strengths:**
   - Independent minded.
   - Aware of changes in her behavior and it bothers her.
   - Wants to be healthier.

2. **Affirmation:**
   - You are somebody who makes up her own mind. You will not simply cave to the desires of others, and in fact you may be quite determined once you’ve made up your mind.

Amos is a “man’s man.”

1. **Strengths:**
   - He loves his wife and tries to express that to her, in his way.
   - He’s willing to stand in the face of criticism and disagreement.
   - He recognizes when he’s gone too far.

2. **Affirmation:**
   - You are someone who cares deeply for your wife, and you’re willing to show it in ways that make sense to you.
EXERCISE 5.4.  Strengths within My Clients

Think about your clients and your work context. What challenges do your clients encounter in this context? What resources do they bring to the session? For example, in a welfare setting, there is often the perception that clients scheme to gain greater benefits and are not forthcoming in describing their situations. Client strengths within this context might include:

- The ability to observe how systems function.
- The capacity to perceive opportunities.
- Awareness of strengths and how to use these to meet needs.
- Creativity in making the system provide what they want and need.
- The ability to make active decisions on their own behalf.
- Determination, fortitude, and chutzpah.

Now think about your clients. Don’t just stop at the obvious negative evaluations (e.g., “My clients are good at lying”), but find the strength that might underlie this behavior. Once you’ve made an exhaustive list, consider what resources these strengths bring to your clients and how you might communicate this awareness in a manner that builds momentum for positive change. Here are the steps:

1. Make a list of client strengths and then answer each question for that strength.
2. How does the client express this strength?
3. How does this strength help the client?
4. Write an affirmation using a “you” statement.
Worksheet of Client Strengths for Exercise 5.4

Example: A recent heart attack victim continues to eat high-fat foods.
Strength: Determination to make his own decisions.

Expression? Resists changing behavior when his physician tells him that he must change his eating habits or face another heart attack.
Helps how? Allows him to maintain some control in a situation that may feel out of control. Provides a sense of integrity. Consistent with values.
Affirmation? You’re not somebody who does something just because somebody says you must. You have to decide if it is right for you, and sometimes this means standing against some pretty formidable pressure.

(Copy as needed for different situations.)

Your client’s situation:

Strength(s):

Expression of these strengths?
Helps how?
Affirmation?

Strength(s):

Expression of these strengths?
Helps how?
Affirmation?
EXERCISE 5.5. Building Summaries

Read the transcript and label the different techniques the practitioner uses. Then place yourself in the practitioner’s chair. Write the summary you might find helpful. Try to choose one type (collecting, linking, transitional) prior to writing your summary. Remember to be selective in what you include in the summary. Once you’ve done one summary, then write another, using a different summary type.

<table>
<thead>
<tr>
<th>Practitioner/client statements</th>
<th>Type of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>P: Tell me why you are coming to this vocational rehabilitation agency now.</td>
<td></td>
</tr>
<tr>
<td>C: What do you mean?</td>
<td></td>
</tr>
<tr>
<td>P: What is it about right now that made this feel like it was the right time?</td>
<td></td>
</tr>
<tr>
<td>C: I need to get back to work to support my family. My pain is better, so I need to do something.</td>
<td></td>
</tr>
<tr>
<td>P: Feeling better allows you to think about working again.</td>
<td></td>
</tr>
<tr>
<td>C: Yeah. I mean, 2 months ago I was still worried about the finances, but I was just too uncomfortable to do anything.</td>
<td></td>
</tr>
<tr>
<td>P: You’re more comfortable now, and that opens the door to some of these other things you’ve worried about.</td>
<td></td>
</tr>
<tr>
<td>C: I don’t want my wife to work so many hours. She’s really had to do extra, and she’s got her own health problems. And I just want to take care of my family instead of lying around at home.</td>
<td></td>
</tr>
<tr>
<td>P: You are not someone who likes being idle. You are a provider. It really bothers you that you’ve been unable to provide, and it hurts even more watching the costs to your wife.</td>
<td></td>
</tr>
<tr>
<td>C: Exactly. I’ve worked my whole life and then I hurt my back—and all of sudden I can’t do anything. I need to be doing something—I just haven’t been able to, and that has left me pretty down.</td>
<td></td>
</tr>
<tr>
<td>P: (Writes a summary.)</td>
<td></td>
</tr>
</tbody>
</table>
### Key for Exercises 5.5

<table>
<thead>
<tr>
<th>Practitioner/client statements</th>
<th>Type of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>P: Tell me about why you are coming to a vocational rehabilitation agency now.</td>
<td>Open-ended question.</td>
</tr>
<tr>
<td>C: What do you mean?</td>
<td></td>
</tr>
<tr>
<td>P: What is it about right now that made this feel like it was the right time?</td>
<td>Open-ended question.</td>
</tr>
<tr>
<td>C: I need to get back to work to support my family. My pain is better, so I need to do something.</td>
<td></td>
</tr>
<tr>
<td>P: Feeling better allows you to think about working again.</td>
<td>Reflection.</td>
</tr>
<tr>
<td>C: Yeah. I mean, 2 months ago I was still worried about the finances, but I was just too uncomfortable to do anything.</td>
<td></td>
</tr>
<tr>
<td>P: You’re more comfortable now, and that opens the door to some of these other things you’ve worried about.</td>
<td>Reflection.</td>
</tr>
<tr>
<td>C: I don’t want my wife to work so many hours. She’s really had to do extra, and she’s got her own health problems. And I just want to take care of my family instead of lying around at home.</td>
<td>Affirmation. Brief collecting summary.</td>
</tr>
<tr>
<td>P: You are not someone who likes being idle. You are a provider. It really bothers you that you’ve been unable to provide, and it hurts even more watching the costs to your wife.</td>
<td></td>
</tr>
<tr>
<td>C: Exactly. I’ve worked my whole life and then I hurt my back—and all of sudden I can’t do anything. I need to be doing something—I just haven’t been able to, and that has left me pretty down.</td>
<td></td>
</tr>
<tr>
<td>P: So you’re here now because you can be. Two months ago, you couldn’t have done it. But now that you can, it’s really important—maybe critical—for you to begin caring for your family and your wife again by working. It’s who you are. (Or) Linking summary, which works to solidify motivation.</td>
<td></td>
</tr>
<tr>
<td>P: Let me see if I’ve got this so far. You have been feeling better physically and so you decided it was time to come in. You were feeling pretty down when you weren’t working, but now that you can provide for your family, you are ready to do it. What sorts of things have you been considering doing?</td>
<td>Transitional summary that opens a new area of inquiry.</td>
</tr>
</tbody>
</table>
In Chapter 2 we practiced making reflections in response to podcasts, talk radio programs, or TV talk shows. This exercise extends that practice to the formation of summaries. Listen for an interchange and then when you’ve gathered enough information, pause or turn off the podcast, radio, or TV and create a summary of what you heard. Remember, be succinct, include any ambivalence you notice, and reinforce change talk. You can use the same technique with reading a newspaper column.

Why do I call this “real-time, drive-time summaries”? Because if you’re stuck in a car during your daily commute, this is a chance to practice this skill. And since there are no recordings on the car radio, this happens in real time!
As the commercial break came to an end, the sports radio host reintroduced the topic under discussion:

“We’re talking about parents at youth sports events today, and my cohost Michael is someone who gets upset at games. So, I’m curious, Michael, exactly what is it that you say?”

“‘C’mon, Ref! Just let the kids play!’ Or, ‘What’s going on? What are we doing here?!’”

“You’re not yelling at the coach or the kids.”

“No. I never yell at the coaches or the kids.”

“But, really? You’re yelling at kids who referee and are working for free or for $3 a game?”

“No. They make $10 a game and these are not kids. These are mostly middle-aged men.”

“Still. Aren’t you ashamed of yourself?”

“They could at least not be lazy. I mean, c’mon—run up the court!”

“Isn’t this a little bit like yelling at your kid’s teacher? Would you ever do that?”

“No. No. I wouldn’t do that, but these are not my kid’s teachers.”

“So, you’re willing to risk getting thrown out of the gym and you won’t even be able to see your daughter play. Wouldn’t that bother you?”

“Yeah, and I’m not proud of it, but that hasn’t happened yet. I just start getting competitive and I can’t seem to stop myself. I mean, I tell myself not to and I don’t want to embarrass her, then there I am. I don’t understand it.”

“It also occurs to me there is something else here. Whose time is it, anyway? Is it your time or is it her time? This is especially surprising, Michael, because you’re so good at putting yourself in other people’s shoes. It seems like you’re taking away from her time. I mean, you had your time. You were a great high school and college athlete. You played professional sports. As a parent, I know how hard you focus on what your kids need and not what you need. So, whose time is it anyway?”
“Whoa!” Pause, then more quietly, “That’s the first thing in this segment I’m writing down. That’s really, really good. ‘Whose time is it, anyway?’”

Something happened for Michael in this last interaction—what was it? If we look at the techniques, there were reflections and questions before, so this was not new. Yet something at this point was different for Michael. Although the other points might seem to have validity, they were insufficient to make a difference in how Michael thought about the situation. Some even provoked counterarguments. It seemed the cohost’s question “Whose time is it, anyway?” combined with his reminding Michael about his empathy and beliefs about parenting tap into something important: Michael’s values. Why would Michael’s values matter more than some of the other reasons for not complaining at the referees?

A Deeper Look

In describing MI to trainees, a colleague says that many therapies focus on the “what” and the “how” of change, but MI addresses the “why.”1 This is not a new concept. In the 1970s Rokeach was exploring the role of values in people’s lives. It seemed to him that values can guide decisions and behavior, though not always. Rokeach found that it was possible to make differentiations between values core to the individual and those that were more peripheral; that’s not a terribly big surprise. Not all values weigh the same for us. However, he also demonstrated that asking people to examine the relationship between values could lead to a shift in the prioritization of these values and a subsequent change in behavior that was long-lasting (Rokeach, 1973). But, we are jumping ahead to the focusing and evoking processes, and for now we’ll stay with engaging.

If our aims are to provide a safe environment and try to understand who this person is, then the exploration of values and goals is a straightforward proposition. These areas allow us to understand at a much deeper level who clients are right now and where they want to go in the future.

Values

There are formal and informal ways to explore values. One informal way is to simply observe and reflect when values seem to be expressed. Our radio cohost, in the opening, stated, “This is especially surprising, Michael, because you’re so good at putting yourself in other people’s shoes.” He then added, “As a parent, I know how hard you focus on what your kids need and not what you need.” Both of these statements reflect values the cohost observed in Michael.

Another informal method is to ask questions that elicit values. Here are a few examples:

“Who are three or four of the most important things in your life?”

“As you consider your life, what are the things that define you at your core?”

1 Although many have picked up this banner, Chris Dunn was the first I heard articulate it.
“When you are at your best, what are you like as a person?”

“If I were to ask a friend, what would be the things he or she would say define you as a person?”

“If you were to become the star of your own reality TV show, what would people observe as the camera followed you all day long?”

In addition to these informal approaches, a more formal approach can also be used, such as a values card sort (VCS). The VCS involves using a deck of cards on which different values are printed, and which can be sorted into different piles. These cards can be found on the Internet by searching “values card printable”; they can also be obtained through the MINT website (www.motivationalinterviewing.org). There are many variations on how to do the values exercise. Here is how I approach it.

Begin by asking clients to sort the cards into “Not Important” and “Important” piles. When many cards inevitably end up in the “Important” pile, take a moment to affirm that many things are important to the client, and note that most of us, in fact, have many values.

Then ask the client to set aside the less important cards and from the “Important” cards, select the five or so “Most Important” cards, placing them under the “Most Important” card. Then have the clients tell, in any order, what the word on each of the Most Important values cards means to them. Listen empathically, working to understand the unique meanings each value holds for the client and listening for underlying themes, connections, or tensions among them. A nonjudgmental attitude, in combination with a liberal use of OARS, is essential in this process.

For the purposes of engaging, the value sorting activity would end here. That is, we now have a deeper sense of who this person is and what makes these things important to him or her. Traditionally, though, MI therapists have moved into focusing and evoking, which include additional questions about these values and how they’re present in the client’s life. We return to these ideas in Chapter 10.

Although the elicitation of values can have a backward-looking quality (as we find out the values’ origins), its purpose is to understand the present and begin orienting the person toward the future. This is an important concept. MI doesn’t ignore the past, but we also don’t spend a lot of time trying to ferret through it. Instead, we work to bring the person or people into the present moment and from there, begin focusing on how they would like the future to look. As we consider values, then, we work to understand what these mean right now to the individual. Ingersoll and Wagner (2013) note that this shift has the benefit of moving from a focus on problems to broadening the perspective of the individual and groups (in that setting). This broadened perspective then has the potential to open clients to the possibility of new opportunities.

There is also a noticeable shift in emotional tone as people move from a problem focus to a value focus. Asking people to talk about what they value will often bring a softening to the hard edges in a mandated group. That is, people reconnect with who they are (real self) and who they want to be (ideal self). However, accomplishing this shift is not always easy.

2 Thanks to Michelle Stephen and PRI for this approach.
Hopes and Goals

Whereas values have a present focus primarily, goals have a future focus by definition. Goals are things I am interested in attaining. In considering this area, we may need to differentiate hopes/dreams from goals. Hopes and dreams are broad things for which we wish, such as “I want to become a better husband.” Goals, in contrast, are the specific things I might do to attain that hope: “I will set aside 15 minutes each day to just listen to what is on my wife’s mind without interrupting her or giving her advice.” Both elements—hopes and goals—are important. Hopes provide inspiration to strive beyond our current circumstance, and goals give “legs” to those hopes.

It is tantalizing to want to move from hopes to goals early in the engagement process. However, this shift may leapfrog us prematurely from engaging all the way to planning. That is, early in a session or change process, we may hear some tentative language about change, and we may wish to capitalize on that opening. We see an opportunity to help the client move, and so it is enticing to try to set some concrete goals. When we do this, however, we fall into the trap of believing that the how and what are more important than the why of change. The dance required here is how to elicit this information without moving into problem solving about how to achieve these things. Once again there may be both formal and informal ways to accomplish this task.

Informal methods again rely on reflections and open-ended questions. Here are some examples of open questions:

“What are some of the things you wish to move toward in your life?”

“When you think about your future, what are some of the things you’d like to have in it?”

“If you were able to leave the past behind and accomplish some of the things you would like to do, what might those things be?”

“What are you hoping to accomplish in the next 3 to 6 months? Five years?”

“How do you want your spouse to see you as a partner?”

“If we were to be successful in our work together, what would that look like?”

There is a hypothetical quality to these questions. The phrasing asks the listener to consider what his or her preferred future would look like. As with values, it is also likely that through careful listening, we will discern the person’s hopes and goals. We will then use reflections, affirmations, and summaries to highlight, affirm, and deepen these discussions.

We may also use more formal methods to elicit these goals. For example, we could ask our clients to engage in an envisioning process. That is, we ask clients to close their eyes or focus their attention on a point in the room—whichever way feels the most comfortable to them. Then we go through a process of deep breathing and relaxing the body. There are many different ways to do this, and many fine examples can be found on the Internet. The aim is to be in a relaxed state with focused attention. My preferred method is breathing through the nose deeply, holding the breath momentarily, and then exhaling through the mouth. I do this five or six times with the client, and then shift to normal breathing and a focus on bodily awareness, using statements such as “You’re relaxed but aware.” When
ENGAGING

relaxed, ask the person to imagine a future 6 months from now. The particular circumstances will depend upon the individual, but most clients can be asked to “see” or “feel” or “sense” this hoped-for future. Have them engage the different senses as they observe what is happening. Ask them to notice what tells them they have been successful in creating this future, and have them sit with and enjoy these feelings. Then return clients to the present, using a countdown to make the transition and asking them to open their eyes when ready. What follows next is a series of questions designed to elicit information about this inner imaginal experience. Here are some examples:

“What was happening?”

“Who was there?”

“What told you that you’d been successful?”

“What was it like being there? What did you feel like?”

“As you think about what you were doing in that situation, what are some of the things that are already happening now?”

This last question obviously can become a bridge toward moving into focusing and evoking, so we need to be thoughtful about how far we go down this path. Also, although this technique is not an MI strategy per se, it does accomplish important elements of engaging, including feeling safe, eliciting positive emotion, and particularly generating hope.

Another method to investigate hopes and goals is to create a future timeline. With this approach, we use a sheet of paper and at one end mark the present and the other mark our future self at some agreed-upon time point. The length of this time will vary by age and problem areas. For adults this timeline can be longer (years), whereas for adolescents it may need to be shorter (months). Some groups—such as some categories of drug users—may have decreased capacity for envisioning long-term futures, so the timeline may need to be shorter. As we do throughout MI, we suggest ideas, but we have clients decide the correct time points for them. We then ask them to fill in some of the points along the way. This continuum provides a roadmap of sorts, to which we can return when the client is ready to begin planning. For now, our aim is to elicit these points and discuss with clients why these are important to them.

There are many other creative ways to accomplish this same sort of task. For example, we can ask clients to make a drawing or a collage (by cutting out pictures from magazines) to represent who they would like to become, write a mission statement, or draft the obituary they would like when their life is over. The most important elements of this task are that it feels engaging to the client, creates positive emotion (though some negative feelings may also be present, as noted below), and helps the client identify hopes and goals. Then we use our OARS to explore these areas with the client. To use a Miller and Rollnick (2013) metaphor: Imagine that we are sitting on a couch with the client looking at a photo album. As he or she is describing to us what the photo represents, we use our OARS to deepen our understanding.

Miller and Rollnick (2013) note that integrity, which they define as a matching of values and behavior, is a goal for which we aim for but often fall short. It seems to be an inherent
part of the human condition that we will fluctuate in this regard. Our awareness of this discrepancy will also waver. As we move into focusing and evoking, we draw clients’ attention to this discrepancy, but even without this intention, the act of asking about values and goals will lead the clients eye to them. I think that is what happened for Michael during that radio show. When his cohost asked “Whose time is it, anyway?” he activated a core value in Michael of being an empathic parent. It seems his attention then moved from lower-priority values of fairness and effort, toward the discrepancy between his aspirations as a parent and his behavior.

Concept Quiz—Test Yourself!

True or false:

1. T F Reflections and questions can provoke counterarguments.
2. T F MI is mostly about the what and the how of change.
3. T F Asking people to examine the relationship between values can lead to a shift in their prioritization of values.
4. T F Exploration of values is a way for us to understand clients at a deeper level within a safe environment.
5. T F When exploring values during engaging, we should work to provoke discrepancy.
6. T F Values exploration can lead to a shift in the emotional tone of interactions, especially with mandated clients.
7. T F Hopes and goals are synonymous.
8. T F During engaging, if people provide goals, we should work to break these down into specific steps.
9. T F Miller and Rollnick indicate that achieving integrity between values and behavior is a goal for which we often fall short.

Answers

1. T Indeed, as shown in the opening dialogue, reflections and questions can provoke counterarguments. This is something we will discuss more in the following chapters, but it reinforces that MI is directional and that we choose to attend to some areas and not others, because some directions are more likely to be productive for the client.
2. F MI is mostly about the why of change. The what and how of change are part of the discussion later in the four processes; the what and how of change are also more the province of the client and other therapies (e.g., cognitive-behavioral therapy [CBT]).
3. T Rokeach’s research demonstrated that the simple act of asking people to examine the relationship among their values can lead to a shift in their prioritization of those values, which can be long-lasting and lead to changes in behavior.

4. T An exploration of values is a way for us to understand clients at a deeper level within a safe environment. It allows clients to decide how much to share, and provides a vehicle through which this sharing can happen.

5. T Learning what clients value provides us with an opportunity to see clients as not only who they are, but also who they would like to be—two rich sources for affirmations.

6. F The critical element in this statement is “when exploring values during engaging.” Working to develop discrepancy would be an *evoking* process. For now, our aim is to simply understand what matters to this client and why it matters, even as we also know this process will often begin to provoke some internal reflection. Still, that evocation is not the intent of the activity at this point.

7. T My experience suggests this is especially true in mandated situations where negative emotions are running high, though most clients experience a similar shift. It’s as if clients are coming home to their best selves.

8. F Hopes and goals are *not* synonymous. *Hopes* tend to be broad aspirations; they are things for which we wish. *Goals* tend to be more specific and provide the method through which those hopes are achieved.

9. F Although it is very tempting, we do not move into problem solving during *engaging*, but instead attempt to understand what makes these goals important and how they fit into those larger aspirations. Later, during *planning*, we will operationalize those goals by attending to things like implementation intentions.

10. T This is an important point. It’s not just clients who fall short. We also fall short. It is part of the human condition.

**In Practice**

Let’s return to Michael and imagine that we were his cohost. We pick up where the dialogue left off and use our skills, while trying not to sound like a “radio shrink.” We’ll label our statements with P.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>M: Whoa! <em>(pause, then more quietly)</em> That’s the first thing in this segment I’m writing down. That’s really, really good. “Whose time is it, anyway?”</td>
<td>Surface reflection.</td>
</tr>
<tr>
<td>P: Yeah. I’m intruding on her time.</td>
<td>He applies the idea directly.</td>
</tr>
</tbody>
</table>
Exploring Values and Goals

Statement

P: And having it be her time is something you value. Why? What makes that important to you?

M: I think as parents we have a few essential jobs. One is to provide for our kids based on their needs and not ours. These sporting events are not about what I need—even though I love watching her play—it’s about her needs and her time to shine. And when I bitch at refs, I’m making it about me.

P: So, it’s what she needs from you as a parent. That seems like a pretty deep insight, for a former football player, about how you want to be as a parent.

M: Yeah. All right, all right. But the truth is, I had good role models in my mom and pop.

P: So, you know what it looks like.

M: Sure do.

P: I am curious. Your ability to put yourself in other people’s shoes is not only something you do well, but also seems important to you. What about that makes it so significant to you?

Commentary

Dips below the surface a bit. Note the open-ended question does not target the discrepancy but rather the nature of the value.

Provides a good deal of information and insight.

Reflection and a playful affirmation.

Client adds information.

Deeper reflection.

There is an affirmation embedded in this second value. It’s followed by an exploratory question.

This isn’t therapy, but it is a good discussion we might imagine between friends. In it, we see core skills at play, as well as an intentional effort to focus and deepen our understanding of Michael. Also, inherent in this dialogue is the tension between hearing openings to develop discrepancy and elicit change talk, and the aim to simply engage at this point. Walking through this opening might prove productive or it could prove to be premature, a step into focusing without fully understanding what this client wants and why. Of course, the natural question then is, when do we move forward to this next process? What are the cues it is time? We’ll address these questions later in the focusing section (Part III), but for now it is a decision based on the client, our intervention circumstance, our degree of relationship and engagement, the client’s readiness, and most of all the pace set by the client. Balanced against all these factors is our self-knowledge about our tendency to want to jump in and quickly move toward change.
Try This!

**Exercise 6.1. Reading Values in the Everyday**

It can be helpful to tune our ears to the values that people express. Most often people will not say “This is my value,” but instead will express it in their actions and below the surface of what is being said. Begin this task by reading snippets of people’s stories to see if you can “hear” what might be a value. The website Humans of New York (www.humansofny.com) contains a combination of images and quotes from people that change frequently. There are no right or wrong answers about your guesses. Practice tuning that ear, and for each one that you read, describe the story/image, guess at the underlying values, imagine the reflection(s) you might give, and consider the open question you might wish to ask in a follow-up. If this website is unavailable or simply doesn’t suit your needs, go to Google and type in “people’s stories.” This search will net a wide array of options from which to choose. Use the accompanying form.

**Exercise 6.2. Hearing Values in Everyday Life**

Now, let’s move that hearing to real time. Listen to podcasts of dialogues where people tell stories about themselves. The StoryCorps program in the United States is one such place (www.storycorps.org). Broadcast as part of National Public Radio (NPR), it invites people to tell their stories in their own words. In a more direct statement of values, you can also listen to NPR’s program of essays called, “This I Believe. . . .” Here we hear people—famous and not—reading their written essays about their beliefs. Since these are slightly longer pieces, imagine the summary you might give at the completion. Practice saying the summary aloud. Then articulate a question you might wish to ask to engage the person further. Other podcasts, such as Strangers (www.kcrw.com/news-culture/shows/strangers), offer interesting stories that would also work for this activity. Use the accompanying form.

**Exercise 6.3. Finding Hopes and Goals**

This task is either much easier or much harder. Many times, when asked, people will articulate directly what their hopes and goals are. However, when they are not asked directly, discerning their hopes and goals becomes a much more challenging task; it becomes, in essence, a bit of a treasure hunt. You can return to the Humans of New York website (www.humansofny.com) and read these stories again for hopes and goals. You can also listen to StoryCorps accounts (www.storycorps.com), which may also capture hopes and goals. Not every story will have these elements in an explicit form, however. In fact, most won’t. So your ear will have to tune in for language that points toward hopes and goals, as many people will state aspirations in indirect forms. Listen for telltale language that indicates desire forms of change talk: “I wish . . . ,” “I’d like to . . . ,” “I want . . . ,” “If I could just . . . ,” “If only. . . .” To begin this process, review a beautiful demonstration of MI by Alan Lyme (a MINT trainer) in the context of the Screening, Brief Intervention, and Referral for Treat-
ment (SBIRT) program available via YouTube (see the box at the end of the table of contents). As before, describe the situation, identify the hopes or goals, then respond with a reflection, as well as a question you might pose. Use the accompanying exercise worksheet.

**Exercise 6.4. My Clients’ Hopes and Goals**

Of course, this is the goal we’ve been moving toward: applying this skill to your clients. Think about the people you are seeing currently. What clues do you have about what their hopes and goals are? Take a little time to identify what these might be. Then put these together into a summary. Design a follow-up question that might engage them in further discussion about this area when next you meet. Then consider doing it. Imagine your clients’ delight and surprise when you tell them you were thinking about them on your time away from work and in particular what their hopes and goals might be! If you don’t have clients presently, think about other people you might know well and do the same exercise.

**Exercise 6.5. My Values**

Previously, you were asked to sort your own values regarding the work you do with clients. However, this activity is unlikely to elicit the full story of what matters to you. As with the prior activities, go online to complete this activity. In particular, find and print out a series of values cards so you can sort these. Follow the directions listed on the exercise worksheet for how to do this activity. This is also great preparation for when you do this task with clients.

**Exercise 6.6. Broadening the Perspective**

As noted earlier, clients frequently come into our settings narrowly focused on the problem area. Although this is not true of every new client, it can be helpful to find out the bigger picture of who these clients are. This exercise asks you to identify questions in other spheres of their lives you might ask to find out about who they are, what they value, and perhaps some of their goals.

**Partner Work**

All the exercises described under “Try This!” could be done in pairs. For example, in Exercise 6.6 you would develop your questions and then try them out with your partner. Don’t forget to explore the person’s answers with your reflections and affirm strengths when you hear them. In the other exercises, read or listen to a story together, then independently complete the exercise worksheets. Practice saying your reflections and summaries aloud, as this can help us hear how something does or does not work. Exercise 6.5 is probably the best suited to partner practice, since it involves listening to your partner talking about things that really do matter. This is an opportunity to broaden the conversation and go more deeply on that iceberg, by using OARS.
Other Thoughts . . .

This is a good time to consider recording your clinical sessions. There is nothing quite like hearing ourselves work to discover what we’re doing well, as what still needs attention. Digital audio recording devices are becoming less expensive and do a very good job. These can be found in many large stores. Explain to your client that you’re making this recording to continue to build your skills and be of assistance to him or her; then request his or her consent to do so. (You should also check your setting’s rules and policies regarding the recording of sessions before proceeding.) Sharing this recording with your partner can be an excellent way to receive additional feedback and coaching. Pay particular attention to whether you remain with engaging or jump quickly to planning (and problem solving). If you hear the latter happening, it may be a cue that you need to slow down with your clients.

Here are additional points you might attend to:

“How many reflections do I make?”
“How many questions do I ask?”
“How many reflections do I make for every question I ask?”
“To what degree am I partnering with my client?”

For this last question you might consider a 1 to 5 scale that looks something like this:

I do all of the work  We take turns doing the work  We work together

1  2  3  4  5

Here are some pointers to keep in mind. First, focus on improvement rather than perfection. That is, the goal should be to review multiple recordings over time to see if changes are trending in the direction you wish. Second, as with our client changes, it can be overwhelming to try changing everything at once. Focusing on one area and achieving some success seems to make the process more manageable. Finally, a good place to begin is to move that reflection-to-question ratio to one reflection for every question; that is, an R:Q ratio of 1:1. Once that is achieved, see if you can move this to a 2:1 R:Q ratio.
EXERCISE 6.1. Reading Values in the Everyday

It can be helpful to tune our ears to values that people express. Most often people will not say “This is my value,” but instead will express a value through their actions and below the surface of what is being said. Begin this task by reading snippets of people’s stories to see if you can “hear” what might be a value. Describe the story/image, identify the values, create reflections, and ask an open question, bearing in mind that the goal is engaging.

Here is a website—www.humansofnewyork.com—that is a combination of images and quotes from people. There are no right or wrong answers about your guesses, and the images and quotes change often. If this website is either unavailable or doesn’t suit your needs, go to Google and type in “people’s stories.” This search will present you a wide array of options from which to choose.

Example

Describe the image/story: An image shows a smiling man dressed in a graduation cap and gown, a woman, and two daughters who appear under age 4. The quote is, “For 2 years I wouldn’t get home until 1 A.M. Now I can be a dad again.”

Values: Hard work, education, family, achievement, and perhaps most importantly, being a dad.

Reflection(s): Although education is important, your family is the thing you hold above all others.

Open question: What drove you to make this sacrifice?

1. Describe the image/story:

Values:

Reflection(s):

Open question:

2. Describe the image/story:
3. Describe the image/story:

Values:

Reflection(s):

Open question:

4. Describe the image/story:

Values:

Reflection(s):

Open question:
Hearing Values in Everyday Life

Now let’s move this listening process closer to real time. Listen to podcasts of dialogues in which people tell stories about themselves. The StoryCorps program in the United States is one such place (www.storycorps.org). Broadcast as part of National Public Radio, it invites people to tell their stories in their own words. In a more direct statement of values, you can also listen to NPR’s program of essays called “This I Believe. . . .” Here we hear people—famous and not—reading their written essays about their beliefs. Since these are slightly longer pieces, imagine the summary you might give at the completion. Practice saying it aloud. Then articulate a question you might wish to ask to engage further. Other podcasts, such as Strangers (www.kcrw.com/news-culture/shows/strangers), offer interesting stories that would also work for this activity. Use the accompanying form to guide your responses.

1. **What value(s) do you observe in this story?**

   What’s a summary that might capture these values? Say it aloud and then write it.

   What’s an open question that could elicit more discussion about a value and does not move past engaging?

   What led you to focus on that value?

2. **What value(s) do you observe in this story?**

   What’s a summary that might capture these values? Say it aloud and then write it.

   What’s an open question that could elicit more discussion about a value and does not move past engaging?
3. What value(s) do you observe in this story?

What’s a summary that might capture these values? Say it aloud and then write it.

What’s an open question that could elicit more discussion about a value and does not move past engaging?

What led you to focus on that value?

4. What value(s) do you observe in this story?

What’s a summary that might capture these values? Say it aloud and then write it.

What’s an open question that could elicit more discussion about a value and does not move past engaging?

What led you to focus on that value?
EXERCISE 6.3. Finding Hopes and Goals

Although a direct question will often reveal hopes and goals, most often these come out in response to other queries and reflections. It becomes a much more challenging task, then, to hear and respond to these more implicit expressions. To help tune your ear, we ask you to review a beautiful demonstration of MI by Alan Lyme (a MINT trainer) in the context of the Screening, Brief Intervention and Referral for Treatment (SBIRT) program available via YouTube (see the box at the end of the table of contents). Record your responses and then check those against what is provided below.

Once you’ve done that, then you have several options. There are more MI examples on YouTube; this is one option. The problem is that many of these are fairly direct and therefore aren’t as helpful in refining your ear. However, if you feel that you need more practice, this is an excellent place to begin.

Alternatively, you can return to the Humans of New York website and read these stories again for hopes and goals (www.humansofnewyork.com). You might also listen to StoryCorps accounts (www.storycorps.com), which may also capture hopes and goals. Not every story will have these elements. In fact, most won’t. So you will need to tune your ear carefully because people often state aspirations in indirect forms. Watch for telltale language observed in desire forms of change talk: “I wish . . . .” “I’d like to . . . .” “I want . . . .” “If I could just . . . .” “If only . . . .” As before, describe the situation, identify the hopes or goals, then respond with a reflection as well as a question you might pose. Use the accompanying form.

Example:

Describe the situation: Referred by her doctor after a medication request, a woman discusses her stress and use of alcohol with social worker Alan Lyme. The meeting is brief and not meant to be an extended treatment session.

Hopes/goals: She came in wanting a prescription (goal), but the larger hope was managing her stress more effectively. She identified a few other goals: going to work, getting “this” under control, having someone to talk to.

Reflection(s): Alan does several really nice reflections that you could use. Here’s an alternative short summary.

“You came hoping to find some ways to manage your stress, with medication coming to mind first. As you’ve thought about it, some other ways—like talking to someone, managing alcohol differently—might also help you reach your aims of getting things under control and going to work.”

Open question: “What would life be like if things felt more under control for you?” (Notice how this question can target engaging, but might also elicit change talk. Of course, hopes and goals overlap with desire language, so this is no surprise.)

Now it’s your turn. For bonus work, consider going back and sorting out hopes versus goals and why you think each should go into the category you selected.
1. Describe the situation:

Hopes/goals:

Reflection(s)/summary:

Open question:

2. Describe the situation:

Hopes/goals:

Reflection(s)/summary:

Open question:

3. Describe the situation:

Hopes/goals:

Reflection(s)/summary:

Open question:
Finding Hopes and Goals (p. 3 of 3)

4. Describe the situation:

Hopes/goals:

Reflection(s)/summary:

Open question:

5. Describe the situation:

Hopes/goals:

Reflection(s)/summary:

Open question:

6. Describe the situation:

Hopes/goals:

Reflection(s)/summary:

Open question:
EXERCISE 6.4 My Clients’ Hopes and Goals

Think about the people you are seeing currently. What clues do you have about what their hopes and goals are? Take a little time to identify what these might be. Then put these together into a summary. Design a follow-up question that might engage them in further discussion about this area when next you meet. Then consider doing it. Imagine your clients’ delight and surprise when you tell them you were thinking about them on your time away from work and, in particular, what their hopes and goals might be!

If you don’t have clients presently, then think about other people you might know well and do the same exercise. If you don’t know what your clients’ hopes or goals are, take time to identify some questions you might use with them (or with new clients) to elicit this information.

1. Client (initials or pseudonym):
   Hopes/goals:
   Reflection(s)/summary:
   Open question:

2. Client (initials or pseudonym):
   Hopes/goals:
   Reflection(s)/summary:
   Open question:
3. Client (initials or pseudonym):
   Hopes/goals:

   Reflection(s)/summary:

   Open question:

4. Client (initials or pseudonym):
   Hopes/goals:

   Reflection(s)/summary:

   Open question:

Questions that ask clients about hopes and goals:

Example: “If life goes well for you over the next few years, what would you like to see in it?”
Sample Responses for Exercise 6.4

Questions that ask clients about their hopes and goals:

Example: “If life goes well for you over the next few years, what would you like to see in it?”

“What are some things you’d like to accomplish over the next 6 months?”

“When you think big thoughts about your life, what comes to mind?”

“What gets you excited when you think about what might be in your life?”

“When you’re at the end and look back over your life, what are some specific things you hope you’ll be looking back on?”

“What do you hope happens in your [work, home, relationship, leisure] life over the next couple of years?”
EXERCISE 6.5. **My Values**

The values card sort (VCS) involves using a deck of cards with values printed on them that can be sorted into different piles. These cards can be found on the Internet by searching “values card printable”; they can also be obtained through the MINT website (www.motivationalinterviewing.org). There are many variations on this approach. Here is what I would like you to do.

Begin by sorting the cards into “Not Important” and “Important” piles. Don’t worry if many cards end up in the “Important” pile. This is common. Once the cards are sorted into these two piles, set aside the “Not Important” pile. Then sort the “Important” cards into the five or so “Most Important.” Put these five or so under the Most Important card label. Then fill in the table below for each value, answering these questions:

- What does this value mean to me?
- What makes this value important to me?
- How do I express this value in my life?

Here’s an example:

**Example:** Optimism.
I try to look for the possibilities rather than the problems.

<table>
<thead>
<tr>
<th>What does this value mean to me?</th>
<th>What makes it important to me?</th>
<th>How is this expressed in my life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that my attitude is critical in what happens in my life. This is not Pollyannaish belief that everything always has a purpose or will turn out all right. Terrible, senseless acts happen in this world. Rather, it’s the firmly held belief that what I look for is what I will find, and that looking for the positive and hopeful will serve others and me much better.</td>
<td>It can be easy to slip into negativity, so I try to focus on gratitude for what is going well right now and then think about how can I find something of value in what is occurring. When bad things happen, I try not to dwell on them and instead recognize the lesson and move forward. I actively look for ways to feed that optimism.</td>
<td></td>
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</tbody>
</table>

**My Top Five Values**

<table>
<thead>
<tr>
<th>What does this value mean to me?</th>
<th>What makes it important to me?</th>
<th>How is this expressed in my life?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What does this value mean to me?</td>
<td>What makes it important to me?</td>
<td>How is this expressed in my life?</td>
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</tbody>
</table>

As you look at this table and your answers, what surprised and intrigued you? Where did you feel affirmed or supported?

What would it be like if these values were alive and thriving in your life over the next year?
EXERCISE 6.6. Broadening the Perspective

Clients frequently come into our settings narrowly focused on the problem area. Although this is not true of every situation, it can be helpful to elicit a bigger picture of who this person is. This exercise asks you to identify questions you might ask in other spheres to both find out more about clients: who they are, what they value, and perhaps some of their hopes and goals. There are areas listed below you might target fruitfully, but there may also be ones that are not listed but you feel are important. For example, education is not included here, but it very well could be. Feel free to add any additional categories under Other areas.

Spouse/partner/significant other:

Family:

Fun/play:

Health:

Spirituality:

Nutrition:

Adventure/excitement:

Achievement/ambition:

Hopes/dreams:

Other areas:
Sample Responses for Exercise 6.6

Spouse/Partner/Significant Other

- Many folks, but not all, have a significant other in their lives. How does that fit into your life?
- Tell me the story of how you two met and became interested in each other.
- What is that relationship like for you now?
- What would you like that relationship to be like?

Family

- Tell me about your family situation now.
- What are some of the joys in your family?
- What’s a dinnertime conversation look and sound like in your house?
- What are some of your hopes for your kids?

Work

- Meaningful activity is important in life. Tell me about the meaningful activity in your life.
- What gives you energy and excitement?
- How does work fit into those things?
- What goals do you have for work?

Fun/Play

- If meaningful activity is important in life, so is play. How do you find fun or play in your life?
- When are times you feel totally relaxed and at ease?
- How does family fit into those relaxing activities/times?
- What are some of your fun “bucket list” items?

Health

- Tell me a little bit about your health.
- How does your current health fit with how your health has been in the past?
- What sorts of things do you do already to take care of your health?
- What, if any, hopes or goals do you have for your health over the next year or so?

Spirituality

- Spirituality can be an important part of many people’s lives. How does that show up in your life, if at all?
- How does organized religion fit into this picture?
- What’s your sense of how these things do or do not fit into your future?
- What, if any, changes might you see happening?
Sample Responses for Exercise 6.6 (cont.)

**Nutrition**
- What’s your diet look like?
- What’s a typical set of meals across a day look like for you?
- How do you feel regular eating habits support some of your hopes in areas such as health and family?
- How does nutrition fit into your life?

**Adventure/Excitement**
- What do you do for adventure or excitement?
- People tend to fall along a continuum for seeking new sensations, with some people liking highly stimulating experiences a lot and other’s not so much. Where do you fall?
- What are some chances you took that you feel proud of?
- How does finding adventure or excitement fit into your life in the coming months?

**Achievement/Ambition**
- What sort of achievement matters to you?
- People tend to fall along a continuum for ambition, with some people wanting to just get what they need and live a simple life, and, on the other end, people who intend to leave their marks on the world. Where do you fall?
- If you were to look back at the end of your life and say “That was a well-lived life,” what might you be seeing in it?
- If a friend hosted a testimonial dinner in your honor, what might he or she say?

**Hopes/Dreams**
- What sorts of hopes/dreams stir you?
- What inspires you to want to do or be more than you are now?
- When you were a kid, what did you dream about doing with your life? How about now?
- When you lie in your bed at night and let your mind wander about the coming years, what do you hope is in them?

**Other Areas**
- How do you find or express creativity in your life?
- What do you do when you have a free Saturday afternoon and you can choose whatever you want to do?
- How do you learn best? What would you like to learn to do in the future?
- How does music fit into your life?
- What sorts of sports do you enjoy playing? Watching?
- What have I not asked you about that you think I should know?
Merriam-Webster’s definition of focusing includes:

- To bring into focus.
- To come to a focus.
- To cause to be concentrated.
- To adjust one’s eyes or a camera to a particular range.
- To concentrate attention or effort.

With our essentials packed and the relational foundation set for our MI work, the question is, where do we go from here? Although seemingly an obvious question, the answer may feel elusive. Practitioners may express this uncertainty when they offer, “I use OARS, but I don’t seem to be getting anywhere.” This answer then becomes a critical part of the change process. Where are we going? This, of course, fits naturally with our river rafting metaphor for the processes.

We are now in the river and understand a bit more about how this trip will happen. But we haven’t quite decided the answers to important questions such as where exactly are we going, how will we know when we are there, and what route we will take?

The answers to these questions will vary tremendously depending on our clients, our setting, and our expertise. In short, we need a direction of travel. Without it, our clients and we tend to bounce from one topic to the next, rarely achieving the results we wish, as our attention and efforts shifts constantly. We row in circles or wander aimlessly from one side of the river to the other.

At its most basic, focusing is finding that consistent direction of travel. Yet, it is more. It is helping the client and us bring the elements of their lives into focus and together concentrating our attention and efforts. From an MI perspective, focusing has three elements:
1. Developing and maintaining a specific agenda
2. Discovering what is important to clients
3. Recognizing it is an unfolding and evolving process

These three elements are interwoven, which will become apparent as we work our way through these ideas in the next few chapters. With regard to the first element, we know there is a specific agenda we often have as part of our work: Identify and treat disease; assist with literacy; aid the offender in returning to society, while preventing further crime; protect children and help them thrive; and reduce the problems associated with high-risk alcohol and drug choices. These are just a few examples.

Clients often have a starting agenda: Discover what is causing their unexplained fevers; not be embarrassed by reading struggles; avoid as much contact with us as possible; get the judge, spouse/partner, or boss off their backs; or just to try to understand what is happening to them. Although these might be embarking points for clients, their agendas are not necessarily the place the work will end ultimately. As we discover what is important to clients, new areas begin to emerge, offering additional avenues for exploration. Of course, we must also keep in mind the agendas that we bring to this process. The how of this process will be discussed more in the following chapters, but suffice it to say for now that we will be transparent and will work to weave these elements together.

Not surprisingly, then, focusing is an evolving and unfolding process not only for us, but also for clients. At the beginning of our work together, clients may feel their issue is very circumscribed, and yet as they begin to explore it further, other elements come into awareness. What we and the client think will be the focus—getting parents off an adolescent client's back, for example—turns into an exploration of the client's loneliness and difficulty finding areas of joy in his or her life.

This unfolding quality also means that it is important for the practitioner to not lose track of the therapeutic target. Otherwise, it becomes easy for clients and us to wander aimlessly through the complexity of their lives. Although in open-ended psychotherapy this sort of wandering has a place, most settings and payment plans do not afford us this opportunity. At PRI, we use a term that Dr. Terri Moyers coined to help guide our work with clients: finish-line focus. This phrase is not about maintaining a single-minded focus on a target. Nor is it about the practitioner reaching the finish line. It is about helping the client get to his or her finish line. This point captures the idea of directionality that affects not just at the level of core skills, but also the big picture of our work with clients. Keeping directionality in mind helps us avoid interesting, but ultimately unproductive turns into cul-de-sac conversations. We keep our eye on the horizon, even as we attend to what is happening right now in front of us.

Returning to the three categories our river rafting model provides—where, what, and how—we have pushed away from shore and are beginning to flow in the current. We’ve begun to discuss options, but no single area has been decided upon. We can think of this as a river with many branches, some of which break off into entirely new directions. If the journey is to have a direction, we will need to narrow the options as we go along—but first we must understand where this client wishes to go. How we do that is by using our
core skills, and also adding in a little more information about the river ahead so clients can choose a direction that fits for them. Retaining the guiding style, there is an emphasis on information sharing, open questions, and deeper reflections to help clients and us understand what this trip entails for them. There is also a focus on summaries to help organize the possibilities and on affirmations to reinforce clients’ sense that they can accomplish the trip.

To illustrate this focusing process, let’s return to Russell. We won’t work our way through the entire focusing process, but rather illustrate a beginning to it.
ACTIVITY III.

**Focusing with Russell**

Remember Russell, a 28-year-old, divorced father of two young girls (ages 8 and 6)? They are together on the weekends, but otherwise Russell lives alone. He works a demanding job as a delivery driver at an international shipping company. His life revolves around work and parenting, with little time for socializing. He comes to you because of a “positive” urine secondary to marijuana use, something his work forbids.

We identified three elements as important in focusing:

1. Developing and maintaining a specific agenda
2. Discovering what is important to clients
3. Recognizing it is an unfolding and evolving process

Let’s see how these might play out in an interaction with Russell. The initial step is to know our agenda. What might be some elements that would be important for us in this setting?

In the activity for Part II, we began taking guesses about what Russell’s hopes might be for this work, as well as his priorities and his long-term aspirations. These are important in thinking about the unfolding and evolving process of his agenda, but we also need to get a little more specific to begin. At the end of the last interaction, we heard some things that might be areas of work together. Here is what was said:

C: If we were able to accomplish that, working on what you wanted, what sorts of things might be helpful?

R: I’m not really sure.

C: You hadn’t really considered those possibilities.

R: No. But, it would be good if I could find some ways to have a little down time.

C: You’re a busy man and so finding ways to relax and have fun—without causing yourself trouble—would be great.

R: (Laughs.) Yeah, without causing any more problems.

C: (Laughs.) Okay. That seems like an area that could be helpful for you. What else?

R: Well, the girls are great and I love having them, but they can also be a handful.

(cont.)
C: Maybe spending some time on parenting tools and activities.

R: Yeah, that would be really good.

C: You’d like that.

R: Yeah. That would be really good.

C: All right. There may be other things as well, but before we go too far into those specific things, I’d like to step back and get the big picture of your life so I know how these things fit in. Tell me a little bit about your life away from work.

We clearly hear Russell say that finding ways to manage stress and identifying additional ways to manage his girls will be helpful. The tendency might be to jump in at this point, feeling we now have our agenda, to start problem-solving these areas. However, think back to our agenda. Although these are both areas that likely contribute to possible substance use, we still don’t have a good understanding of how these things fit together and what is important to this man.

If we were to continue this conversation in finding out about general life areas, what are some questions we might pose to Russell? Generate at least three.

Now, let’s imagine we chose to move into an exploration of parenting. Our aim is to find out what his goals are so we might offer some ideas of value to him. This is not a sudden jump but a movement from the broad to the more focused. What are some questions we might ask that would help us move into focusing? Create at least five.
Sample Responses for Activity III

What might be some elements that would be important for us in this setting?

1. Determining whether there is a problem with substance use
2. Evaluating how substance use fits in his life
3. Understanding what his immediate and long-term goals are
4. Figuring out what is important to him
5. Understanding what strengths and resources (within and outside of himself) he has available

In this case, items 3, 4, and 5 clearly begin the engaging process and would likely create the conditions under which we can find out more about items 1 and 2. What are some questions we might ask to find out about the big picture? Following are sample responses. There are many, many questions that could be posed.

- Tell me about some things you feel are going well in your life right now.
- What do you feel you’re good at?
- I know the specifics of why you’re here and your general role, but that doesn’t tell me much about you and your work. Tell me a bit about what you do and what your days are like.
- What do you like to do when you’re away from work and the girls aren’t with you?
- What about socializing? What do you like to do and how does that social part fit into your life?
- I know you’re divorced. How does dating or seeing people fit in now?
- What role does spirituality play in your life? How does organized religion fit into that?
- What do you do for fun?
- If all goes well in your life, what or where would you like to be in 5 years? What would tell you that you’re where you want to be?

The following list is an example of a question sequence we might use to help focus our work on parenting with Russell. Note that these questions would be interspersed with lots of reflections and occasional affirmations and summaries. We would never just ask them in a row like this. It is also likely that many of these questions would be unnecessary, as the information of interest would emerge.

- Tell me a little bit about yourself as a parent. Let’s begin with what you feel are important parts of being a parent.
- What principles or beliefs contribute to being a good parent in your view?
- What are some things you like to do for fun with the girls?
- What seem to be the hardest times with the girls?
- How do you approach those challenging times currently?
- What seems to work?
- What doesn’t seem to work?
- How does discipline fit into this scheme for you?
“How are you feeling today?”

“Okay, I guess.” The elderly patient sat quietly in his wheelchair in the rehab facility. A vibrant, active man until 6 months before, his legs are now stilled by a tumor growing on his spine.

“You guess.” The nurse stopped her bustling, turned to the man.

“I don’t know.” A quiet reply, more subdued than was typical.

“Something has changed.” She offered.

“I guess. I’m just not sure what I’m supposed to do . . . now. I used to know.” A sigh slid out. “Now, I just don’t know. . . .”

“When you had the surgery and were in the hospital, there was a clear purpose—you were working on getting stronger and walking again. Now that goal isn’t so clear.”

She watched as he turned it over in his head. He took in a deep breath—exhaled. “The news around the chemo hasn’t been so good. I don’t know where it’s going. I feel like such a burden on my wife, my family, and I don’t want to be.” This proud, caring man teetered.

This nurse is in a conundrum. She is not a counselor, but has been trained in MI skills. She recognizes this man is struggling, and she uses these skills to avoid the righting reflex of empty reassurances and instead to offer reflections that help Ben open up further. Yet, she has other patients and job responsibilities that are pulling her from the room. She knows referral to a chaplain, the doctor, or a social worker is an option, but also understands the opportunity is now and he’s made himself vulnerable to her. She sees nursing as more than the physical care of people and that offering emotional caring in those moment contains great power. She does a quick calculus and decides she can have a brief, targeted conversation, but must leave the room before she can have it. In addition to her time constraints, she intuits that this man is struggling and that focusing their discussion will not only help with her time constraints, but also help him find a place he can grab onto against the internal storm that is buffeting him.
“I can see this pains you, Ben and I’d like to talk with you about that. But first I need to let the folks at the nurse’s station know that I’m going to be a few minutes and ask them to check on a few patients for me. While I’m doing that, it seems to me that there are three directions we might go. First, we might talk about your treatment and where it goes from here. Second, we could talk about your family and what this all means to you and them. Finally, we might spend a little bit talking about what gives you a sense of meaning now and how you want to spend the rest of your time, however long that is. So, I’m going to leave you to think about those for a minute and then I’ll be right back. Is that OK?”

A Deeper Look

This interaction reflects so much of what we experience as people working with other people. Our job contains a set of tasks. Yet our clients don’t fall neatly into our prescribed task-related categories. Moreover, the opportunities to complete those tasks are often time-bound. Things must occur within a certain timeframe. Tasks compete for priority and attention. In many settings, we’re asked to do more and given less time to do it. It’s a common practitioner conundrum.

Of course, we can respond with “That’s somebody else’s job” and maintain very rigid boundaries around our tasks. Yet, in doing so, we may limit the potential impact we can have in clients’ lives and on their well-being. Within MI we see these moments as opportunities, not to do therapy with any and all clients, but rather to respond to brief but potentially powerful moments. Yet to be effective, we cannot respond randomly to each and every event. We must help the client and ourselves find a point on the horizon toward which we can orient, but to do that we must first figure out the agenda.

Agenda Sources

Let’s begin by recognizing there may be three or more agendas when we are working with clients. To start, there are clients’ agendas, which will vary tremendously depending on the circumstance that brought them to this meeting with us. For some clients, especially mandated ones, this agenda may be one of avoiding additional problem or entanglements. For others, it might be resolution of an issue that has confounded them (e.g., an unhealthy relationship). Some may need a specific item (e.g., a prescription, money for housing) or service (e.g., teeth cleaning, eating disorders treatment) practitioners can provide, whereas others need information (e.g., how to access public health services). Of course, some will come not knowing what they want or need, but knowing they need something to change. Then there is our agenda. As noted previously, this agenda includes gaining an understanding of the specific concern or issue, engaging our conceptualization of the change process, and applying the skills we bring to this encounter. Finally, there are the parameters of the setting, which might include the organization for which we work, the referring agency, and/or a host of concerned parties. We can quickly see the complexity in agendas if we consider the referral of an adolescent for treatment by a teacher because of behavioral concerns in
a school setting. We have the student, the counselor, the counseling service, the teacher, the parents, and the school, all of whom are “stakeholders” in this work. The question is, “Where to begin?” Within MI the answer is straightforward: We begin with the client.

This stance does not mean we ignore these other agendas. Instead, it is an acknowledgment that if this client is to change, he or she must decide it is in his or her interest to do so. To get to that point, we need to discover what is important to this client, and the most direct route to that information is to be curious. Although that sounds straightforward, at times our desire to help can interfere with staying either open to or curious about what clients can tell us about themselves. This is a point where the righting reflex—the desire to help and fix problems—can intrude. And this happens to the best of us. My youngest daughter just shared with a family friend, “I like talking with you. You don’t try to fix it, like my dad.” I should know better, but apparently I still slip into this trap! Thinking we know what the right answer is interferes with our ability to listen well, explore more fully, and aid the other in discovering what is important to him or her. For example, if the nurse rushed in to provide reassurance to Ben, it might have stalled a deeper, more meaningful conversation about what he needed at that moment.

The ultimate goal of focusing is to facilitate a matching between client and practitioner goals, which forms a specific agenda. However, achieving this matching does not occur in a single interaction. Clients’ goals and motivations will unfold to them and to us. Think back to Barbara, whom we met at the beginning of Chapter 5. Her agenda began with going to college, but as the conversation and exploration continued, it became clear to her and the practitioner that her goals extended beyond school. This interaction was an unfolding process.

If contact is ongoing, the agenda will also evolve over the course of treatment. That is, the reasons that brought people into our settings initially are often different from what maintains them in treatment and what their ultimate aims are. Mandated clients, including all the adolescent boys I’ve treated over the years, typically begin with a goal of not wanting to see us anymore. The initial agenda, then, is to discover what they must do to accomplish their goal of not returning. Over time, other aims often replace this goal, but first we need to be open and responsive to that initial agenda. As is apparent, we need to continue to revisit this focusing process.

Moreover, with repeated contacts, as in an ongoing treatment setting, we have general goals for the intervention, but also specific ones for each meeting. In an alcohol and drug treatment setting, for example, the ultimate aim may be to end problems associated with high-risk alcohol and drug choices, but the specific session aim for the client might be to learn drink and drug refusal skills. Once again, we see where an agenda might be very important to us (e.g., providing opportunities to learn research-based skills to avoid a return to alcohol and drug use), but less important to a client (e.g., “Alcohol is a problem for me, but marijuana is not”). In a dental setting the overall goal will be good oral health care, but a specific appointment is likely to address a particular area of concern—a tooth that has begun to deteriorate, for example. Whether sessions are frequent or intermittent, refocusing is often necessary for each encounter.

With regard to our agenda and the agendas of other stakeholders, transparency is the goal, though the challenge is in the details of when, how, and at what level. For example,
in a situation where a child has otitis media (inflammation in the middle ear), a physician assistant’s agenda might be addressing this child’s painful ear and also reducing the over-prescription of antibiotics. For our physician’s assistant, this agenda might sound like this:

“Let’s begin with what is most important—your child is in pain. We want to figure out what is causing it, and address that cause successfully. There is concern in the medical community that we have too often prescribed antibiotics in this sort of situation, which has led to increased bacterial resistance to our medication. So we are trying to make sure we only prescribe antibiotics in situations where the drugs will make a difference. So, let’s see if this is a situation where antibiotics might help your child feel better and, if not, talk about some other things we might consider.”

This statement acknowledges the practitioner’s agenda while also homing in on the client’s concerns and aims. The discussion begins and ends with the client, though the practitioner’s agenda—avoiding overprescribing—is also clear. We will talk more about how we do this as we discuss information sharing in Chapter 7, including different styles of focusing.

**Working the Agenda Continuum**

Miller and Rollnick (2013) provide categories of agendas under which we might focus our attention, though in truth these seem to lie along a continuum. At one end of the continuum is where there is a clear and known agenda. In the middle, we have several possible tasks the practitioner and client could choose to follow. At the other end is a situation where the tasks and agenda are unclear to both the practitioner and the client. As with any continuum, the crossover from one area to the next is fuzzy. However, all three areas share a process of going from the general to the specific, rely on a guiding style, and make liberal use of the core MI skills. We’ll take each continuum part in turn.

The first continuum part involves a known agenda—like the ear infection described earlier—and the discussion revolves around how that concern, issue, or challenge will be addressed. The discussion is straightforward, but still requires nuance if the practitioner is to attend to the partnership and autonomy elements of the MI spirit. The phrase “Simple, but not always easy” comes to mind again. As was evident in our ear infection example, there is considerable skill in laying out the competing agendas, then weaving those together. Providing information to clients will often be a part of this discussion.

The second continuum part, agenda mapping, involves several competing agendas, such as we observed with Ben. There are multiple areas that might be fruitfully targeted by the practitioner and client. The aim then is to figure out which area will be the focus. It may be the different directions emerge over time, as was evident with Ben, or these could be evident from the session onset.

The final part of the continuum, orienting, addresses the circumstance in which the focus is unclear to both the client and the practitioner, and the task becomes one of mutually exploring options and finding the direction of travel. This scenario is perhaps most likely to occur in a psychotherapy setting, but could also arise in other settings, such as drop-in
centers, criminal justice, or medical care. For example, consider these statements from Pascal, a man considering therapy:

“I don’t really know what I need, but I know what I don’t want. I don’t want someone to tell me what to do or give me a bunch of exercises and to have to write it all down in a journal. I just want to have a place where I can talk to someone about what’s going on—sort through some things, you know? A lot of crap has built up over the years, and I don’t know what to do with it. I need someone who will listen and maybe give me a little advice about what to do.”

These different types of scenarios all share the common element of selecting the most beneficial point on the horizon and remaining oriented to it. When there is a clear direction of travel, as in the first category, the work is relatively straightforward. We rely on a combination of core skills, including information sharing. Notice the wording here—*including information sharing*; this is important. When these situations arise, our tendency might be to become very directive and advice giving. Although such approaches might seem appropriate, they stem solely from the practitioner, overlooking the reality of the client, who remains an important and active partner in this process. A bit later in this chapter we’ll look at an example of how continuing to use OARS and working in partnership, even while providing information, might help in a real world situation.

In the second scenario, much like Ben’s where there are multiple directions of travel, we might choose an approach Gobat and colleagues (Gobat, Kimmersley, Gregory, & Robling, 2015) have termed *agenda mapping*. They identify six core domains to this process: identifying patient talk topics, identifying clinician talk topics, agreement regarding shared priorities, establishing conversational focus, collaboration, and engagement. In agenda mapping, the practitioner and client work together to identify elements that might be explored both within the session and across the trajectory of the work together. It is a brief process that occurs periodically within a larger framework.

In terms of implementation, it appears there are three core components to this agenda mapping process, though in practice these seem to blend together. First, there is a structuring statement that lets clients know what we’re doing and why we’re doing it. This statement can also be used to clarify roles in situations where we might have divided loyalties. For example, counselors have duties to report dangers to outside authorities, and so this phase can be an opportunity to talk about those circumstances. Second, agenda mapping provides a method for considering options, which might include the use of visual aids. Finally, there is an agreement reached and a focusing—Miller and Rollnick (2013) call this “zooming in”—to the process. We’ll consider each of these steps in turn.

There are several ways in which a structuring statement can occur. One method is to address the matter directly. For example:

“We have about 15 minutes to talk today. I have a couple of things I need to talk with you about, but I also want to make sure we get to your concerns as well. So, what is uppermost in your mind today?”
The goal in this process, especially when time is limited, is to identify one or two topics as the session focus. You might prepare yourself for the client who says there is not enough time, there are too many issues, or the issues are too intertwined. These are all excellent opportunities for reframing and brief information exchange. For example:

“You’re right. It is not much time, so if we are going to be effective, we need to get really focused. The good news is that since things are so intertwined, if we start making changes in one area, these changes will begin to affect those other areas as well. So, looking at all these areas and knowing you can only choose one, which one really jumps out at you?”

Often clients agree with this rationale and identify a single issue. If they don’t, then move on—your rationale should not be a point of argument, and you can return to it later if things bog down. Similarly, it is not uncommon for clients to raise another area of concern as this discussion unfolds. In response you can point out that this new topic is important and a different agenda than the one identified originally. Ask if they would like to shift the agenda, with the prompt that staying focused is often helpful for clients in accomplishing more in a short period. For example:

“So, we've moved into talking about your parents and away from the pot. It seems like this is an important area to you as well. I’m wondering if you’d like to switch your agenda to that or to stay with the original agenda. It’s your call. Again, I bring it up because people often find it helpful to choose one thing on which to work.”

Intermixed within these discussions is the insertion of the practitioner's agenda. Here is a discussion with Laurie, a young woman referred to a school counselor because of possible marijuana use. The focusing portion of a larger interchange might look something like this:

“So, my agenda is to spend a few minutes hearing how school is going and then I also have a couple of questions about how substance use may or may not fit into that picture for you. But I also want to hear about what is on your mind. What would be helpful, from your perspective, for us to spend some time on today?”

Another approach is to employ a tool or visual aid. For many years Rollnick has used a menu method to aid in agenda mapping (e.g., Rollnick, Mason, & Butler, 1999). The basic idea is to create a visual menu (e.g., using a dinner plate or a sheet of paper with circles on it) that contains frequent topics for discussion in our particular work circumstance. In a probation setting, the circles might include topics such as managing free time, old friends, the old neighborhood, job finding, stigma, money, family, living situation, and substance use. For cardiac care, the menu items might include medication management, weight loss, diet, exercise, smoking, alcohol use, and marijuana use. The sheet should include a couple of blank circles or blank spots in which clients insert the topics important to them but not
listed on the sheet. The introduction of this agenda mapping in a parole office might go something like this:

“There are a number of different ways we could spend our time today. On this sheet are some areas that we could talk about—things like ‘the old neighborhood,’ ‘stigma,’ or ‘finding a job.’ You’ll also notice that some areas are blank. That’s because there may be things that feel really important to you today but aren’t listed here. As you look at this sheet, what sticks out as an area on which we should spend some time?”

We typically, though not always, begin with the client’s agenda. After a selection, you can also insert your agenda:

“In addition to talking about ‘stigma,’ I also need—as part of my job—to check in to see how the ‘job finding’ and ‘living situation’ areas are going. OK, let’s make sure we reserve a few minutes for that. Let’s start with stigma. What’s been happening in that area?”

There are several additional elements that fall under this broad umbrella of agenda mapping. For example, this type of agenda mapping can begin before the client arrives for treatment or while in the waiting room (McNamara et al., 2010; Robling et al., 2010). It is also a method that lends itself to raising a subject we expect might be a difficult topic for the client. For example, a substance abuse counselor might note one of the topics on her agenda is to talk about the client’s recent urinalysis results that show drug use. By adding this ahead of the actual discussion, it allows the client to mentally prepare for the idea of a discussion about this topic. However, this is not to suggest clients should mentally prepare for how they will answer, but rather prepare for the idea there will be a discussion.

This method also lends itself well to discussing the need for an assessment. When the assessment is relatively short, it can simply be one of the agenda items. When the assessment is lengthier, we can use a method whereby we sandwich the evaluation between two more unstructured elements. Typically, these bookend conversations are time-limited by necessity, so an important element of the structuring statement is letting people know these time limits. This discussion might look like this:

“We have 90 minutes here today, and we do have a questionnaire I need to go through with you. But, before we do that, I would like to spend 10 minutes or so just understanding a little bit more about who you are in your own words. Then we’ll spend most of our time doing that questionnaire. Finally we’ll spend the last 5–10 minutes talking about where things might go from here. How does that sound to you?”

What is done in that initial 10 minutes will, of course, depend on the purpose of the assessment and the degree of connection formed between the practitioner and client. Consistent with our prior discussions about positive emotions, I’ve found it very useful to begin this type of discussion with a positively worded question. Here are some examples:
“What’s going well in your life right now?”
“What do you feel like are strengths for you?”
“What would your friends say are your best qualities?”

This type of agenda mapping and agenda negotiation can be useful when the work seems to have bogged down. While this approach might lend itself particularly well to counseling settings, it also has applications across a variety of contexts wherein the practitioner and the client have an ongoing relationship (e.g., an endocrinologist meeting quarterly with a patient who has diabetes, a resource room teacher meeting with a student who has an individual education plan, a dental hygienist meeting twice yearly with a patient). Essentially, agenda mapping involves a renegotiation of focus.

The third portion of the continuum requires orienting because the situation is complex and there is no clear set of priorities or tasks apparent at the outset for the client or the practitioner. The landmarks on this map are unknown as yet. In this circumstance, the partnership element of MI comes to center stage. The practitioner and client will work through this puzzle together, with each bringing expertise to the understanding of what is happening. The client’s task here is to provide knowledge of the situation and his or her experience, and the practitioner’s role is to offer knowledge in the process of change, expertise in particular content areas, and an exploration infused with curiosity. The task is then to put together an agenda map that makes sense to both parties. As with any new map created from the ground level, there will be alterations and refinements as exploration continues. The practitioner’s task is to listen carefully, offer ideas that will help to construct the map, and then identify routes for the way forward.

The practitioner tasks also suggest why following and directing as clinical styles might be problematic here. There is unlikely to be a clear direction of travel to follow here, greatly increasing the possibility of wandering without purpose across this uncharted domain. Directing, in turn, may lead to a premature action without a full understanding of this territory. Guiding instead permits both a mapping of the territory and a conjointly determined direction of travel. Obviously, this type of work lends itself to more traditional counseling situations, though it can also be useful in complex medical situations where the tendency may be to launch into tests and treatments before having a clear map of the terrain. Obviously, time constrains and reimbursement become a concern in medical settings, though practitioners might also consider whether time spent carefully listening might bring them closer to a productive direction than acting in an unclear situation. Here’s an example:

“I’m coming here because I’m worn out and feel like I’m getting no closer to a solution. I have chronic pain and my sleep is all messed up. My energy is low. I have a chronic problem with my kidneys. I seem to be more susceptible to getting sick. I’ve been to docs for each of these things. None of them seems to have the big picture. They’re all treating one small piece. I can’t help but think these things are linked, but when I offer that idea, the doctors dismiss it. I’ve come to the point where I know things aren’t going to return to where they used to be, but I also don’t want to give up either. Sometimes it feels really hard to keep going.”
This is a complex situation for a medical provider, and the righting reflex could take him or her in multiple directions prematurely. The outcomes of these efforts might be positive, though the likelihood is continued ineffectual efforts, given what's happened before. The end result may be a frustrated practitioner and a disheartened client. In this situation, careful listening might lead not only to a clearer understanding of the client’s medical situation, but also to those routes of action that might be the most productive for this client.

Raising a Difficult Subject

In addition to determining a direction of travel, practitioners are often asked or required to discuss difficult topics with clients who are, or seem to be, less than motivated to provide a full answer. This conundrum may be what piqued your interest in MI. The central problem is that the clinician or provider has a concern, but the client has not identified that concern as a personal issue. So, how does the practitioner raise the issue without building discord?

Although there is no magic wand that can be waved to make these issues suddenly less “itchy”—a term that Steve Rollnick (2016) likes to use in discussing difficult topics—there are some key points, techniques, and skills that can aid us in moving forward. Although none is likely to work all the time, and it does take practice to become more proficient, these are skills that can be learned, refined, and used effectively. Here are some key points to keep in mind when using these strategies to deal with itchy topics.

Begin with an attitude of curiosity and a goal of trying to understand more. Your object is not to gain a confession or an acknowledgment of a problem, but rather to learn how this behavior or concern fits into this person’s situation and worldview. Avoid beginning with a prejudgment that there is a problem. Language is critically important in this regard, and transparency will serve the practitioner best. So, communicate your intentions and agenda, remembering that how you do this is important.

As noted, highly confrontational approaches are likely to engender discord. You might expect that clients will downplay the significance of an area initially, especially if they feel that their character, judgment, or behavior is being questioned. Engaging should precede this sort of discussion so there is a safe atmosphere wherein the client can explore the difficult topic with the practitioner.

Finally, when you explore an issue with clients, don’t gather evidence in support of your position. Remember, the important element is that they provide the change talk and develop the argument for why change must occur. At the same time, if you have a concern, then share it directly (discussed more fully shortly). Chapters 8 and 10 also provide suggestions in this area.

Keeping in mind these key points, here are four strategies for opening a difficult discussion or topic. To begin, we can elicit clients’ views of the situation and try to understand the behavior, issue, or concern in the broader context of their lives. This approach can include building on the engaging work of understanding context and values by asking them to describe how the behavior fits with those values.
We can also ask clients to describe what a typical day is like in their lives. It begins with breakfast and ends with bed. Be curious. Ask for details (but don’t spend an hour doing so). Here’s an example:

“I know something about how your life works, based on some of the things you’ve already told me. Still, I don’t know what a typical day in your life would look like, and that seems pretty important. I was hoping you could fill me in, starting with when you get up in the morning. What’s your morning routine like?”

You will typically need to provide prompts for details (e.g., “What time do you roll out of bed?”, “What happens then?”, “What’s breakfast like?”). If the client does not identify the problematic behavior as part of a typical day, then ask about it directly.

“On days when the kids are more challenging and you feel a little less in control, tell me about how that’s different.”

There are a few other ideas to keep in mind. Once again, avoid the use of the word problem (unless the client uses it) to sidestep the risk of engendering discord unnecessarily. You can also use this approach to segue into days when things go particularly well and the accompanying issues or difficulties are absent. This focus on positive exceptions is consistent with other treatment approaches (e.g., solution-focused therapy) as well as the positive psychology elements discussed previously.

We can also normalize the behavior. This approach involves a couple of different components. One is to embed an inquiry in a series of questions that have a natural flow, so the question is less intrusive. For example, when I do evaluations, I always ask about substance use initiation immediately after inquiring about education in primary and secondary school:

“Junior high or high school is often a time when folks first try alcohol. How about you? Tell me about when you first used alcohol.”

This process of normalizing can also extend to providing a range or bracket for responses, within which clients can provide an acceptable answer. This bracketing allows people to endorse responses within the range and not underreport, especially around sensitive topics. However, normalizing does not mean that the behavior is acceptable, only that it occurs within a range of behavior in which people engage and that you won’t be shocked if they endorse it. For example:

“Couples handle disagreements and fights in a variety of ways. Some talk it through. Some yell and scream. Some don’t talk to each other. Some break things or put holes in the wall. Some get physical. Some slap. Some punch. Some kick. Some pull hair. There is a whole range of responses couples use. When you two get angry, how do you fight?”

This method can also be streamlined.
“On days when people drink, some drink one beer; others drink 24 beers. What is your drinking like?”

Of course, critical in this process is your ability to hear all responses with equanimity. If the client feels judged, then the open conversation will end. You can always come back and express a concern, but your initial response should be to simply accept what the client offers. However, at this juncture, clients are often afraid of being labeled. OARS can be a very helpful adjunct when hearing difficult information.

Practitioners should feel empowered to offer concerns about a client’s decisions or positions, but they should also be thoughtful about how they approach such a communication. Instead of telling clients they are wrong, the MI practitioner offers a different vantage point or view. Clients are left to make the final decision about the accuracy and meaning of the practitioner’s statement.

Offering a concern is also helpful in situations when there is a topic that needs to be discussed but no easy path leading to that domain. There may be discord, and so we should be prepared for it, OARS in hand, to bring the relationship back into harmony. For example, if we were concerned about a parolee engaging in risky situations with old substance-using friends, we might say:

“I’m not sure if this is useful to you, but I am concerned about your decision to hang out with your old friends in your old haunts. My concern is that this puts you at risk for a return to old ways of doing things, including getting high, and you’ve told me that’s what led you into prison last time. You’ve also told me that you don’t want to go back to prison. Of course, it’s you who will decide about doing something, or anything, about that. What do you think about those concerns?”

This communication contains three elements. First, there is a direct report of the practitioner’s concerns. The statement is made without judgment and uses prior client statements. Then there is a statement about the client’s responsibility for choice and change. Finally, the client’s view is solicited.

The temptation is to argue on behalf of the position just stated. This is a persuasion-without-permission trap and should be avoided. Even when subtle, it tends to create discord. A more helpful approach is to use OARS to understand the client’s view. Communicating a concern and using persuasion are discussed more fully in Chapter 8.

**Concept Quiz—Test Yourself!**

**True or false:**

1. T F Although there may be multiple agendas in a situation, the most important is the practitioner’s, so we begin there.

2. T F If clients don’t come to treatment knowing what they want, they are not ready for treatment.
3. T F Time pressures can lead us into premature and unproductive efforts with our clients.
4. T F Knowing what a client needs can get in the way of communication and change.
5. T F Once we’ve learned about the righting reflex, it’s unlikely that it will creep into our work.
6. T F The ultimate goal of focusing is achieving a match between client and practitioner goals so there is a shared agenda.
7. T F If contact is ongoing, the agenda will also evolve typically over the course of treatment.
8. T F When raising a difficult topic, we should maintain a curious attitude about how the area fits into the person’s life.
9. T F Avoiding “itchy” topics is a core characteristic of MI.
10. T F Using a visual aid can help us introduce difficult topics for discussion and prepare the client for the idea that this discussion will occur.

Answers

1. F We give priority and preference to the client’s agenda, especially in situations where there are multiple agendas. We typically start with the client.
2. F Clients frequently come to treatment unsure of what they want or need, and sending them away violates a central tenet of MI, which is to meet clients where they are, including at low or uncertain levels of readiness to change. Moreover, MI does not hold that clients must hit bottom to be ready to change.
3. T Unfortunately, this is true and many of us have experienced this pressure and responded by moving faster, which ultimately leads us and our clients into frustration.
4. T A clear view of what we think the right answer is can get in the way of really listening to clients. There is a subtle balance of providing another perspective of a situation, while remaining firmly committed to accepting and understanding how the client sees it.
5. F Alas, if only it were true. This is something of which we need to be constantly mindful.
6. T Whereas there are times we are in equipoise about the outcome—whether a client should adopt a child or donate a kidney—at others we have a clear agenda—reduce high-risk sexual behavior, end intimate partner violence. In either case, the aim of focusing is for clients and us to come to agreement on where we will put our efforts and energies to make this time productive.
7. T Unless the target of change is very clear, such as treatment for an ear infection, the agenda will change usually as the client and we discover more and more about the situation. This situation is especially true when treatment is mandated.
8. T This is a key point. The attitude of curiosity communicates concern for the welfare of clients and helps the practitioner maintain an attitude of discovery and appreciation rather than one of gathering ammunition for a later confrontation. We are not laying a trap; rather, we are endeavoring to understand clients. Later, this information will help us offer ideas that match their needs and desires.

9. F Absolutely not true! Although MI seeks to avoid raising discord levels and may at times encourage shifting focus away from a discord-increasing discussion, MI also addresses itchy topics directly. It encourages frank interchanges but in circumstances wherein clients feel safe.

10. T In addition to helping us organize the agenda mapping discussion, a visual aid also provides us with a method for introducing difficult subjects. Although there is no requirement to use this method, and it can be done informally, the structure can help us. It also allows the client to prepare mentally for the idea that a potentially uncomfortable conversation will occur. Again, this is not so the client can prepare arguments, but rather settle into the idea that this conversation will take place.

In Practice

My ophthalmologist recently prescribed a daily eye-drop medication. The medication is the treatment of choice to stave off more serious complications. His commonsense advice was, "Put one drop in the right eye each night before bed." Simple and important, this is a "no brainer," right? Here we have a known agenda—protection of the eye—and a clear first-line solution: eye drops. So, the focus is clear and the doc moves into a directing style.

I am entirely in agreement with this idea, and then miss two of my first three doses. To be clear, I am not ambivalent about this medication. I asked him questions about side effects and was satisfied with the answers. I also inquired about best practices for inserting the eye drops since this was a new task for me. He showed me what to do and how to keep from blinking or "tearing out" the medication inadvertently. I think I have the skills to do it. I've placed the medication next to my sink, so it's in my visual field. So, what in the world is happening here? Let's rewind the tape and imagine if the doctor used guiding, instead of directing, to shape this conversation.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOC: I've recommended that you do this at night before bed because that works for many of my clients, and it has the benefit of your keeping that eye closed while the drop is absorbed—but that doesn't mean that's the best approach for you. What do you think would work best?</td>
<td>Offering information. Supports my autonomy and especially my expertise on myself. Asks my view.</td>
</tr>
<tr>
<td>DAVID: It makes sense to me. I can put the drops on the counter.</td>
<td>I'm not resistant. Remember, I want to do this.</td>
</tr>
</tbody>
</table>
You don’t foresee any barriers.

Well, maybe.

There is something.

I often don’t get to bed as early as I like and I’m tired. I have a routine and I tend to not turn on the lights, but instead use a nightlight under the lower cabinets.

It might be easy to miss the bottle and forget to do the drops.

That’s what I’m wondering.

What might work better for you?

Obviously, I could turn the light on, but I’m not keen on that. I also wonder if it might be better to do it in the morning, when I tend to be a little less rushed and am working around the sink a little more. Is that a problem?

The most important thing is that you figure out a way that will work for you so that you get the drops in consistently. It seems the morning might do the trick for you.

Yeah, realistically, I think that I’m more likely to integrate that into my routine.

Anything else that might help?

Well, I could put up a note or set an alarm each day midmorning to act as a prompt, but I don’t think those are necessary quite yet. I’d prefer to try this and see how it works.

In this encounter, we see significant overlap between the focusing and planning processes. This blend is not surprising given that it is a known agenda, with clear motivation and little ambivalence, and an apparently straightforward solution. However, notice how
the use of core skills, in combination with a focusing process, brings the client (in this case, me) into the discussion and allows us to arrive at a solution that may have a better opportunity for success. Notice how the elements of a typical day—like understanding daily routines—can help us and our clients sort through dilemmas.

In real time, this conversation takes less than 2 minutes. Although it does add a little time to the harried practitioner’s schedule, it also decreases the likelihood that during the next encounter there will be a discussion about why I haven’t inserted the drops and the importance of using them. This slightly longer conversation might decrease the time, as well as the doctor’s frustration with the lack of follow-through on the medication, over the course of this treatment process.

Try This!

Practice opportunities in this realm may be a little more direct than in prior chapters. That is, although there is value in rehearsing the prompts to be used when agenda setting or inquiring about a typical day, this practice can also be done in interactions with clients. These exercises ask you to identify how and when the four strategies discussed in this chapter—agenda setting, learning about a typical day, normalizing, and communicating a concern—might be used with your clients and then trying them out.

**Exercise 7.1. Which Way to Go?**

We identified three points along the agenda continuum as a way to guide us in focusing. Now here’s a chance to practice deciding which approach is the best fit for the situation. Remember, this is a continuum so there may well be areas where the division gets murky.

**Exercise 7.2. Agenda Mapping**

Create a menu for your workplace of common issues that your clients must manage. Although this could be a simple, bulleted list, spending a little extra time to create a visually interesting menu may be worth the effort. The worksheet for Exercise 7.2 contains an example. This document was created by using MS Word and can be replicated and modified to fit your work needs. Once you’ve created a menu that might fit your setting and your client issues, you’ll develop an introduction (i.e., lead-in), and then try it out.

**Exercise 7.3. A Typical Day**

You can begin your practice of opening difficult conversations by asking about a typical day. We start this activity by having you write an introduction that you might use with a client. Then you’ll modify it for use with a friend. For example, you might ask him or her about a typical day at work. Once you’ve practiced it in a nonprofessional context, you can try it out with a client.
Exercise 7.4. Normalizing the Behavior

Many areas can be sensitive to inquiry. Consider this list: anger, eating, exercise, alcohol use, drug use, sexual activity, criminal activity, parenting, finances, medication use, self-care, and sexual identity. Two methods often used to normalize behavior are *bracketing* and *embedding the inquiry in a sequence*. In this exercise you'll practice using these techniques to talk about sensitive areas.

Exercise 7.5. Normalizing Your Clients’ Behaviors

Think about all the sensitive areas about which you have to inquire in your work setting. Make a list. If there are more than five, choose the five most frequent. Then develop a bracketing question or a sequence of queries, or both, that you could use for asking about these behaviors. Think clearly about your setting and style, and then create questions that match how you work. Once you’ve done this task, give one set a try in your next client encounter. Revise it based on your experience. We are rarely perfect on the first try at something, so expect that some aspects will need tweaking.

Exercise 7.6. Offering a Concern

On this task you will practice formulating how to communicate a concern. As part of this exercise, try to anticipate the client’s likely response and then write a follow-up prompt. Once you have completed this written exercise, you might try conveying a concern to one of your clients.

Partner Work

Several of the exercises described previously could be tried with your partner, pretending to be a client. This type of practice would allow you to experiment with and refine the language. Do the sequence all the way through and then discuss, from the “client’s” perspective, what did and did not work. Now reverse roles and try it again.

Exercise 7.7. Lightning Round

This game should be a source of some laughs as you practice thinking on your feet. Take the list of issues provided, cut them into slips (one issue per slip), fold them, and place them in a hat. Then you and your partner take turns drawing a slip. You have 30 seconds from the time you draw a slip until you must address the behavior in question by using any of the methods discussed in this chapter: agenda setting, learning about a typical day, normalizing the behavior, or communicating a concern. Some exchanges may be over very quickly, whereas others will take more time. There are two options for this exercise. Read the directions, decide on which option you’ll begin with, and then have some fun!
Other Thoughts . . .

MI is an approach that requires us to share power with clients and to tolerate uncertainty as we move through the change process. Sharing power coupled with uncertainty can be quite unsettling if we are used to a more directive style. A helpful mantra for me, when I fall into a place of disquiet about this, is to think “influence, not control.” We can influence people, but we cannot, nor should we try to, control them. I also focus on being directional and intentional in my efforts, which aids me in this influence process.

When we do engaging and focusing well, opportunities to hear and see strengths and possibilities for change will emerge. However, we need to be fully present to observe these things, and the irony is that the use of new skills tends to take us away from this quiet place. Just know that as we become more practiced and the techniques are less effortful, these openings will become more and more apparent.

As is evident in these exercises, the area between engaging and focusing can be quite fuzzy. There are no clear points of demarcation. If you struggle to know exactly why something is in one category and not another, you are in good company. This is why the four processes as being like a river makes sense to me.
EXERCISE 7.1. Which Way to Go?

We identified three points along the agenda continuum as a way to guide us in focusing. Now here’s a chance to practice deciding which approach is the best fit for the situation. Remember, this is a continuum, so there may be areas where the division gets murky. Assuming you’ve already accomplished the engaging process, choose the approach you think might be best. Then write the words you’d say to the client to introduce this focusing process.

Sample Situation: Alcohol Treatment Center—Initial Counselor Contact

The client: So here is where I am at now. My BAC [blood alcohol content] was almost twice the legal limit (.15) when the State Patrol pulled me over. At first, I didn’t think I was impaired. It was bad luck and the cops were out to get me. Then, through this program, I realized to be at a .15 and not feel it, my tolerance had to be pretty high. So, now I’m wondering, I’m not sure I need to stop drinking all together, but I’m a little worried I might. I’m also annoyed because my husband keeps complaining about all the time I’m spending here. He’s had to spend more time with the kids because of all the time I’m spending on these things from my DUI. Normally, we split that stuff.

Known Agenda Agenda Mapping Orienting

Why I selected what I did: There are three pretty clear things on this woman’s mind. Although the context is clear—alcohol treatment—it is not clear which of these items take precedence for this client. So, I put the “X” a bit left of center, knowing that at some point I will have an interest in returning to those first two items.

My introduction: There are a number of things going through your head this morning. There are things that you learned in the prior program that you’ve been thinking about. There is also this question about whether you need to choose abstinence or some other low-risk choice. Finally, this DUI is creating some ripples in the pond of your family life. It seems all these might be productive things to talk about. Which seems like the one that stands out the most for you as a place to begin today?

Item 1. Behavioral health specialist—consultation

The client: Obviously, I’m here because I had a heart attack and my doc would like me to change some things so I won’t have another one. I’m in total agreement with that, but I just have no idea where to begin. It all feels overwhelming. My doc wants me to stop smoking, eat differently, give up drinking, and exercise to lose 40 pounds. Right now, all I want to do is lie on my couch and be left alone. I know I should be motivated to do all these things, but I’m just not.

Known Agenda Agenda Mapping Orienting

Why I selected what I did:
My introduction:

Item 2. Meeting with dental hygienist for cleaning and checkup

The client: Okay, the teeth are clean. You did the X-rays and checked my gaps. What’s the bad news? I know I haven’t been flossing regularly, but I am consistent in brushing my teeth. I do it every morning and night. I also know I have some areas that are sensitive, so I need to up my game.

My introduction:

Item 3. Meeting between parent and a school counselor addressing academic and behavioral concerns at school for her third-grade son

The client: I hear what you’re saying. He has been a handful at home, too. Every night there is a fight about homework. He just gets so frustrated and he ends up in tears. The harder I try to help, the worse it gets for him. He just gets mad and is defiant. Then I get mad. I’m at a total loss here. His dad’s out of the picture, so it’s just me. I’ve done everything I know how to do.
Why I selected what I did:

My introduction:

**Item 4. Meeting between an outpatient therapist and 45-year-old man**

The client: So, I just don’t know where to begin. It feels like it is all just a fog at this point. Everything feels harder than it should be. Work, home—nothing feels particularly good. I’m trying to exercise, but I’m getting fatter and that feels harder and harder. I’ve got some big things coming up and I’m looking forward to those, but I have to do some prep for them and I haven’t gotten that done. That’s why I’m here. I need you to tell me what to do.

| Known Agenda | Agenda Mapping | Orienting |

Why I selected what I did:

My introduction:
Sample Responses for Exercise 7.1

**Item 1. Behavioral health specialist—consultation**

Why I selected what I did: There are clearly things that could be a focus of the work together. Indeed, this man’s sense of being lost pulls for our righting reflex to hop in and begin structuring the encounter so he can have a focus for his worried mind. At the same time, it seems like this could also lead us into a premature focus without having fully mapped out what is important to this person following a major life event. In this instance, it feels like it might be useful to spend some time figuring out what the landmarks are before jumping into a specific focus. This approach is a blend, then, of agenda mapping and orienting, as well as reflecting some of the gradient that happens between engaging and focusing.

My introduction: There is a lot on your mind. Although we could pick a specific thing and begin working, if that feels most useful to you, I’m wondering if might be helpful to spend a little time just sorting through some of the landscape in your life. If we can figure out what some of those big elements are, some of the landmarks, if you will, then maybe it might be easier for us to figure out which direction makes the most sense for you. What do you think?

**Item 2. Meeting with dental hygienist for cleaning and checkup**

Why I selected what I did: In this instance, there is a pretty clear target of our and the client’s attention. Generally, we want to improve the client’s oral health, but more specifically by targeting flossing as an effective preventive activity. However, even within that area there are some options we might select among. It is not as though there is only one solution here. This understanding moves us toward the agenda mapping a bit.

My introduction: You know how to take care of your teeth and do a very good job with the brushing part of things; that’s important. You also know that flossing is critical and aren’t as consistent as you would like to be. You are correct that there are some areas for concern on your teeth, which we can go into. But I’m also interested in hearing what your thoughts are about how to increase your flossing. I’m guessing that you’ve been giving this some thought and have some ideas.

(cont.)
Sample Responses for Exercise 7.1 (cont.)

**Item 3.** Meeting between parent and a school counselor addressing academic and behavioral concerns at school for her third-grade son

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Known Agenda          Agenda Mapping          Orienting
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Why I selected what I did: Here is a situation where orienting might seem to make sense. While supporting the mother is clearly important, the circumstance is not set up for counseling with the mother. Instead, a more targeted approach to helping her manage the situation is more consistent with the school counselor’s role. However, it will be important to support her in this process.

My introduction: It is feeling quite overwhelming, especially doing it alone. I’m wondering if it might be helpful for us to focus on one aspect of this situation so we can help both of you experience some success and less frustration. I’m going to suggest one area, but if you feel another is more important, let’s choose that. I’m wondering if we could target the homework situation. There is more than one way to accomplish this, and sometimes it’s helpful to hear about what other parents like yourself have done. I don’t know if that would be helpful to you or not. What do you think?

So, some parents focus on changing the structure of the homework situation—when and how. Others target their interactions around the homework and things like rewards and consequences. Still others decide they would like some help from an outside expert. Which of these seem like they might be of interest?

**Item 4.** Meeting between an outpatient therapist and 45-year-old man

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Known Agenda          Agenda Mapping          Orienting
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Why I selected what I did: Here is a situation where agenda setting seems to make sense and seems to be what the client is asking for, but at the same time he (and we) don’t have a good sense of what is most important. This is a therapy circumstance. As a result, there is a little more opportunity to help him sort through what feels important and why, then perhaps move into agenda mapping.

My introduction: It does sound like the fog feels pretty thick for you at this point. Although I could pick something for us to focus on, my experience has been it is much more helpful for clients to make that choice. However, to have that feel productive for you, we might need to take a little time hearing about these things so we can figure out which ones are most important, and then perhaps we can clear the fog a little and find a productive place to start. How does that sound to you?
EXERCISE 7.2  Agenda Mapping

Using the menu below as a model, design a menu of options for your workplace. It should include the most common challenges presented by your clients, as well as blank spaces for client-generated issues or concerns. This menu can be done either free hand or with a word-processing program. There is also a blank form for you to use, though I would encourage you to consider making a form using your own computer. This little extra effort allows you to create a form that is easily modified and might include additions such as clip art.

Once you’ve made a menu that fits your setting and client issues, develop the introduction you would use to present it. Write this down initially to help you organize your thoughts and to refine your message. The introduction should be brief but provide enough information so that the client understands the task.

Once you’ve done that, imagine that your client balks at choosing only one item. Provide an explanation (either written or aloud) that you would offer in response. Remember, your goal is not to persuade but rather to offer information about why it would be helpful to focus.

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Physical Activity  Healthy Eating  Relationships

Health Concerns  Play  Medications

Stress  Spirituality

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EXERCISE 7.3. A Typical Day

This exercise asks clients to describe what they do across the course of the day—from the time they rise until they retire for the night. The purpose of the activity is to understand more about a client’s life and, when appropriate, where a problem behavior fits into it.

To begin this exercise, write the introduction you would use as a lead-in to this query to clients. Here is an example:

“I know we’ve talked a lot about your life, but I also realize there is still a lot I do not know. For example, I don’t know what happens during a typical day for you. If you don’t mind, I would like to take a few minutes and hear about what a usual day in your life is like.”

Write your introduction below. Remember, it doesn’t have to be long, but it should contain enough information so that the client knows what you are asking and why. The wording should fit you and your style as well as convey curiosity.

Introduction:

Once you’ve polished this introduction, think about how you might modify it to ask about a friend’s life at work, your spouse/partner’s day, or someone else whom you know but don’t necessarily realize all the details of his or her daily life. (By the way, I have done this with my wife, and I’m always fascinated by what I don’t know about her day!) Once you’ve got this revision firmly in mind, give it a try.
EXERCISE 7.4. Normalizing the Behavior

The categories of topics provided below may be delicate to bring up in a session. For this list devise a method to bracket the behavior within an inquiry or to place the inquiry within a natural sequence of questions so that it becomes less sensitive. Here are two examples for alcohol use:

1. Bracketing—“People show a range of drinking habits. Some drink none or one beer in a typical day; others may have 24. What are your drinking habits like?”
2. Sequencing questions—“What kind of student were you in high school?”; “In which areas did you excel?”; “What sorts of struggles did you have in school?”; “Junior high, high school—this is often a time when kids experiment with alcohol. What was your first experience with alcohol?” “Tell me about the last time you had anything to drink at all—a beer, a wine cooler, a drink?”

For each of the behavioral categories listed below, provide either bracketing or sequencing responses to normalize the behavior. You can also do both if you want more practice. As you do this activity, take your time and really craft your queries or sequences.

Anger management:

Eating habits:

Exercise:

Alcohol use:

Drug use:

Sexual activity:

Criminal activity:

Parenting/discipline:
Sample Responses for Exercise 7.4

Anger management:

So, there is a variety of different ways in which people express anger. Some people give others the cold shoulder. Some yell. Others threaten. Some people break things or put holes in the wall. Others hit or kick or pull hair. There is a whole range. How about you: How do you express your anger?

In everyday life there are always things that will go wrong and annoy us. What are the little things that annoy you and how do you respond to them? There are also things that push a button a little more for us then they do for other people. What kinds of things do that for you? How do you handle those? Then there are times when we are just flat-out steamed. How do manage that, when you are really, really angry? During those times, sometimes people go a little further than they would have liked to, or they regret what they did later. How about for you?

Eating habits:

There are all sorts of ways people manage their eating. Some people eat whatever they want whenever they want it. Others watch every single thing that goes into their mouth and sometimes deny themselves things they might really like. How do you manage your eating?

There are all sorts of tasks we have in daily living: cleaning up in the morning, taking care of our household, managing meals. What do you do when you get up in the morning? What about breakfast? What do you eat on a typical morning? What happens after breakfast? What do you typically do for lunch and dinner? How about when you’re eating more than you usually do? How about when you’re restricting what you eat? What about when you think you need to lose a few pounds—how do you manage that?

Exercise:

People really vary in how much exercise they get. For some people the only exercise they get is pressing the TV remote control. Others run all-night ultra-marathons. Then there are all sorts of people in between. What does the exercise regimen in your life look like?

People take care of themselves in lots of different ways. One of these ways is sleep. What does a typical night’s sleep look like for you? Then there is also rest and relaxation. How do you work those into your life? Fun is an important part, too. How do you work fun into your life? Exercise can be another piece. In what sorts of ways does exercise fit into your life?

Alcohol use:

(See alcohol use examples at the beginning of the exercise.)

Drug use:

In terms of drug use, there are lots of ways people go. Some folks try a few things and then decide that it’s not for them. Others dive in headfirst and try all sorts of stuff. Some people have a period when they used a lot, then stopped. Others built up to things and have used sort of steadily over the years. Some start and stop. What has your drug use looked like?

(cont.)
Sample Responses for Exercise 7.4  (cont.)

Junior high, high school—this is often a time when kids experiment with alcohol. What was your first experience with alcohol? Tell me about the last time you had anything to drink at all—a beer, a wine cooler, a drink? What about weed—when was the first time you tried it? Tell me about the last time. There are other drugs people try as well. Let me just run through the categories. What about opiates, things like heroin, methadone, Percodan, Percocet, Dilaudid, Oxycontin . . .

**Sexual activity:**

There is a whole range of ways in which people express themselves sexually, from choosing to abstain to being very active with different partners. Some people like erotica, whereas others view it as pornography and dislike it. Some people are clear in their sexual identity and others are still sorting that out. There are lots of ways sexuality is expressed. How does sexual activity fit into your life?

As with alcohol and drugs, the early teen years are often a time when people begin to experience themselves as sexual beings. Sometimes it’s earlier. Sometimes it’s later. Sometimes it’s wanted. Sometimes it’s not. What was your situation when you first became aware of yourself in this way? How about when you first became sexually active? There are times when people have been approached or touched in a way they didn’t like. What’s your experience been like in that area?

**Criminal activity:**

There is a broad range of experience for people in terms of their relationship with the police and the criminal justice system. Some folks have never talked with a police officer. Other people have picked up a few tickets along the way. Some others seem to always have police showing up at the house for one reason or another. Others had some trouble at some point and did some time as a result. What about for you? How has the law figured into your life?

So, even good folks get into trouble sometimes. Some kids get into disciplinary trouble at school. They do things like talk back to teachers, skip classes, or come to school drunk or high. What about you? How about getting into fights either during or after school? Sometimes people get into trouble with the law. Ever been arrested? (Note that this last one is a closed question with a purpose.)

**Parenting/discipline:**

There is a whole range of how people discipline their kids. Some people try to simply focus on the positive and ignore bad behavior. Others feel like if you spare the rod, you spoil the child. Some people use time outs. Some people give kids a swat on their behind or cuff them on the back of their head. Sometimes people end up getting angrier then they mean to and do things they might otherwise not do, like yelling, swearing, hitting, kicking. What are your methods when you discipline your children?

Raising kids can be a tough business, because even good kids get into trouble once in a while. When your kids get into trouble, how do you get them back onto the straight and narrow?
EXERCISE 7.5. Normalizing Your Clients’ Behaviors

Think about all the sensitive areas about which you must inquire in your work setting. Make a list below.

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<td>10</td>
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If there are more than five, choose the five most frequent. Now list those in the spaces provided on below and on the next page and then develop a bracketing question or a sequence of queries or both for these behaviors. Think clearly about your setting and style and ask questions that match how you work.

Once you’ve done this task, give one set a try in your next client encounter and then revise it based on your experience. We are rarely perfect on the first try at something, so expect that some aspects will need tweaking.

1. Behavior: __________________________________________
   Strategy: __________________________________________
   How you would do it: ________________________________

2. Behavior: __________________________________________
   Strategy: __________________________________________
   How you would do it: ________________________________
3. Behavior: 

Strategy: 

How you would do it:

4. Behavior: 

Strategy: 

How you would do it:

5. Behavior: 

Strategy: 

How you would do it:
EXERCISE 7.6. Offering a Concern

On this task you will practice formulating how to offer a concern. Brief scenarios are included below; these will not provide the entire context, nor will they match your work circumstance. Simply try to imagine yourself as either a helper or a concerned friend. Begin by writing a statement that expresses concern in response to each of the issues noted. Then write what you think the person might say in response to your statement. Finally, write your follow-up to this client statement. Once you have completed this exercise, try offering a concern to a client. (Remember to use OARS!) If you don’t feel ready quite yet, try moving through these exercises again, offering a concern with a different focus.

Issue: The client was caught driving at twice the legal limit for blood alcohol, but she doesn’t feel that she was impaired. The court has ordered her to receive treatment, but she feels that it was just bad luck and that she does not have a problem with alcohol. Failure to go to treatment would result in 12 months jail time and loss of her license.

Your concern:

Client’s likely response:

Your follow-up:

Issue: The client just had a heart attack. He continues to smoke, eat red meat, and consume at least three drinks a night. He is 40 pounds overweight and has a history of high blood pressure and high cholesterol.

Your concern:

Client’s likely response:

Your follow-up:

(cont.)
Offering a Concern

Issue: The client feels that her son is being disrespectful, and so she has taken to giving increasingly onerous punishments, including whipping him with a switch (a branch cut from a tree). The son, now 13, hit her back after the last punishment. She loves her son but is struggling with her solo parenting.

Your concern:

Client’s likely response:

Your follow-up:

Issue: The client has been failing to floss his teeth regularly. His dental hygienist has previously indicated that although his brushing is very good, his failure to floss is causing decay in several places. He is not yet at risk for tooth loss, but there are sensitive areas, and his risk is increasing.

Your concern:

Client’s likely response:

Your follow-up:
Sample Responses for Exercise 7.6

These sample responses vary in their MI consistency and competence. I offer these so you can anticipate discordant client responses and observe how reflections can be used in response.

Issue: The client was caught driving at twice the legal limit for blood alcohol, but she doesn’t feel that she was impaired.

Your concern: Is it okay if I share with you a concern I have about this situation? You’ve said this just feels like bad luck, and at the same time, you were at a level where you were twice the legal limit. I worry about that last piece, as it might mean you’re not getting warnings from your body about how much alcohol you have onboard. What do you think?

Client’s likely response: It wasn’t like I hit anybody or was weaving all over the road. I just got caught in a trap. They’re just making too big a deal out of it.

Your follow-up: So, it was a bit of bad luck and maybe it’s a little bit of a deal.

Issue: The client just had a heart attack.

Your concern: If it’s all right, I’d like to share a little concern about your situation. I know you want to live your life in your own way, and I worry that you may be making some risky choices to affirm that nobody can make you do anything you don’t want to. What do you think?

Client’s likely response: I don’t think I’m trying to prove anything to anybody. I just don’t want to have to deal with all of this nonsense.

Your follow-up: It’s not about control; it just feels like too much to deal with.

Issue: The client feels that her son is being disrespectful, and so she has taken to giving increasingly onerous punishments, including whipping him with a switch.

Your concern: It is clear that you love your son, and at the same time, you can feel how your attempts to parent are resulting in pushback. I am worried that if things continue down this path, you might have more trouble, not less. What do you think?

Client’s likely response: I think kids need discipline, and they need to respect limits.

Your follow-up: And if you were not to address this behavior, it would be sending the wrong message. So, for you, it’s about, “How can I address this in an effective manner?”

Issue: The client has been failing to floss his teeth regularly.

Your concern: So, I have a concern; is it okay if I share it with you? I know taking care of your teeth is important to you. Your coming today reinforces that, as does your flossing when you come. So, my concern is that you’re starting to show some sensitivity, and this suggests that your risk for some problems is increasing. Of course, you have to decide what that means for you, but it does concern me.

Client’s likely response: Well, it’s not like I have gum disease or my teeth are rotting out.

Your follow-up: And for you, those would be clear signals that it’s time for a change.
EXERCISE 7.7  Lightning Round

This game should be a source of some laughs as you practice thinking on your feet. On the next page you will find a list of client issues. Remove it from the book and cut it so that there is only one issue per slip. Then fold the slips and place them in a hat or some other receptacle. One person is the contestant, and the other is the “client.” With eyes closed, the contestant draws out a slip of paper and reads the issue silently. The contestant has 30 seconds to begin using one of the methods discussed in this chapter: agenda mapping, a typical day, bracketing or normalizing the behavior, or offering a concern. The “client” does the timing.

In the first option of this game, the client tells the person what is on the slip of paper. The aim is for the contestant to use a method described above to inquire about the behavior and in a manner that feels in the flow of the conversation—all within 30 seconds. Then switch roles.

In another option, do not tell the contestant what is on the paper. Instead, the client’s behavior should suggest what the issue might be, and the contestant should observe the behavior even as he or she is engaging with the client. The contestant should attempt to work in one of the methods noted above to inquire about the behavior. The interaction should continue until your partner hits upon the correct behavior. Some exchanges may be over very quickly, whereas others will take more time. Again, do not tell your partner the issue until you finish. Do this until the hat is empty, you’re out of time, or you’re laughed out. (By the way, I have encountered all these issues in my clinical work.)
### Client Issues for Exercise 7.7

Cut out along the lines.

<table>
<thead>
<tr>
<th>Bed wetting</th>
<th>Body odor</th>
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<tbody>
<tr>
<td>Sexually suggestive comments</td>
<td>Lack of humor</td>
</tr>
<tr>
<td>Excessive nose hair</td>
<td>Multiple tattoos</td>
</tr>
<tr>
<td>Multiple body piercings</td>
<td>Wearing headphones</td>
</tr>
<tr>
<td>Very out-of-date clothes</td>
<td>Very revealing clothes</td>
</tr>
<tr>
<td>Late arriving</td>
<td>Long-windedness</td>
</tr>
<tr>
<td>Bad breath</td>
<td>False teeth shaped like vampire fangs</td>
</tr>
<tr>
<td>Smells of alcohol</td>
<td>Appears high</td>
</tr>
<tr>
<td>Wearing flip-flops (sandals) on a snowy day</td>
<td>Wearing multiple layers of clothes (in the summer)</td>
</tr>
<tr>
<td>Severe eczema or acne</td>
<td>Client is falling asleep during your meeting</td>
</tr>
</tbody>
</table>
“My doc thought I should come here and talk about my diabetes, but I think he’s making too big of a deal about it.”

Walt sprawled on the couch as he talked. A 29-year-old carrying 50 extra pounds and a similarly proportioned chip on his shoulder, he wore his flat-billed baseball cap at a jaunty angle. His physician, in making the referral, indicated that Walt had twice made trips to the ER in the last 4 months because of blood sugars so high they could not register on his glucometer (above 600, 80–120 is normal). His last A1C (a lab test that provides an “average” blood glucose level over the past 90 days) was 14, whereas his target goal was 7 or below. His doctor diagnosed the diabetes when Walt was 6. His single mother had tried her best to encourage good self-care habits, but Walt had become increasingly truculent over the years. School had always been a struggle, and he’d received special education services prior to dropping out his senior year. Drifting in and out of work for a decade, he was now taking a welding program at a local vocational technical school. This is the first meeting, picked up midconversation, with the practitioner responding to Walt’s statement.

“Too big a deal . . .

“Yeah. He wants me to check my blood sugar more often, and he’s always bugging me to exercise and watch my diet.”

“It feels like he’s nagging you.”

“Like my mom.”

“She does the same thing.”

“Yeah. She’s always in my face about something. She says I’m a slob, and if I don’t take care of my diabetes I’m going to go blind, or my kidneys will quit working, or they’ll amputate my feet. She’s full of sh—crap. Sorry.”

“I don’t care if you swear, just as long as you can spell it right.”

Walt laughs. “There’s nothing wrong with my eyesight or those other things. I take pretty good care of my diabetes. She’s just trying to scare me.”
“And that’s what your doctor does too.”
“Well, not like her. But he does keep saying we need to get this under control or some-
thing bad will happen.”
“And that’s a little hard to believe, since nothing bad has happened yet.”
“Well, nothing really bad.”
“But a few things have worried you a little.”
“Did my doc tell you why he sent me here?”
“He filled me in a bit. Told me that you’d struggled to get your A1C where he wanted it to be and that you’d had a couple of trips to the ER over the last few months.”
“Well, this last time I was feeling pretty crappy. I thought I had the flu. I was throwing up and feeling out of it. I tried checking my blood, but nothing happened.”
 “Nothing happened . . . ”
“The glucometer told me that my blood sugar was too high to register. I’d already injected a sh—, uh, boatload of insulin, so I knew I was in trouble. I called my mom and she called 911.”
“It scared you.”
“I wasn’t scared . . . I just needed some help . . . ”
“. . . which was hard, because you don’t want to be treated like a kid. You want to make your own decisions.”
“What do you mean?”
“Maybe I misunderstood. It seemed you were saying that you’re a guy who doesn’t like it when folks nag you and tell you what to do. You like to make up your own mind.”
“That’s true. I do.”
“And this was a situation where you couldn’t quite do it on your own.”
“Yes, and so now everyone is bugging me, making this big deal out of this situation and making me come to see you.”
“You resent that and at the same time you came. I wonder why.”
“I guess it does worry me a little, but I’m not going blind, am I?”

The practitioner worked hard to engage with Walt. Through this process (with the interviewer mostly listening), Walt has begun to provide small openings and to offer some ideas about what is important to him (as well as tentative change talk). Now he’s asked for the practitioner’s opinion.

Here then is an opportunity for us to begin focusing the session. Asking him about what he would like to talk—as we discussed in Chapter 7—may not be productive, as he is still deciding if there even are things to talk about. In this case, offering some information might help him decide if there are areas of importance that he would like to explore further.

If you don’t work in diabetes or health care settings, you might feel that you wouldn’t have any information to offer. I challenge you to think beyond your setting and consider the information the doctor told this practitioner: (1) The client has made two trips to the ER because of very high blood sugars; (2) he has an A1C that is very high (14 vs. 7); and (3) his doctor is concerned enough to send him for a treatment consult. Knowing just these points, what might you say? How would you say it?
Focusing

In the introduction to this section, we began with a premise: *Focusing* is a process of locating a consistent direction of travel. But we also saw that this process involves our bringing into focus the salient elements of our clients’ lives and concentrating our efforts and attention. This bringing into focus and concentrating our attention involve not only setting an agenda, but also intentionally directing our attention to elements that may have particular importance. Because of our experience and expertise, as well as our outside perspective, we might notice or know things the client does not. We need to be able to share this information in a way that does not simply deliver it. Indeed, the goal is to foster change, not deliver advice.

Information sharing is not, however, a one-way street. Clients have significant wisdom about themselves, their situations, and what has and has not worked in the past. Our aim, then, is to explore, understand, and use this information to help clients move in the direction of travel they select. For this reason, we call this process *information exchange*—not just information sharing—and regard it as one of the five core skills used by MI practitioners.

It is also important to keep in mind that although information exchange might be particularly important in the *focusing* process, it is not exclusive to that area. For example, it was one of the skills identified early in the *engaging* process to help provide knowledge that clients might need to develop appropriate expectations for our interaction. It will also be used in *evoking* to elicit change talk and again in *planning* to develop an approach that fits their skills, proclivities, and goals. These are just examples, as there are other ways information exchange can be deployed throughout these processes.

**Understanding My Assumptions**

Miller and Rollnick (2013) have articulated some assumptions that might get us into trouble as practitioners, as well as some that might help us. Let’s look at those side by side.

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<th>Question</th>
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<tr>
<td>What is my role?</td>
<td>I am the expert.</td>
<td>I have some expertise, and clients are experts on themselves.</td>
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<tr>
<td>How do I use information?</td>
<td>I rectify gaps in knowledge.</td>
<td>I match information to clients’ strengths and needs.</td>
</tr>
<tr>
<td>What is helpful?</td>
<td>Frightening information is helpful.</td>
<td>Clients can tell me what kind of information is helpful.</td>
</tr>
<tr>
<td>What is my task?</td>
<td>I just need to tell clients what to do.</td>
<td>I offer advice that champions clients’ strengths and needs.</td>
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Exchanging Information

Each of these assumptions touches on MI spirit dimensions. The most common elements tapped in the process are partnership, acceptance (especially autonomy), and evocation. As we see, the assumptions in the preceding table tend to either support or undermine these dimensions.

**What Is My Role?**

Placing ourselves in the expert role might indeed reflect the strengths we bring to this encounter, but doing so may also undermine principles essential to empowering clients’ capacity for change. Do our actions make clients active participants or passive recipients?

**What Information Do I Pursue?**

Where we focus our attention influences the character and quality of the encounter. If we focus on limitations, we may undermine clients’ capacities for change. Conversely, if we elicit where clients want to focus, the resources they bring to the process, and their reasons for selecting these directions, then we are closer to engaging those engines of change.

**How Do I Use Information?**

This assumption overlaps with the previous one. It asks to what degree am I empowering clients to be active participants versus passive recipients in the process? Which approach will help them the most when they leave this setting and go to enact this change?

**What Is Helpful?**

There may be situations in which frightening information is helpful, and as you’ll see, we do not back away from offering important information, some of which might not be good news. At the core here is a belief about who can and should control this change process and what information can assist that process. Frightening information tends to come from a belief that clients really do not understand the problem and we need to jolt them into understanding it; that is, the power resides with us. In the other position, this is a shared power that respects the clients’ abilities to know and understand their situation and to act on their own behalf.

**What Is My Task?**

Again, there is overlap with the question from the previous area of where the power for change resides. If we could simply tell people what to do and they would do it, our jobs would be so much easier. We wouldn’t need texts like this or perhaps even jobs like ours. We’d simply need drill instructors or authoritarian parents. Although this form of the righting reflex might seem like the right course, and on occasion may work, the balance of our experiences and the research data tell us otherwise. Our job, then, according to the tip perspective, is to help clients make an informed choice, which means sharing information in a way they can use to sort through this decision.
Basic Concepts

Here are some ideas to keep in mind when communicating new or discrepant information to a client. Many of these ideas can and should be combined together.

- **Offer information, don't impose it.** We may think that clients are entirely inaccurate in their perception of the information, but to argue the correctness of our data (or error of their conclusions) is likely to engender discord. Remember, we are not trying to pin an opponent in a wrestling match.

- **Find out if clients want the information before we give it.** If clients ask for our opinion, check before offering it. Many times people ask what we think as a lead-in for telling us what they think. Returning to our example of Walt, we might say, “I’m happy to answer that, but first I’m wondering what you think?”

- **Ask permission, especially if clients haven’t asked for the information.** Sometimes we have information that we think would be really helpful to clients in sorting through their situation. However, information is only helpful if the client wants to hear it. Responding to Walt, we could say, “I have some information that might be helpful. Would you be interested in hearing it?” Most clients will answer in the affirmative, but if they say “no,” we should respect their wishes. To do otherwise is to fail to respect autonomy and likely to create discord. Having said all this, there will be situations when we do not ask permission to provide information—for example, when there is an imminent danger to self or others. Also, once clients grant their consent, permission does not need to be requested every time. Indeed, clients will likely become annoyed if this is done repeatedly. Still, permission should be reaffirmed occasionally: “Is it OK if I share a little more?”

- **Permission comes in different forms and in different places.** We tend to think of permission in the explicit manner described above, but MI practitioners and MI coders use a broader definition. So, within MI, permission may also include language that supports the client’s ability to accept or reject the information. As a result, asking permission does not occur only at the beginning of a statement, but may also happen in the middle or the end of a communication. This communication, “I don’t know if any of this fits for you or not. What do you think?” is an example of asking permission at the end of a statement. Also, clients’ asking for our ideas is a tacit form of granting permission, though even then we’ll adhere to the same basic concepts of how to share information effectively.

- **Give clients implicit or explicit permission to disagree with you.** This point is a clear extension of the preceding ideas. By giving permission to disagree, we actually increase the chance that clients will hear our concern. This can be done with simple prefacing phrases such as “This may or may not be of concern to you . . .” or ending statements such as “I don’t know if that made sense or fit for you.” As noted, it can also come in the middle of a statement, “You may not agree with me on this next statement . . . .” All of these wordings share that common element of giving clients permission to disagree with us, which reinforces the partnership element of MI.

- **Invite clients to decide what the information means for them** extends this idea further. There is a tendency to draw the conclusion as to what the data imply—but remember,
it is much more powerful (and less likely to trigger discord) if clients decide the implications for themselves. We might say to Walt: “In a typical year, the average diabetic has zero ER visits. You’ve had two in the past 4 months. I wonder what you make of that information.”

- Provide information in the context of other clients. As practitioners, we often bring a wealth of experience to the interaction. Use this information in providing ideas or suggesting solutions. We might say, “In my work with clients like yourself, Walt, they have found. . . .” Clients tend to respond well to information about what others like themselves have done in a similar context. This approach also prevents a dynamic wherein clients resist us if they don’t view any of our suggestions as fitting for them.

- Use a menu of options. Typically, there is more than one correct way to solve a problem. Again, our experience can serve us well. Provide more than one way to solve the problem and ask which way seems to fit best for him or her. We can combine this approach with a prior concept and use our clients’ methods to demonstrate multiple paths to success. Using Walt as an example, we might say: “There is more than one way to develop better control. Some clients have chosen to keep logs of their blood sugars. Others try to focus on eating a consistent diet—the same times, types of foods, and amounts each day. Still others have tried to increase their exercise while checking their blood sugars more often. Which of these makes the most sense to you?” This approach avoids the situation where we offer suggestions one at a time, and clients shoot them down one at a time, like a skeet shooter targeting clay pigeons.

- Use client statements. In MI, we act as mirrors for clients so that they can observe what they’ve said—but it’s more than just this. We organize and make sense of the different elements. By returning to their statements, we provide clients with a powerful reminder of how they’ve looked at the situation. (In the next chapter, we’ll learn about Bem’s [1967] self-perception theory and how clients’ articulation of change talk may be powerful persuaders for them.) Given Walt’s statements, we might say, “Although others are making too big a deal, you also know that your glucose control is related to feeling crappy recently and receiving some help you’d have preferred not to receive.”

- Give information that is factually or normatively based, rather than just opinion. We present data as information for clients to consider. Since general information is often less helpful, provide information that speaks to each person’s situation or behavior. Using diabetes as an example, here is a statement made at a global level: “There are risks for poor blood glucose control. The Diabetes Control and Complications Trial (DCCT) Research Group (1993), a study completed in the early 1990s, showed that poor or fluctuating blood glucose control led to serious side effects in 80% of participants, including blindness, amputation, kidney failure, and death.” Alternatively, information tailored to a particular client might come from specific findings from an examination: “Compared to a year ago, your visual field examination is showing decreased sensitivity in two quadrants.” Or “Last year, your A1C was 7.0, whereas now it is 14.0.” Of course, these two could be combined: “Here are the general risks that diabetics share. . . . and here is what we’re observing in your situation. . . .”

- Remember, our clients are people, not information receptacles. Rollnick et al. (2008) provide this very helpful reminder. At times it is easy to feel that there is significant informa-
tion that clients must know, and we feel pressured to provide it all at once. In this situation our expertise can be an impediment; our training indicates that clients need to know all of this information, so we bury them under a barrage of data. This issue becomes particularly salient when information provision is part of our job description. It’s taken us many years to acquire this knowledge, and it’s probably not realistic to expect that clients can process it all in a matter of minutes.

**Methods of Information Exchange**

Many MI practitioners consider elicit–provide–elicit (E-P-E) as the sole template for information exchange. However, for learning purposes, we will address each element separately. Keeping this and the principles just discussed in mind, here are two techniques that you might consider for information exchange.

*Elicit–Provide–Elicit (E-P-E)*

This method, which I also sometimes call ask–provide–ask, starts by asking clients either for permission to provide information or asking what they know already (or want to know) about an area of interest (elicit). Once clients either grant permission or describe what they know, then the practitioner offers the information (provide). This method avoids telling clients what they already know, respects their skills and knowledge, and allows the practitioner to provide only the information that clients need, as well as ensure they want it. It also permits the practitioner to solicit the client’s view on what is offered (elicit). Here is an example of a student with test anxiety:

“What do you know about reducing test anxiety?”
“I know it would be good if I could.”
“Yeah, I bet. And my guess is that you’ve probably tried some things already . . .”
“. . . like telling myself not to worry so much.”
“And that didn’t work so well.”
“Nope.”
“I wonder if you’d be interested in some ideas others like yourself have used.”
“That’s why I’m here.”
“One approach people have tried is using some simple breathing exercises. Others have tried our biofeedback machine, which helps them learn to relax their body when they want to. Still others have tried different studying regimens. Finally, some do an evaluation to receive more formal accommodations, such as additional time or taking tests in quiet environments, away from other people. What do you think of those ideas?”

Notice how OARS and E-P-E are interwoven. This is common when offering information, as is the sequence. Rather than a single iteration of E-P-E, the process is often E-P-E-P-E-P-E . . . heavily interspersed with reflections, of course. This sequence reflects the ongoing exchange aspect of this information-sharing process. We continue to learn from the other person, with the aim of increasing clarity, direction, and meaning as the interaction proceeds.
**Chunk–Check–Chunk**

This approach is a variation on the E-P-E model. It is useful when the practitioner must convey a large volume of information, but wants to do so in a manner that still engages clients. The practitioner begins by providing a “chunk” of information. A chunk is a unit of information that is cohesive and can be delivered in a self-contained manner. Consider the following chunk about driving violations given to a driver who had four speeding tickets in a year:

“The average driver in the State of Washington has zero moving violations, including speeding tickets. In fact, they make up about 85% of the licensed drivers in the state. If we add in the numbers for one violation, we account for 95% of the drivers. In fact, less than 1 in a 100 has four or more violations in a year or five in 2 years. What do you make of that information?”

After delivering the chunk, the practitioner stops to talk with the client about the information. Here is a lengthier exchange, typical of an evaluation practice:

“Let me fill you in a little bit about what we are doing here today. The Division of Vocational Rehabilitation [DVR] asked me to do this evaluation for a couple of reasons. First, they need to have a diagnosis under which they can provide services. These can be things like depression or anxiety, substance use, or learning disabilities. Now I understand you’ve had some struggles with depression, as well as some challenges in learning. We’ll spend some time gathering specific information in areas like that. How’s this fitting so far?”

“It makes sense. I know they talked about disabilities in the orientation meeting.”

“This is no surprise.”

“Not really.”

“In addition to those specific areas, I’ll also spend some time finding out a little bit about your history and your interests. I want to understand how these things fit into the big picture of your life. I’ll ask you some questions about your family, schooling, medical history, and things like that. This information gives me a better perspective on those other areas. What do you think about that?”

“It seems to me you’d need to know that stuff.”

“It might help me understand you.”

“Right.”

“Then the last thing DVR wants is some information about what areas make sense for you in terms of your skills and abilities, and if training is needed, what situation would work best for you. To accomplish that, I’ll have you do some tests that show how you think and solve problems. Some will make sense to you, and some may seem a bit goofy, but these all help me understand how your brain works. Then I’ll also have you do some academic-style tasks to see where your reading, writing, and math skills are. This is not the kind of thing you could’ve studied for—you just do your best. How does that sound?”

“I hate math, but I guess that’s what you need to do.”

“Math isn’t your favorite, and you also see why we would do this to understand your learning challenges.”

“Yep. Let’s do it.”
A lot of information is conveyed, interspersed with periodic check-ins. Client responses are brief, but reflected. At the end of this exchange, the client is in synch with the practitioner and the suggested direction and ready to begin. As is evident, other MI skills should be at play in these methods.

**Offering a Concern**

As noted throughout this book, practitioners create safe situations by accepting client statements regarding their views of situations, but this is not the same as agreeing with these views. Practitioners *should* offer concerns about clients’ harmful or detrimental decisions or positions, but it is our manner that is critical. Practitioners avoid arguing with clients or telling clients that they are wrong. Instead, MI practitioners offer alternatives for clients to consider or additional information that may shift their viewpoints. It is tempting at this juncture to offer the “overwhelming” evidence to persuade clients. However, this type of persuasion is likely to lead to discord—either passively or openly. Once again, clients are left to make the final decision about the accuracy and meaning of practitioners’ statements.

For example, in the opening discussion with Walt, the practitioner has information about Walt’s difficulty managing his diabetes (based on his A1C levels and his two trips to the ER), despite Walt’s statements about “taking good care of my diabetes.” So, without being a specialist in diabetes, a practitioner could offer a concern in this manner:

“So, as you look at the situation, it feels like you’re taking good care of your diabetes. At the same time, I can also see there are some things you’re less happy about. As I look at the situation, I have a couple of concerns I’d like to talk about with you. Is it OK if I share those with you [asking permission]?

“Your A1C indicates that even though you’ve been working to stay in control of your diabetes, you’re having trouble hitting the targets that your doc thinks are important. Also, you’ve had to make a couple of trips to the ER lately, and that probably doesn’t feel real good to you, especially since it has other people making decisions on your behalf. We’ve talked about your liking to be the guy who calls the shots. So, it concerns me that your efforts at control might not be giving you the things you would like [offering multiple concerns]. That’s what I think. What do you think about these things [asking client’s view]?”

As noted in Chapter 7, offering a concern is helpful in situations where we need to raise a topic but there is no path immediately available. Consider this example with a person who is obviously suffering health problems but is not discussing these in the course of a probation officer meeting.

“So, Janine, we’ve talked about a number of things. There is one more issue I’d like to raise, if I might. I’ve noticed over the last few meetings that you seem much more tired that you did before. I saw you coming up the stairs, and you looked really winded when you got to the top step. In addition, your skin looks a little off, a little yellow. These
things suggest it’s more than just a cold or the flu, but I’m not a doctor. So I am concerned about your health. What are you noticing?”

As noted before, even when well done, this approach may lead to some degree of dissonance in the relationship. If that happens, we work to bring the relationship back in tune. There will also be times when we directly disagree with a client’s decisions or behaviors. Here is an example of an interaction with an 18-year-old freshman girl.

“I’m concerned about your decision to hang out at the frat with the senior guys. You’ve told me that you tend to use alcohol, pot, and ‘X’ when you’re in that situation, and that those drugs have led to you making risky sexual decisions. Although you may enjoy the attention and sex at the time, afterward you’ve told me that you’ve been embarrassed and uncomfortable. You’ve also told me that you don’t want to end up in that situation again. Of course, you will decide what is right for yourself. What do you think about those concerns?”

There are three elements in this statement. First, there is a direct report of the practitioner’s concerns; the statement is made without judgment and uses prior client statements when possible. Then there is a statement of the client’s responsibility for choice and change. Finally, the client’s view is solicited.

**But What about Dangerous Situations?**

Some practitioners work in settings where clients engage in harmful behavior to self or others. For example, an individual working in an eating disorder treatment unit routinely sees individuals engaged in self-destructive behavior. At times, this behavior threatens clients’ lives. For this practitioner, there is a strong pull to warn that a failure to change could result in death. The question is not should this warning be given but how to maximize its effectiveness.

Practitioners feel even more strongly when the behavior not only endangers the client’s life, but also others—especially children. So, when an abused woman expresses a desire to leave a domestic violence shelter and return to the home of a violent partner, towing her children back into this volatile situation, practitioners sometimes find it very hard to stay within a client-centered approach. It feels too dangerous to do anything less than confront the mother in the strongest terms possible to try to protect the children.

So, how do we “confront” these clients? First, if the goal is to change the behavior and not just to deliver advice, we know that how we deliver the information is important. We also need to wrestle with the limits of our influence. We don’t have the capacity to control all aspects of this client’s life, so our power to enforce change is limited. Therefore, we will need the client’s participation for this change to occur. In some situations a sober assessment of a dire situation may be enough. In others—like when a child runs into the street—we deliver the message in very strong terms. We also need to be aware that if we make dire predictions, the client may brush these off, especially if others have delivered similar messages and the predicted problem has not happened. Finally, we must consider client context.
The option the client is choosing may feel like the only one available. Conversely, the option offered by the practitioner is so low on the client’s priority list that other options take much greater precedence. In the case of the woman returning to her violent partner, ponder these contextual factors and then consider these two approaches: one MI consistent, the other not. We’ll start with the second.

“You can’t do this! If you do this, not only are you putting your life in danger, but also your children’s lives. This guy beat you so badly that when the children saw your face, they didn’t know it was you. He choked you until you blacked out. I know he says he’s sorry now, but this is just part of a cycle. He broke his promise! This has happened before and will happen again. Given how much worse the violence has gotten, it seems pretty clear to me that he will kill you. Or maybe it will be the kids. You’ve told me you love your children, and you want them to be safe. Do you? If you do, how can you do this to them?”

This is strong medicine. In some situations such an approach may jolt a woman into a more accurate assessment of her situation. At other times, it might draw a more discordant response—either active or passive. As an alternative, here is a more MI-consistent confrontation.

“I need to say something here. I am terrified of the decision you are making to return to your partner. I see all kinds of danger signs that the violence is getting worse. You’ve described how it’s escalated over time. The last time he choked you until you passed out. Your face was so badly bruised that your children didn’t recognize you. I know there all sorts of reasons why you might want to return to him, including his promises to never do this again—something you’d really like to believe. And I know you balance that against your past experience. I also know you love your children, and it must be hard to think about how this situation must affect them, as well as the risk you feel for them. So, I cannot control your decision. This must be your choice to make—and I must say, in the strongest terms, I hope you will reconsider and make a different choice.”

Both statements present strong messages. Both press the client to consider a different choice. The first tells the client that she cannot do this, whereas the second acknowledges that the client will choose in which direction to proceed. Both provide information, though the first presents it in the form of support for the argument that the mother must change, whereas the second supports the practitioner’s statement that she is terrified. Both address the mother’s experience with the abusive cycle and her concern for her children. Again, the manner this information is presented differs, with the second version placing it in the context of the client’s experience and view, whereas the first buttresses the argument already made. Finally, they both end with a plea to reconsider, but the second provides both choice and an avenue for the client to rethink the decision, whereas the first requires a capitulation. Finally, the literature consistently suggests that women in domestic violence situations will often return to the abuse perpetrators. The second approach might make it easier for her to return to the practitioner, if she returns home and then must leave again;
it leaves the door open, perhaps making it easier for the client to walk back in, if that time should come.

As noted, for some clients, the first approach might work. It might also work for certain practitioners. If it works consistently well for you, I encourage you to continue doing it. There is no sense changing something that is consistently effective. However, if it works only occasionally, then you might consider the second approach as an alternative.

**Giving Information, Persuading, and Influencing with Permission**

As practitioners we are asked to exchange information across a variety of circumstances. As suggested by the interpersonal violence situation in the prior section, there are clearly times when we have an opinion about the direction we would like to see the client move. This situation also occurs in health care (e.g., following a diet), in addictions (e.g., choosing not to smoke marijuana), criminal justice (e.g., avoiding risky places), parent skills training (e.g., adopting a pattern of consistent behavior) and so on. In this situation, we do wish to influence the encounter—a desire that creates an ethical itch for practitioners. For an excellent review of these concerns, the reader is referred to Chapter 10 (“When Goals Differ”) in Miller and Rollnick (2013). For our purposes, we operate from the basic premise that the critical elements in MI work are **supporting the client’s autonomy** and **working in partnership**.

Moyers and colleagues (Moyers et al., 2014) note that we can separate information exchange into three large categories. **Giving information** provides information relevant to the issue at hand, but not necessarily targeted to **this** client. For example, when talking about alcohol and drug risks, we might say to a client, “People who have an immediate, biological family member with a history of alcoholism or addiction in general have a greater risk of developing alcoholism or addiction.” Information is shared, but without an imperative to act.

**Persuading**, on the other hand, involves a specific attempt to change a client’s attitudes, opinions, or behaviors. This attempt can be done through a variety of means—from biased opinions to compelling logic—but whatever the means, there is no genuine effort to support the client’s autonomy or to work in partnership. This style was evident in the non-MI interpersonal violence example above. It is this type of persuasion we encourage practitioners to avoid in their encounters.

**Persuading with permission**, conversely, makes specific and genuine efforts to support the client’s autonomy and work in partnership, while also attempting to influence the client’s attitudes, opinions, or behaviors. As suggested by the prior sections, this permission might come in various forms, including the client’s request for the information, the practitioner’s direct request for permission, or the practitioner’s use of autonomy-supportive language. Absent from this category would be behaviors such as using scare tactics and presenting biased opinions as facts. However, this category does not exclude practitioners from offering an opinion. The MI-consistent interpersonal violence example above displays this positive type of influencing-with-permission process.

Of interest, Moyers and colleagues (2014) refer to this last category as “persuade with permission.” However, this language seems to center the change process within the practitioner,
whereas our aim in this category is to support the client's autonomy and work in partnership. The wording influencing with permission seems to be much more consistent with these critical aspects of the encounter and therefore is the language convention employed here.

With MI we have a clear preference for either giving information or influencing with permission. Indeed, the methods discussed above are ways of bringing practitioner behavior into alignment with these two categories and avoiding persuading.

**Pulling It All Together**

In discussing this area, we have considered many ideas. Here are some clear guidelines that might be helpful as you think about information exchange. These guidelines form the acronym FOCUS, which also expresses an important idea about advice generally.

- First ask permission. Make sure the client is interested in what you are about to offer.
- Offer ideas. Don’t try to persuade without permission.
- Concise. Don’t ramble. Be direct and succinct. If you offer too many concerns, you do not help clients organize and respond effectively to their situations.
- Use a menu. That is, provide different ways or ideas the client might use to address the situation; offer a menu from which the client can select one or multiple ways to succeed.
- Solicit what the client thinks. Always begin and end with the client.

**Concept Quiz—Test Yourself!**

True or false:

1. T F If clients engage in dangerous behavior, then these MI principles don’t apply.
2. T F Information exchange happens only in the context of focusing.
3. T F Elicit—provide—elicit is the category into which other MI writers have consolidated information exchange.
4. T F Permission can be asked at the end of a practitioner statement.
5. T F If clients are inaccurate in their perceptions, it is acceptable in MI to correct their misperceptions.
6. T F You must always ask permission before giving information in MI.
7. T F Clients typically find personal information more helpful in feedback, then general information about a behavior.
8. T F Clients are typically uninterested in what others have done to either address similar challenges or solve comparable problems.
9. T F It is often useful to integrate prior client statements when providing information.
10. T F It is our job to persuade clients of the best course to address their situation.
**Answers**

1. **F** Although there may be times and places where a different style might work best for you, the data suggest, in general, clients will respond best—even in very difficult situations—to a supportive style that accepts their capacity to decide and enact changes. However, an MI style can be very difficult to accept because of the righting reflex, especially when someone else is endangered by the client’s choices.

2. **F** As we saw under *engaging*, exchanging information is often a part of what happens as people participate in an initial session. As we move into *evoking* and *planning*, we'll see that information exchange happens there as well.

3. **T** Yes. Although separated here for learning purposes, many other writers simply place them within this larger category.

4. **T** It can happen at the beginning, middle, or end of a statement, though the form will change depending on where it is asked.

5. **T** We should correct misperceptions, though it is important to be thoughtful in how we do it. There are times when providing contrary information will simply heighten discord in an argumentative client. In this situation, delaying might make sense or choosing not to address that issue, if it is a minor point. However, even in situations where it might temporarily increase disagreement (and hence discord), it may be important to present alternative information. When an adolescent says, “Pot can’t hurt you because it’s a natural substance,” you might respond: “It’s interesting how people hold to that idea. It’s clearly a popular one, and probably because there was so much misinformation spread about pot by folks in authority, people started tuning out other messages. Actually, there is research showing that weed can impact teens negatively. I wonder if you’d be interested in hearing about that.”

6. **F** Although it is often very helpful to ask permission, there will be times when you will provide information without doing so first. As noted earlier, in situations where there is an imminent threat to the safety of a client or others, our ethics indicate that we must act. In other situations, for example, when providing significant amounts of information, it would annoy the client to be asked repeatedly for permission. In that situation, occasionally checking in with the client to see if it is OK to continue would be appropriate.

7. **T** Although normative information can be very helpful, it is the application of these data to clients’ personal situations that they seem to find most useful. People want to know what is significant for *them*. For example, it’s not that people who smoke are at greater risk of lung cancer, but it’s the finding of abnormal cells that, in combination with a history of smoking and cancer in the family, that may be more likely to prompt a client’s consideration of change.

8. **F** Clients often find it very helpful to hear about how others have addressed similar challenges. In addition to providing options for consideration, these statements also give a message of hope and an explicit communication that there are many paths to success. Providing this kind of information might also have the salutary effect of reminding us that change is possible even in difficult situations, thereby bolstering
our positive expectancies of a client. As noted in Chapter 2, our expectations are strong determinants of clients’ ultimate success.

9. T “Holding up a mirror” by repeating clients’ statements can serve as both a powerful reminder of what they’ve already said about the situation and as a tool for helping to organize their experience. It’s important, however, not to “use their words against them,” as this will likely elicit discord. Instead, it’s part of the mosaic they’ve presented, which at times may be contradictory.

10. F We wish to influence clients, but we want to do so while also supporting their autonomy and working in partnership with them. For this reason we avoid persuading and instead do things like ask permission and use autonomy-supportive language.

In Practice

Here is a common experience for many of us—talking with our dental hygienist about flossing (or lack thereof). It is an example of information sharing in practice. Although it demonstrates techniques, it is also less than a perfect example; this is intentional. It begins with the practitioner.

“You know that we think flossing is really important, but I wonder what you know about why it’s important.”

“Well, I know it can lead to cavities if you don’t.”

“That’s true. It can lead to cavities and also to gum disease.”

“Is that a big deal? I mean, gum disease. Really?”

“Well, there are a couple of things that can happen. First, you get little pockets of bacteria that can cause decay, and you know what happens then. It can also cause your gums to recede, which can put you at risk for exposing nerve roots. This can lead to things like root canals and tooth loss eventually.”

“But none of my teeth hurt now!”

“And I’m really glad of that. There are some things we can do once your gums recede, but it becomes much harder. So we encourage people to prevent that from happening. Of course, you’ve got to decide what makes sense for you.”

“Well, I do floss sometimes. It just gets easy to drop when I’m late in the morning or it gets busy. Then I think I’ll do it later, and sometimes later ends up being a few days and then they bleed when I do floss.”

“So, flossing is important. It’s just hard to do it consistently. My guess is you’ve probably had times when you were more consistent and times when you were less. When you were doing it more consistently, how were you doing that?”

“It usually happens after I see you folks. Then I think I need to do better.”

“So having someone or something outside reminding you helps to keep your eye on the target.”

“Then I try to make sure I have floss in a couple of places—like, I keep some in the downstairs bathroom and some at my office—that helps.”

“How about when you’re feeling pressed for time, since that sounds like a hard one for you?”

“That’s a tough one.”
“Would you be interested in hearing what other folks have done about that time issue in managing flossing?”

“Sure.”

“People have told me a bunch of different things. Some people set their alarm for 3 minutes earlier in the morning. Given that it’s only 3 minutes, it doesn’t feel like that big a deal to them, and they use that 3 minutes for flossing. Others have switched flossing times to after dinner or before bed, since they don’t feel quite as pressed for time then. Others have put floss containers in a bowl in their family room so that they can floss while they’re watching the news or a TV program—and then it becomes a habit. Other people don’t like floss, so they’ve switched to picks or those kinds of things and keep those handy—like where they watch TV or read. There is no one right way to do this. Which of those makes the most sense to you?”

“Part of the issue with me is dealing with the string and all of that stuff. I wonder if the picks on the coffee table wouldn’t work better.”

“And that would replace your flossing in the morning.”

“No. I don’t think that’s such a good idea. But I think I could make it a backup plan.”

“Just in case you missed in the morning.”

“Exactly.”

“What do you know about using picks?”

“Truthfully? Not much.”

“Would it be helpful if I spent a few minutes just showing you how to use a pick and then having you do a little practice? Sometimes it helps if people just get a feel for when they’re doing it right. Of course, that’s up to you.”

“How long will it take?”

“Less than 5 minutes.”

“I can do that, but then I need to get back.”

“OK, I’ll grab the picks. But first, I just want to check—it sounds like you’re feeling pretty committed to working on the flossing.”

“Yeah, I guess I am. I really do think it’s important. I just need a jumpstart on it sometimes.”

“And you feel like you got that today.”

“Yeah.”

“Great.”

Here the dental hygienist tackles a common problem by first asking the client what he knows. She provides targeted information, and then she recognizes and reinforces the client’s prior efforts. These client efforts then become a resource for developing other ideas about how to be more effective. Once the client has decided on a plan, she also seeks to cement his commitment.

Try This!

We’ll begin these exercises by working on questions and reflections targeted for focusing. Once these skills have been well practiced, we’ll move our attention to skills more specific to information exchange.
Exercise 8.1. Targeting Questions: Focusing

In Exercise 5.2, there was an opportunity to practice forming good questions that target clients in engaging. Now, we’ll shift to focusing. Once again, you will read a client statement and then form two different questions, but this time with the target of focusing. You can use all the different types of questions you learned in this chapter and in the prior two (Exploring Values and Goals; Finding the Horizon). Feel free to thumb back through those chapters to refresh your memory. You may also find it helpful to use a reflection as a lead-in to your question.

Later, we will return to these prompts as we discuss the other processes (evoking and planning) to practice developing other sorts of questions as well.

Exercise 8.2. Targeting Reflections: Focusing

As in Chapter 4, we now turn our attention to practicing forming reflections, but this time targeting clients in the process of focusing. Once again, you will read the client statement and then form two different reflections. This time, however, target your reflections toward the focusing process. Feel free to thumb back through the chapters to refresh your memory.

Exercise 8.3. Monday Morning Quarterbacking

As any sports fan will tell you, part of the joy of watching sports is the rehashing of what happened and the offering of what you would’ve done instead. This is a version of that activity. You will find an exchange between a practitioner and a client. You will decide what type of response the practitioner employed and then will offer alternatives. As with Monday morning quarterbacking, the fact that you may not have any expertise in the matter should not stop you from offering your thoughts!

Exercise 8.4. Advice Columnists

In this exercise, you’ll read letters to an imaginary advice columnist and then write responses. If you find this exercise helpful, you can get additional practice by looking at advice columns in your local newspaper, on the Internet (e.g., “Aunt Sally” in the London Times, or “Ask Amy” in the Chicago Tribune) or from specific individuals (e.g., “Dear Abby”). Remember that your goal is to provide MI-consistent advice to someone who has asked for help.

Exercise 8.5. “I Can Fix That!”

Here are some sample bits of advice that need a little rehabbing. Most are confrontational. Write down how you might spruce each up.

Exercise 8.6. “I Can Build That!”

This time you will read some scenarios and construct your own bit of advice. Try to come up with MI-consistent advice using the FOCUS guidelines to create your answers.
Exchanging Information

**Exercise 8.7. Practice in Life**

This exercise is more opportunistic. In our everyday encounters, we hear people talking about the struggles in their life. Listen for opportunities and then try out offering the advice you would have typically given, but doing it in a manner that is consistent with the skills discussed. You might also try this with your clients.

**Partner Work**

The first six exercises in this chapter can all be done with your practice partner. Take turns coming up with alternative responses. If you want some real-time practice, have your partner pretend he or she is in one of the situations described in Exercise 8.4. Have him or her describe the situation to you and then ask for your input. In addition to these situations, consider doing Exercise 8.8.

**Exercise 8.8. “My Dilemma Is . . .”**

In this exercise you will use the think-aloud method to become more aware of your thoughts and to help you figure out if there is information for you to share. Here’s how it works.

Ask your partner to discuss an issue, struggle, or concern that has perplexed him or her currently. It could be something from earlier in life. Whatever is chosen, it should not be your partner’s deepest, darkest secret. It should be something that he or she can talk about for at least 10 minutes, so it should have some substance.

As you begin, set a timer to run for 1 minute. When the timer goes off verbalize what you are thinking. Focus on yourself, not on what the client is saying. What are you feeling and thinking in the moment? Say this aloud. Take no more than 30 seconds to verbalize this and then reset the time for a minute and continue. Repeat until you’ve gone at least 10 minutes. See if you can’t offer some information along the way.

Although it might be tempting to laugh, I encourage you to take this exercise seriously. It is an opportunity to become more aware of your own process as a helper, and in so doing, to see how that might play out in the information you share or even the righting reflex making an appearance.

**Other Thoughts . . .**

*Keep the context in mind.* The bit of information or advice you are offering in a particular session may feel like the most important thing that the client must keep in mind, but remember that your client must navigate many spheres. A behavior that appears very maladaptive in one area may serve a very important purpose in another. Likewise, there may be other issues that are much larger and more important than your concern.

Consider Walt: Whereas getting his blood sugar under control might be the most important consideration in our view, he may be worrying about his finances and how expensive it would be to eat “better” or what the diabetes supplies might cost him. As a young man about
to turn 30, he may be struggling with identity and life direction issues, and being diabetic might be low on his priority list. He may worry that his teachers, seeing him as less capable if they know he has a chronic health condition, won’t give the strong recommendations he needs to get a good job. All or none of these might be true and might influence how he receives information. The only way to acquire this knowledge is for Walt to tell us. This is part of why asking for clients’ perspectives on the information given is so important; in their answers some of these other contextual factors may emerge.
EXERCISE 8.1  Targeting Questions: Focusing

For Exercise 5.2, there was an opportunity to practice forming good questions that target clients in engaging. Now we’ll shift to focusing. Once again, you will read a client statement and then form two different questions, but this time by targeting focusing. You can use all of the different types of question you learned in this chapter and in the prior two (Chapters 6 and 7). Feel free to thumb back through those chapters to refresh your memory. You may also find it helpful to use a reflection as a lead-in to your question. This is always good practice, so feel free to do so. Later we will return to these prompts as we discuss the other processes (evoking and planning) and practice developing other sorts of questions as well.

1.  I think the child needs to understand that you’re the parent and that he or she needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.

   Question A:

   Question B:

2.  I don’t get what we are supposed to be doing here.

   Question A:

   Question B:

3.  I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.

   Question A:

   Question B:
4. I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.

   Question A:

   Question B:

5. My problem is my wife and her constant complaints.

   Question A:

   Question B:

**BONUS**

6. Here we go again: same old stuff, just a new version.

   Question A:

   Question B:
Sample Responses for Exercise 8.1

In some of these situations a reflection seems appropriate (and needed) before the question. You might have found this to be true as well.

1. I think the child needs to understand that you’re the parent and that he or she needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.

   Engaging:
   Sample Question A: Tell me a little more about what being a parent means to you.
   Sample Question B: How does parenting fit into the big picture of your life?

   Focusing:
   Sample Question A: When you’re at your best as a parent, what are you like?
   Sample Question B: What do you wish to have more of in your relationship with your child?

2. I don’t get what we are supposed to be doing here.

   Engaging:
   Sample Question A: What’s your understanding of why you are here?
   Sample Question B: What information would be useful for you?

   Focusing:
   Sample Question A: It’s confusing to you. What would be a useful way for us to spend our time together?
   Sample Question B: The priorities seem unclear. What seems most important to focus on as you consider the big picture of your life?

3. I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.

   Engaging:
   Sample Question A: What are the feelings like after one of these episodes when you’ve felt pushed and then reacted in a way you didn’t like?
   Sample Question B: What are those times like when you are *not* pushed to the edge.

   Focusing:
   Sample Question A: What is a typical day like with your kids?
   Sample Question B: I have concerns when parents feel pushed to the edge. Would it be okay if I shared those concerns with you and then hear your thoughts?

(cont.)
4. *I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.*

**Engaging:**
- Sample Question A: What sorts of crap have you been dealing with?
- Sample Question B: Tell me about the big picture of your life and how this crap fits into that picture.

**Focusing:**
- Sample Question A: As you look around at all this crap, what feels the most important for you to take on at this point?
- Sample Question B: My guess is you’ve already tried changing some of these things. Tell me a little about what you know works better for you.

5. *My problem is my wife and her constant complaints.*

**Engaging:**
- Sample Question A: What would need to happen for your wife to quit complaining?
- Sample Question B: So, your wife is unhappy with some things—how about you?

**Focusing:**
- Sample Question A: What are some of the areas that feel most important in this ongoing dialogue you have with your wife?
- Sample Question B: You’re not happy with how you and your wife are interacting. What are some of the areas that are most troublesome for you?

6. *Here we go again: same old stuff, just a new version.*

**Engaging:**
- Sample Question A: What does this pattern look like to you?
- Sample Question B: This is one part of your life you don’t like. Tell me about some of the other parts you do like.

**Focusing:**
- Sample Question A: It seems like there are lots of areas where we could spend our time today. Is this the area that feels the most productive, or is there another area you’d like to spend our time on?
- Sample Question B: It sounds like you might like to put your energy into something else. What might that be?
EXERCISE 8.2  Targeting Reflections: Focusing

As in Chapter 4, we will now turn our attention to practicing forming reflections, but this time targeting clients in focusing. Once again, you will read the client statement and then form two different reflections. This time, however, target your reflections towards the focusing process. Feel free to thumb back through the chapters to refresh your memory.

1. I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.

   Reflection A:

   Reflection B:

2. Marijuana is legal in lots of places now and so I feel like some of the old arguments don’t make sense. Sure if you do anything too much it can be a problem, but that’s not how I smoke and alcohol causes way worse problems. Sure my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.

   Reflection A:

   Reflection B:
3. My family thinks I work too much and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and takes me away from the family, which I don’t like.

Reflection A:

Reflection B:

4. I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.

Reflection A:

Reflection B:
Sample Responses for Exercise 8.2

1. I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.

   Engaging:
   - Sample Reflection A: You really want to help your daughter.
   - Sample Reflection B: You’re concerned for her health.

   Focusing:
   - Sample Reflection A: Finding ways to engage with her on this issue is important to you.
   - Sample Reflection B: Part of what you’re looking for are methods to be more consistent in your approach to this issue.

2. Marijuana is legal in lots of places now, and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke, and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.

   Engaging:
   - Sample Reflection A: It feels like marijuana gets treated unfairly.
   - Sample Reflection B: Things are a bit bumpy around the house because of the marijuana.

   Focusing:
   - Sample Reflection A: Marijuana is a pretty important thing to you.
   - Sample Reflection B: Your relationship with your wife is a pretty important thing to you.

3. My family thinks I work too much, and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and takes me away from the family, which I don’t like.

   Engaging:
   - Sample Reflection A: You love what you do.
   - Sample Reflection B: Your family is concerned about you.

   Focusing:
   - Sample Reflection A: You want to have a work–home balance that feels right.
   - Sample Reflection B: Both of these—family and work—are priorities for you.

(cont.)
Sample Responses for Exercise 8.2  (cont.)

4. I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.

Engaging:

Sample Reflection A: You feel spiritual.
Sample Reflection B: You keep trying to embrace organized religion.

Focusing:

Sample Reflection A: Finding faith feels important to you.
Sample Reflection B: Exploring how you might make religion work for you continues to feel vital. It’s not something you can just walk away from.
EXERCISE 8.3.  Monday Morning Quarterbacking

As any sports fan will tell you, part of the joy of watching sports is the rehashing of what happened and the offering of what you would’ve done instead. This is a version of that activity. Below you will find the exchange with the dental hygienist; her statements are shaded. Now most of you are not dental hygienists, but it’s likely that you will have gone to see one and been told about flossing. Use that experience both to discern which category of response (e.g., reflection, asking permission, E-P-E) was used and to offer an alternative way you might have handled that exchange. It is not a perfect interaction; this does not assume that responses in this interchange were “bad” or “problematic,” just that there are always alternative paths. Although you’ll need to read the client statements as well, it is the dental hygienist’s statements to which you should provide responses. As with Monday morning quarterbacking, the fact that we have no expertise in the matter never stops us from offering our opinions! And if you are a dental hygienist, it’s all the better. So, go ahead and be the expert!

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response type and alternative response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You know that we think flossing is really important, but I wonder what you know about why.”</td>
<td></td>
</tr>
<tr>
<td>“Well, I know it can lead to cavities if you don’t.”</td>
<td></td>
</tr>
<tr>
<td>“That’s true. It can lead to cavities and also to gum disease.”</td>
<td></td>
</tr>
<tr>
<td>“Is that a big deal? I mean, gum disease. Really?”</td>
<td></td>
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<tr>
<td>“Well, there are a couple of things that can happen.</td>
<td></td>
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<tr>
<td>First, you get little pockets of bacteria that can cause decay, and you know what happens then. It can also cause your gums to recede, which can put you at risk for exposing nerve roots. This can lead to things like root canals and tooth loss eventually.”</td>
<td></td>
</tr>
<tr>
<td>“But none of my teeth hurt now!”</td>
<td></td>
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<tr>
<td>“And I’m really glad of that. There are some things we can do once that happens, but it becomes much harder. So we work with people to prevent that from happening. Of course, you’ve got to decide what makes sense for you.”</td>
<td></td>
</tr>
<tr>
<td>“Well, I do floss sometimes. It just gets easy to drop when I’m late in the morning or it gets busy. Then I think I’ll do it later, and sometimes ‘later’ ends up being a few days and then they bleed when I do floss.”</td>
<td></td>
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<tr>
<td>Statement</td>
<td>Response type and alternative response</td>
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<tr>
<td>“So, flossing is important. It’s just hard to do it consistently. My guess is you’ve probably had times when you were more consistent and times when you were less. When you were doing it more consistently, how were you doing that?”</td>
<td></td>
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<tr>
<td>“It usually happens after I see you folks. Then I think I need to do better.”</td>
<td></td>
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<tr>
<td>“So having someone or something outside reminding you helps to keep your eye on the target.”</td>
<td></td>
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<tr>
<td>“How about when you’re feeling pressed for time, since that sounds like a hard one for you?”</td>
<td></td>
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<tr>
<td>“That’s a tough one.”</td>
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<tr>
<td>“Would you be interested in hearing what other folks have done about that time issue in managing flossing?”</td>
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<tr>
<td>“Sure.”</td>
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<tr>
<td>“People have told me a bunch of different things. Some people set their alarm for 3 minutes earlier in the morning. Given that it’s only 3 minutes, it doesn’t feel like that big a deal to them, and they use that 3 minutes for flossing. Others have switched to flossing times after dinner or before bed, since they don’t feel quite as pressed for time then. Others have put floss containers in a bowl in their family room so that they can floss while they’re watching the news—and then it becomes a habit. Other people don’t like floss, so they’ve switched to picks or those kinds of things and keep those handy—like where they watch TV or read. There is no one right way to do this. Which of those makes the most sense to you?”</td>
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<tr>
<td>Statement</td>
<td>Response type and alternative response</td>
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<tr>
<td>“And that would replace your flossing in the morning.”</td>
<td></td>
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<tr>
<td>“No. I don’t think that’s such a good idea. But I think I could make it like a backup plan . . .”</td>
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</tr>
<tr>
<td>“. . . just in case you missed in the morning.”</td>
<td></td>
</tr>
<tr>
<td>“Exactly.”</td>
<td></td>
</tr>
<tr>
<td>“What do you know about using picks?”</td>
<td></td>
</tr>
<tr>
<td>“Truthfully? Not much.”</td>
<td></td>
</tr>
<tr>
<td>“Would it be helpful if I spent a few minutes just showing you and then having you do a little practice? Sometimes it helps if people just get a feel for when they’re doing it right. Of course, that’s up to you.”</td>
<td></td>
</tr>
<tr>
<td>“How long will it take?”</td>
<td></td>
</tr>
<tr>
<td>“Less than 5 minutes.”</td>
<td></td>
</tr>
<tr>
<td>“I can do that, but then I need to get back.”</td>
<td></td>
</tr>
<tr>
<td>“OK, I’ll grab the picks. But first, I just want to check—it sounds like you’re feeling pretty committed to working on the flossing.”</td>
<td></td>
</tr>
<tr>
<td>“Yeah, I guess I am. I really do think it’s important. I just need a jumpstart on it sometimes.”</td>
<td></td>
</tr>
<tr>
<td>“And you feel like you got that today.”</td>
<td></td>
</tr>
<tr>
<td>“Yeah.”</td>
<td></td>
</tr>
<tr>
<td>“Great.”</td>
<td></td>
</tr>
</tbody>
</table>
Sample Responses for Exercise 8.3

These responses are not perfect either, just alternatives based on what the client has said.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response type and alternative response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You know that we think flossing is really important, but I wonder what you know about why.”</td>
<td>Open question. What do you know about how flossing helps with gum health?</td>
</tr>
<tr>
<td>“Well, I know it can lead to cavities if you don’t.”</td>
<td>Surface reflection. And that is something you want to avoid.</td>
</tr>
<tr>
<td>“That’s true. It can lead to cavities and also to gum disease.”</td>
<td>Persuading. You’re wondering if that will make a difference for your teeth.</td>
</tr>
<tr>
<td>“Is that a big deal? I mean, gum disease. Really?”</td>
<td>Influencing with permission (at the end). It feels safe to skip it now. I wonder if I could share some information about how that process works?</td>
</tr>
<tr>
<td>“Well, there are a couple of things that can happen. First, you get little pockets of bacteria that can cause decay, and you know what happens then. It can also cause your gums to recede, which can put you at risk for exposing nerve roots. This can lead to things like root canals and tooth loss eventually.”</td>
<td>Reflection targeting change talk. Targeted question. You’re wanting to do it more often because flossing is important to you.</td>
</tr>
<tr>
<td>“But none of my teeth hurt now!”</td>
<td></td>
</tr>
<tr>
<td>“And I’m really glad of that. There are some things we can do once that happens, but it becomes much harder. So we work with people to prevent that from happening. Of course, you’ve got to decide what makes sense for you.”</td>
<td></td>
</tr>
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<td>“Well, I do floss sometimes. It just gets easy to drop when I’m late in the morning or it gets busy. Then I think I’ll do it later, and sometimes ‘later’ ends up being a few days and then my gums bleed when I do floss.”</td>
<td></td>
</tr>
<tr>
<td>“So, flossing is important. It’s just hard to do it consistently. My guess is you’ve probably had times when you were more consistent and times when you were less. When you were doing it more consistently, how were you doing that?”</td>
<td></td>
</tr>
<tr>
<td>“It usually happens after I see you folks. Then I think I need to do better.”</td>
<td>(cont.)</td>
</tr>
<tr>
<td>Statement</td>
<td>Response type and alternative response</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>“So having someone or something outside reminding you helps to keep your eye on the target.”</td>
<td>Deeper reflection.</td>
</tr>
<tr>
<td>A reminder helps you.</td>
<td></td>
</tr>
<tr>
<td>“Then I try to make sure I have floss in a couple of places—like, I keep some in the downstairs bathroom and some at my office—that helps.”</td>
<td></td>
</tr>
<tr>
<td>“How about when you’re feeling pressed for time, since that sounds like a hard one for you?”</td>
<td>Question.</td>
</tr>
<tr>
<td>You’ve already started working out ways to do this differently.</td>
<td></td>
</tr>
<tr>
<td>“That’s a tough one.”</td>
<td>Asks permission (elicit).</td>
</tr>
<tr>
<td>It sounds like you’ve tried some things already in that situation. Tell me about what you’ve discovered in that process.</td>
<td></td>
</tr>
<tr>
<td>“Sure.”</td>
<td>Provide—elicit (influencing with permission).</td>
</tr>
</tbody>
</table>
Sample Responses for Exercise 8.3  (cont.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response type and alternative response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No. I don’t think that’s such a good idea. But I think I could make it like a backup plan . . .”</td>
<td>Continuing the paragraph.</td>
</tr>
<tr>
<td>“. . . just in case you missed in the morning.”</td>
<td>You have some ideas about that plan.</td>
</tr>
<tr>
<td>“Exactly.”</td>
<td></td>
</tr>
<tr>
<td>“What do you know about using picks?”</td>
<td>Elicit.</td>
</tr>
<tr>
<td></td>
<td>I wonder if it would be useful to spend some time talking about picks?</td>
</tr>
<tr>
<td>“Truthfully? Not much.”</td>
<td></td>
</tr>
<tr>
<td>“Would it be helpful if I spent a few minutes just showing you and then having you do a little practice? Sometimes it helps if people just get a feel for when they’re doing it right. Of course, that’s up to you.”</td>
<td>Partnering—asking client’s desires.</td>
</tr>
<tr>
<td></td>
<td>There are two ways we could do this. I could have you show me what you do and I could do a little coaching or I could talk about how to do it. What would you prefer?</td>
</tr>
<tr>
<td>“How long will it take?”</td>
<td>Answering the question.</td>
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<tr>
<td></td>
<td>You’re worried about your time.</td>
</tr>
<tr>
<td>“I can do that, but then I need to get back.”</td>
<td>Reflection on commitment.</td>
</tr>
<tr>
<td></td>
<td>How would you like to proceed?</td>
</tr>
<tr>
<td>“Okay, I’ll grab the picks. But first, I just want to check—it sounds like you’re feeling pretty committed to working on the flossing.”</td>
<td></td>
</tr>
<tr>
<td>“Yeah, I guess I am. I really do think it’s important. I just need a jumpstart on it sometimes.”</td>
<td></td>
</tr>
<tr>
<td>“And you feel like you got that today.”</td>
<td>Deeper reflection.</td>
</tr>
<tr>
<td></td>
<td>This feels helpful.</td>
</tr>
<tr>
<td>“Yeah.”</td>
<td>Joining statement.</td>
</tr>
<tr>
<td></td>
<td>It feels right to you.</td>
</tr>
</tbody>
</table>
Advice columns in some ways are a peculiarly American phenomenon, though a quick search of the Internet reveals that these are now offered around the world. People write with problems and the columnist offers advice. In this exercise, you’ll respond to a couple of fictional letters to our imaginary columnist, “Uncle Todd.” If you find this useful and want more practice, you could search out letters to advice columnists in your local newspaper. If you don’t have any locally, then you might use the Internet to find them in newspapers from around the world (e.g., “Aunt Sally” in the London Times, or “Ask Amy” in the Chicago Tribune) or from specific individuals (e.g., “Dear Abby”). Regardless of the source, the goal is to provide your “advice” in an MI-consistent manner, though like any good newspaper columnist, you want to add a little humor for readers.

Dear Uncle Todd—

I have a friend, “Hannah.” We’re living in a dorm in college. We have this tight group of four friends, but we also want to expand our social sphere since we are all freshmen. Unfortunately, Hannah focuses all of her energy only on us. She’s always hanging around my room and asking what I’m going to do. She does the same with the others in the group. Lately, I often feel guilty because I want to do things without her. I’ve found myself telling her that I’m going out to the library when I was really going to meet some other friends. It feels as if she invades my personal space, and I have taken to shutting my door, which I don’t want to do. Help, Uncle Todd.

From,
Tangled in Cling Wrap

Dear Tangled—

Uncle Todd

(cont.)
Once again the holidays are here. Don’t get me wrong—I love my family. But it always feels like there is tension. We have out-of-town guests, and that changes the household routine. People don’t sleep as well and get a little grouchy. My uncle drinks too much sometimes and gets opinionated when he does. We spend hours in preparation for the big day and then it all happens so fast and it always feels a bit disappointing. Part of me wants to just skip the whole thing, but I know I wouldn’t like that either. And there are moments that are precious to me—just not enough. How can I make it less tense?

From,

Holiday Blues

Dear Holiday Blues—

Uncle Todd
Sample Responses for Exercise 8.4

Dear Tangled—

You sound tightly wrapped. You don’t want to hurt this person’s feelings, and yet the decisions you’re now making put you at risk for really doing that. It also seems she’s starting to make you angry. I have a couple of ideas.

One thing some freshmen have done is to be really explicit about what their goals are—they want to meet new people—but that doesn’t mean they’re replacing the friends they already have. A second thing some young women have done is have a direct talk about how the behavior of the clingy friend is making them feel and then see if there are ways that they can help that person to make other friends. A third thing is to involve the Resident Assistant by discussing your concerns and seeing if there are some suggestions that she has. Finally, some people have set “date nights,” so that clingy friends can count on a fixed time for socializing with the sought-after friends. Then other nights are free for other activities without the clingy friends.

So, Tangled, which of these seems to sit best with you?

Uncle Todd

[The following response is too long, but it nevertheless demonstrates how you might approach all these different issues. In practice, we’d be better served by focusing a paragraph at a time on each issue.]

Dear Holiday Blues—

You do sound stuck between a rock and a suitcase. Leaving might feel like a good option, but probably not one you are ready to exercise, so you are left to manage the situation—and yourself—as best you can. I have a few thoughts; of course, you’re the one who will decide, not me. You probably can’t do all of these, so I’d suggest choosing one. But, of course, that is your carol to sing.

One thing that some families have done is to structure their holidays a bit. Without overdoing things, they try to have a game plan laid out for how they’ll spend their time. This seems to keep them from having too much time on their hands. Some people use big outings. Others put out puzzles. Others do some baking or cooking. This gives people a focus.

Another option people sometimes use is splitting up the responsibility. Everybody has a day they’re in charge of organizing, including handling the meals. People sometimes pair up if it’s too much for one person. This approach seems to lessen any single individual or small group of individuals being overburdened.

Alcohol use at holiday time is often a concern. People tell me different approaches work for them. Some provide snacks when alcohol is served so that no one drinks on an empty stomach. Some limit the amount of alcohol or the type of alcohol available. Others have tried approaching the individual (in private) who struggles with drinking too much, and talking about their concerns. Still others decide to offer no or low alcohol options only.

(cont.)
Sample Responses for Exercise 8.4 (cont.)

My last thought is that you might work on your own reactions to the situation. Some people have told me that their expectations get them into trouble, so changing those help. Others say it is their reactions that escalate the situation, and so they have to be sensitive to those. Finally, still others say it is their focus that trips them up. If they focus on the things they like or want, they are much happier—even when things go wrong—than if they focus on the negatives or the problems that come up. And let’s face it, when there is a house full of family, problems are likely to come up.

So, that is a long answer, Blues. Do any of those ideas fit for you?

Uncle Todd
EXERCISE 8.5.  “I Can Fix That!”

Here are some sample bits of advice that need rehabbing. Most are confrontational. See if you can tone down the confrontation using some of the techniques discussed in the chapter. Some existing elements may be fine, so, like any repair job, decide what can stay and what needs to be replaced or reworked. Be aware that in some situations, you may need to start over entirely. Write down how you might spruce up or rebuild each statement. You don’t need to stay true to the words, but try to express the ideas being conveyed in each example.

1. “You really do need to start eating more fruits and laying off the fried food. If you don’t, you are risking another heart attack. And the fact of the matter is, a second heart attack is more likely to be deadly, so you’ve got a real stake in making these changes.”

2. “I know your meds have some side effects, but you can’t just take them when you think that you need them. Antidepressants don’t work that way. They need to be at a therapeutic level, and when you only take them every few days, you’re at nontherapeutic levels. You’re getting all the side effects and none of the benefit.”
3. “I think it is a really bad idea for you to return to drinking, especially now. Although your troubles weren’t with alcohol before, you’re somebody who has a history of dependence and are likely to substitute addictions. In addition, you’ve been feeling depressed, and the alcohol is likely to make you feel more depressed. Finally, you didn’t consult your sponsor because you know that he would’ve said ‘No!’—and so you’ve got no support while you’re trying this risky experiment. You’re playing with fire!”

4. “Here’s my dilemma. I don’t want to take your kids away. I think you do care about your kids. But, if you continue to engage in this behavior, I will be forced to do that. Now you don’t want to put me in a position where that is what I have to do. This means that you have to go to these parenting classes, and you have to participate. Otherwise I will take the kids away, and it’ll be your fault, not mine.”

5. “If you don’t start taking better care of your diabetes, these consequences are going to get worse—even deadly. Your A1C was at 14; that’s twice where it should be. You already have some reduced sensation in your feet—which means that the diabetes is damaging your circulation and your nerves. You could lose a foot or a kidney. You have a family history of stroke, and that’s without the problems that diabetes causes in circulation. Your father died of a heart attack. It just keeps getting worse. This is not a joke. If you don’t get this under control—and I mean soon—you’re going to be in big trouble!”
Sample Responses for Exercise 8.5

1. “You really do need to start eating more fruits and laying off the fried food.”
   
   Concerns: The advice is solid, and the context is problematic. It does not ask permission, and it warns of dire consequences. The rehab for this response could occur by using E-P-E.
   
   Response: “What do you already know about diet and its role in preventing another heart attack?”
   
   “You’re right—eating more fruits and vegetables is important to the health of your heart, as is laying off the fried foods.”
   
   “What do you know about the severity of a second heart attack?”
   
   “It does seem that when the heart has been damaged once, the risk for an even worse outcome—like death—goes up. What are your reactions to that information?”
   
   Technique: E-P-E

2. “I know your meds have some side effects, but you can’t just take them when you think that you need them.”
   
   Concerns: As with the last example, this advice is trying to persuade the client. Again, it’s likely to be more effective to ask permission, provide information, and get the client’s take. Alternatively, you could use a chunk–check–chunk approach.
   
   Response: “May I share a little information about how antidepressant medications work? Please stop me if you already know this stuff.”
   
   “With this kind of medication, it takes a little while to build up to a therapeutic dose, and then you need to keep it at that level, which means taking it every day. How does this fit with what you know?”
   
   “If the medications aren’t taken every day, then you don’t reach those levels where the medication is helping. Instead you just get side effects. Taking them every once in a while doesn’t really help.”
   
   “Although I think the meds could help you, it is your decision about whether you will or won’t take them. What do you think about all that?”
   
   Techniques: Ask permission, chunk–check–chunk

3. “I think it is a really bad idea for you to return to drinking, especially now.”
   
   Concerns: In this situation, the practitioner has lots of good information, but slips into chastising the person to bring home the importance of the point. It’s better to stay neutral when offering the concern to avoid building discord.
   
   Response: “I’m worried about your decision. May I share why?”
   
   “There are a few reasons. You’ve been feeling depressed, and alcohol can make you feel more depressed, even though it may make you feel a little better initially. Also, your sponsor doesn’t know, so you’ve lost that support and feedback system during a time when it might be really helpful to have another set of eyes watching your back. Although your history of dependence doesn’t preclude you from making this choice, the data show that you are at higher risk for other substance problems. So that is what has me concerned. What are your thoughts?”
   
   Techniques: Statement of concern, ask permission, provide information, and check client’s view
4. “Here’s my dilemma. I don’t want to take your kids away.”

Concerns: Again, there are many useful elements here. Beware of the “but,” though, because it wipes away the concern the practitioner noted for the client. Also, the responsibility element at the end has a quality of blaming, which is likely to draw the client’s ire.

Response: “Here’s my dilemma. The court says that certain things must be done if the kids are to stay with you, including your attending and participating in the parenting classes. The court requires that I report to it about whether those things have or have not happened. I need to be truthful not only for the court, but also for you and the children. I think you do care about your kids, and we have this requirement that must be met. I can’t decide for you, though I hope you will go—for your and the children’s sake. But, this is your call. What do you think?”

Technique: Chunk–check–chunk (Though in this case we never got to the next chunk, which sometimes happens.)

5. “If you don’t start taking better care of your diabetes, these consequences are going to get worse—even deadly.”

Concerns: Legitimate concerns about real problems. It’s also unidirectional. A little more partnership will help.

Response: “What do you know about the risks you have currently because of your diabetes?” (Client answers.)

“...There are a few other things you might know about as well. The reduced feeling in your feet is kind of like the canary in the coal mine. It lets us know that there might be some other risks happening. Typically, it means that your body is having some trouble with circulation. This is not uncommon for diabetics who are having some struggles with control. Unfortunately, the risks get much greater as these things begin to happen. What do you know about these more serious risks?”

Technique: E-P-E
**EXERCISE 8.6. “I Can Build That!”**

This time you will read scenarios and construct your own bit of information exchange. These are situations you may either encounter or hear about others encountering in daily life. As you read each sample, begin by thinking aloud. What thoughts/reactions do you have as you respond to this situation?

Then based on this information, decide which elements you wish to emphasize. Now that you’re more aware, consider which ones are likely to be most helpful for this client and then offer some information based on those elements. Here’s an example:

**Choosing a College**

Your friend’s 18-year-old son tells you about his struggle to choose between several good college options. Some are nearby and some are not; some are public and some are private. Nearby options will cost less but also have fewer offerings in terms of majors and opportunities. There is merit scholarship money available from the private schools, though such a college would still cost more than your friend’s family can afford, and so this young man, by agreement, would need to take out some large loans. Individual contact and attention from professors are more likely at the private colleges. And forget the “follow your heart” speech—he did that in choosing the colleges to which he applied, and now he is thoroughly ambivalent. As an adult he trusts, he’s asked your advice.

Think aloud:

> He’s stuck and wants to be unstuck. As the story unfolds, I have this initial thought that maybe he should go to the less expensive option if he’s so ambivalent. However, as I hear more, it’s not at all clear to me. It seems he needs something to “break the logjam.” Providing options beyond what he’s already thought about might help. That means I need to find out what he knows and then offer choices.

Information exchange:

> “I have some ideas, but I want to make sure it’s okay that I share them. But first, my guess is that you’ve tried some strategies to sort this through, and I don’t want to repeat what you’ve already done. What have you tried?”

(The young man answers.)

> “Here are some ideas you might consider, which I have seen other young people do. One is to spend some time on each campus, including a school day. Sleep in the dorm, attend classes, and eat in the school cafeteria. Another approach is to talk to older siblings of your friends about their choices and what made the decision for them. Sometimes it helps to hear what their critical factors were and how these played out for them, once they arrived on campus. Others call and talk to a few students and get their views of their school. They usually have a list of questions, and that helps them make sure they get similar information across students. Asking their reasons for going to the school can also be helpful. What do you think about those ideas?”
Your friend is considering a change in careers. For as long as you’ve known her, she has worked multiple jobs to make ends meet. This practice began out of economic necessity as she went from a two-income family to single parenthood. It has continued for nearly 15 years. During this time, a new relationship blossomed and became established, but her partner makes considerably less money and works fewer hours than her. Now she has an opportunity to become an independent consultant with a large contract from a single provider. This contract will provide a year of very good income and allow her time to build up other parts of her consultant business. But it will also necessitate that she leave the part-time job that has provided financial stability. She is excited about the consulting possibility, but also worried about an economy that is tumbling into recession and the uncertainty beyond the first year. She asks what you think she should do.

Information exchange:
An Aging Parent

Your coworker confides that he is struggling with a big decision. His elderly mother and father were living in a distant city until very recently. His father, whose health had been declining, finally died during the last year. Your mother didn’t want to rush into decisions after his death, but it has become clear that she is struggling to live independently. She has used a home health aide, but her funds are running out, and so the choice is now to move her into a retirement facility or into his home. Although his spouse is supportive, he also admits that she and his mother have always done best in small doses—and this would be a long-term commitment. They also have an active household with several children, and taking in his mother would require reconfiguring bedrooms and routines. The children would like to have their grandmother live there, but they are already complaining about having to share bedrooms and a bathroom. The retirement facilities your coworker has toured have ranged from dismal to passable. None seems great, and he feels guilty for even thinking about putting his mother into this type of assisted-care facility. He promised his father that he would care for her after he died. He wants your advice on what to do.

Think aloud:

Information exchange:
Your Best Friend Is Getting Married

You’ve known this friend since childhood. You were a member of her wedding party, and you consoled her though the breakup of that marriage. You talked to her throughout her father’s descent into dementia and offered support through her mother’s battle and ultimate defeat by cancer. As long as you’ve known her, she has wanted two things: a partner to love and a child of her own. She found the former, but he doesn’t want the latter. This conundrum has led to an on-again/off-again relationship as she tries to decide if she can be okay without a child. During some of her “off periods” with her partner, she has gone so far as to explore adoption, since she cannot become pregnant for medical reasons. Now as the two of you dine, she announces that a wedding date has been set. With her bravest face, she tells you that she has decided that she would be an auntie to others’ children and that would have to be enough. You know your friend, and it seems that she has finally acted to end this interminable uncertainty plaguing her. You also know that she will be unhappy if she follows through with this decision. She asks what you think.

Think aloud:

Information exchange:
Sample Responses for Exercise 8.6

Exchanging Information

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The think-aloud portions of these answers simply reflect some of my thoughts as I responded to the items. Your thoughts will, of course, be your own and so will look different than mine. However, this is a chance to get into my mindset as I responded to each item.

A Change in Careers

Your friend is considering a change in careers (etc.).

Think aloud: I feel the fear and excitement as I hear this information. I also wonder if she really wants my thoughts or if she already knows her choice at some level and just needs an opportunity to articulate this aloud.

Information exchange: “You’re sure? Sometimes people ask when they really want to do is say more about how they’re thinking, and that’s okay. Well, I know you really worry about the money and the insurance, so I can see why you’re spending this time making sure. I’m also really struck by how excited and happy this opportunity seems to make you. It seems almost like you can dream about your life in a whole new way. Maybe part of you distrusts that possibility of happiness, and yet you seem to have lined everything up. I wonder if you probably already know what you want to do, and it’s just a matter of allowing yourself to really have it or to hear from people who care about you that it’s okay. I think it’s a great choice, but it’s not my call to make. What do you think?”

An Aging Parent

Your coworker confides that he is struggling with a big decision (etc.).

Think aloud: I feel the agony of this decision. This is a decision where there are multiple directions tugging at him. There is no right decision—only the less wrong one. A couple of things stick out to me as I think about this situation. What does his mother want? Also, it seems like his promise to his father is limiting his choices. I wonder if there might be some all-or-nothing thinking happening here. Perhaps there is a middle ground.

Information exchange: “That is a tough situation. There are so many different pulls. You know your mom needs more than she’s getting now, and you want to honor the commitment you made to your dad, but it’s not quite clear what will serve everyone best. It seems to me that no matter what you decide, it is not going to feel good, and at the same time, you’re hoping it will. I have a couple of thoughts or reactions about what might be important to consider. May I share these?

“Do you think the decision is coming to terms with being unable to make everyone happy—perhaps, even more—you feel responsible for everyone’s happiness. I wonder if this might be an easier choice if you let go of those things. What are your thoughts about that?”

(cont.)
Sample Responses for Exercise 8.6 (cont.)

Your Best Friend Is Getting Married

You've known this friend since childhood (etc.).

Think aloud: I'm worried that she's marrying to end her continual uncertainty. I feel the need to express this worry, while supporting her and her decision to remain in the relationship.

Information exchange: “Are you sure? I'm concerned about this decision—not because I think he's a bad guy. He's a good guy and I know you love him; that's part of what has made this so hard for you. What I know is how badly you've wanted a child and how difficult it is to be stuck in this limbo. I'm concerned you've made this choice to end the uncertainty, and you will regret it and then resent him for ‘forcing’ you to make a choice. So, those are my worries. What's your reaction to all of that?”
EXERCISE 8.7 Practice in Life

This is a more opportunistic activity. In our everyday encounters we experience people talking about the struggles in their life. Friends, to whom we may have already provided our opinions liberally, might be open to suggestions. Listen for opportunities and then try offering the advice you would typically have given, but in a manner that is consistent with the skills discussed.

Similarly, if you tend to give advice to your clients, then pay attention when this situation arises. When it does, consciously decide to try out one of the MI-consistent forms for sharing information, offering a concern, or giving advice. Make sure to pay attention to how your client responds.

If you don’t normally give advice, you might watch for situations where some additional guidance would be helpful to your client and then offer some information.

As always, use your OARS liberally!
EXERCISE 8.8. “My Dilemma Is . . . ”

In this exercise, your partner will offer an issue or a concern that perplexes him or her. It might be something current or something in the past. It does not have to be a deep, dark secret—in fact, it shouldn’t be—but it should be something of substance that he or she can speak about for at least 10 minutes.

As you begin, set a timer to run for 1 minute. When the timer goes off, verbalize what you are thinking. Focus on yourself, not on what the client is saying. What are you feeling and thinking in the moment? Say this aloud. Take no more than 30 seconds to verbalize this and then reset the time for a minute and continue. Pick up the conversation where it left off. Repeat until you’ve gone at least 10 minutes. See if you can offer some information along the way.

Begin this conversation with the prompt, “So what’s your dilemma?” Although it might be tempting to laugh, I encourage you to take this seriously. This is an opportunity to become more aware of your own process as a helper, and, in so doing, to see how that might play out in the information you share or even the righting reflex making an appearance.

Take some time to talk about what emerged as you talked aloud. Then switch roles and repeat.
Evoking
Preparation for Change

Merriam-Webster’s definition of *evoke* includes:

- To bring (a feeling, memory, image, etc. . . . ) into the mind
- To call forth or up
- To cite, especially with approval or support
- To bring to mind or recollection
- To recreate imaginatively
- To cause (a particular response or reaction) to happen

We’ve now established the direction we wish to travel together. Wouldn’t it be lovely if that were all we had to do? Clients become clear about what needs to happen and off they go. Our clients would shake our hands, thank us, and then be on their way. Sometimes that happens; more often the process is complicated. Why is that?

Let’s begin with the obvious answer: Change is hard. It is important to acknowledge this truth. Thinking of our own lives, we can probably identify examples of things we know need to change, have clear ideas about how to change, and yet somehow we just can’t quite make that change happen. We should eat less, eat healthier, exercise more, get to bed earlier, spend more time with our loved ones, put down the electronic device, do things that are more creative, volunteer our time, take care of that mess, clean that bathroom, write that note—and despite knowing this, it’s hard to make it happen. In fact, one of my favorite quips acknowledges this reality and our foibles on this account: “Change is hard. You go first.”

Yet, there are some exceptions when change is not hard or complicated. When the change is straightforward and not particularly complex, then people can move forward
with additional information from us (or someone else). This is a bit like clients asking us for directions about the “change river” and then hopping into the raft. The current pulls gently, and so they move down stream with relative ease. Clients might need to paddle to keep the raft in the middle of the river and away from the weeds at the side, but it’s more or less a gentle float, and they don’t need more help from us on this trip. However, research tells us this process is not typically the case when attempting to make complex behavioral changes.

When the change is complex, information may be necessary, but it’s rarely sufficient to cause change (Fisher, Fisher, & Harman, 2003). For those more complex situations, clients will need a combination of information, motivation, and an ability to enact the change. Although our presence still might not be required on the trip, or might be needed for only a part of the trip, this remains a more complex and challenging river for clients to navigate.

Although we’ve described the situation and hinted at what is important (i.e., motivation and skills), it does little to help us understand what needs to happen next for either our clients or us. To do that, we return to that familiar traveling companion: ambivalence.

In Chapter 2, we introduced ambivalence as a normal part of the change process. It contains all the crosscurrents of why we think change might be a good idea and why it might be hard, as well as all the reasons to maintain the status quo and why giving it up might be a good idea. It represents two sides of the same coin.

Although ambivalence manifests behaviorally, it also happens internally for clients and is expressed in their language. Moreover, the research that Terri Moyers and others have done demonstrates that this language not only reflects what is happening internally, it also helps to create what is happening behaviorally (Glynn & Moyers, 2010) and predicts what will happen with a client (e.g., Apodaca et al., 2016). For these reasons, in MI we pay particular attention to client language and respond differentially to what we hear. Attention to language and differential responding are the essence of the evoking process.

We can think of client language falling into three categories: talk about change; talk about sustaining the status quo, including discord; and neutral talk. Change talk indicates the person is considering the possibility of change. This is one side of ambivalence. Sustain talk indicates the person is considering the possibility of things remaining unchanged. Discord is a special form of sustain talk and indicates that the person is not just considering the possibility of avoiding change, but he or she is feeling pressure to change and is actively pushing back against us. Notice the “us.” From an MI viewpoint, discord either arises or strengthens as part of an interpersonal process; as a result, the term resistance is no longer used because it suggests that this resistance resides solely within the individual rather than in the midst of an interpersonal process. Instead, in MI we talk about discord as ambivalence under pressure.1 Taken together, sustain talk and discord represent the other side of the ambivalence coin. Neutral talk refers to statements that are neither for nor against change. It is simply neutral on this account or on another topic altogether. These categories are things we already know and hear as a practitioner. For example, read these smoker statements aloud and then decide into which category each of these would fall:

1Thanks to Allan Zuckoff for this really helpful way to frame discord.
1. “I don’t think my smoking is that big of a deal.”
2. “You don’t understand. I’ve tried that and it doesn’t work for me.”
3. “I hadn’t really thought about it either way.”
4. “I will quit at some point because I know it’s not good for me.”

Did your practitioner ear help you know where these things fell? Here is how I would sort these statements: 1—Sustain; 2—Discord; 3—Neutral; 4—Change. Don’t worry if your categories looked a little different. Chapters 9 and 11 will provide additional information about these categories, which will help fine-tune your sensitivity to these language categories. For now, it’s enough to discover these are things you’ve already heard and known, but might not have put into words.

With this information about ambivalence and language in mind, let’s consider four ideas. First, the path we select determines the conversational direction we travel. Second, this conversation is mutually influencing. Third, the conversation itself helps organize clients’ experience. Finally, the conversation does not just describe the experience, it helps create it. We’ll take each of these ideas in turn.

The first idea seems like common sense. Of course, your path will determine where you end up. Yet, it’s easy to lose track of this simple idea in our busy work situations. We feel compelled to gather particular bits of information or solve certain problems. In this process we may become reactive rather than intentional in choosing where we will focus our attention. Or we become intent on collecting the data and not hearing the client’s story and the paths it suggests. Part of the art of becoming a proficient MI practitioner is becoming intentional in which conversational paths we choose.

The second idea builds on this first one, and also extends it. Again, it is no surprise that conversations are mutually influencing. We are traveling together, and what each of us does affects the other. What might be less immediately evident is that clients influence our use of MI and in ways we might not predict. Zach Imel has done some very interesting research that suggests there is significant variation in our use of MI based on clients. Of particular interest is that we tend to be less proficient in our use of MI when clients are less challenging (Imel, Baer, Martino, Ball, & Carroll, 2011). It seems we might be more inclined to the righting reflex at these times and less likely to use evoking. Thus, as the client begins moving toward change, we need to be mindful of staying within that MI spirit and using those OARS+I to evoke within the client the processes that will sustain the change effort.

Third, much as the narrative therapists have taught us, we help clients to organize their experiences in a manner they can use. This idea becomes especially important as we think about our task as practitioners. If we simply return to clients what they’ve told us—in the manner they’ve told us—we haven’t helped them organize this experience. This might be why surface-level reflections are a useful but limited tool. Deeper reflections and summaries, as well as affirmations, well-targeted information and questions, help clients see and understand their situation in a new light. They see a possible way forward.

Fourth and finally, the conversations between clients and practitioners might not just describe the experiences, but also create them. Here we slip into metacognition or thinking
about thinking. An example is helpful in describing this concept. Read these two statements aloud:

“That is a problem.”

“That is a challenge.”

As you read these two statements, did you find yourself reacting to each of them differently? Most people experience a difference and noticing this difference is the essence of metacognition. That is, how we think and talk about an issue affects how we understand the thing itself. With regard to client change, then, what we choose to respond to and how we respond to it affects not only the path we’re traveling, but also our understanding of what the path is and where we’re going. It makes us ever more mindful that language matters and that we want to be intentional in how we use it.

Keeping these points in mind, let us return to our river of change metaphor and those three elements: where, what, and how. With regard to _where_ we are in the river, we are at the point where the client has identified a direction toward which he or she would like to travel. Notice that it is the _client_ who chooses that direction, not the practitioner. That is the outcome of the focusing process and the point at which we begin this process. Our goals in this situation are to help clients remain focused on this direction, to evoke their reasons for why they have selected this direction, to evoke what they are moving toward, and then to help them commit to that change. In this section of the book, we target our core skills to evoke and reinforce change talk, to soften sustain talk, and to “defuse” discord. Let’s see how that might show up in our continuing conversation with Russell.
ACTIVITY IV. Evoking with Russell

The conversation with Russell continues to move forward. Read the counselor statements and decide which skill you think is being used. Under the “Russell talk category,” indicate whether you think the language is moving toward change, moving away from change, or hovering somewhere in the middle. Use those labels: “moving toward,” “moving away,” or “in the middle.” Later we will talk about the specificity of change talk. For now, just keep in mind whether the client’s language is moving toward change in the topic under discussion (e.g., marijuana, parenting) in each client response. In the next chapters we’ll get more detailed about this information.

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<th>Counselor skill category/</th>
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**C:** So, let me step back and summarize what we’ve talked about. You’re not sure this marijuana stuff is worth talking about, but you’re here. There are some things you would like to see change, and perhaps the most important of those things to you is finding tools for managing things with your daughters. How does that fit?

**R:** No, I am certain. Marijuana is not an issue for me, and I think it’s a waste of time talking about it.

**C:** You want to focus elsewhere—like on your kids and being a good parent.

**R:** Exactly.

**C:** One of the things that I would find helpful is to understand where this commitment to being a good parent comes from.

**R:** Sure. Yeah, why not. I had great parents. They weren’t perfect, but they tried really hard to understand me and provide what I needed. Which doesn’t mean it was always easy. There were expectations for me. I mean, I was probably the only kid who hated 3-day weekends because there would be a big project to do around the house when those rolled around. There was no sleeping late on weekends. My friends did, but not me (*laughs*). We were up and ready to work by eight in the morning (*shakes head*).

**C:** (*Chuckles.*) There were parts you didn’t like, and yet you knew they also tried to see things from your view.

(continues)
R: Not that it changed the projects (snorts), but we would always talk at the dinner table. They would ask questions and really listen to what I would say. They didn’t tell me I was wrong or I didn’t understand. They didn’t discount what I had to say, like my friend’s parents [who’d say], “You’ll see it differently when you’re older.”

C: And you really knew the benefits of people not just saying they were listening, but really doing it. That’s what you want your daughters to have.

R: Yes. I want them to know that I really do care what they think. But, like with my parents, I also want them to know there are things that must be done when you’re part of a family.

C: You want them to understand that it’s not just about them.

R: Right.

C: They need to contribute and not just take.

R: Exactly. But that’s not always easy. In fact, it’s hard. It feels like when they come to my house, we sort of have to start over each time.

C: Each week.

R: Yeah, their mom and me have different styles. She doesn’t want to be the bad guy—I get it.

C: You understand why she might do that.

R: Yeah, but at the same time it sort of pisses me.

C: It’s frustrating, and yet you do reset those expectations because you know that it’s important for the girls. It’s about them and not about you.

R: That is one of the things my parents gave me. I knew I was important, but the world didn’t revolve around me. It’s a tricky balance.
Evoking with Russell  

(p. 3 of 3)

C: But one you understand is part of being a good parent. The girls need to know they’re loved and that being part of a family means it’s not just about them. That’s a pretty deep lesson you learned and carried forward.

R: Yeah, it’s funny because I hadn’t really thought about it, but that is true. I know I have to do this.

C: You know what to do.

R: I do. It’s funny because this has always been a source of friction between my ex and me, like it’s her problem because she’s lax. But it’s really my job. It’s not about her—it’s about me.

C: That understanding changes it for you.

R: Yeah. I don’t really need to change what I am doing, but I do need to change how I am looking at it.

C: And that will reduce some of the stress.

R: It’s funny, but that feels right.

C: Like your body knows it’s true.

R: Yeah.

C: It seems like you’ve made a decision.

R: I have. I don’t need to change what I’m doing—that’s right on. But, I do need to change how I am looking at it.

C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones that good parenting includes making sure your daughters feel loved, but it also includes expectations about contributing to the family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it’s felt more like a burden then the task of being a good parent. You realize that you need to embrace it.

R: I think you got it.

C: So, what now?
So, let me step back and summarize what we’ve talked about. You’re not sure this marijuana stuff is worth talking about, but you’re here. There are some things you would like to see change and perhaps the most important of those things to you is finding tools for managing things with your daughters. How does that fit?

No, I am certain. Marijuana is not an issue for me and I think it’s a waste of time talking about it.

You know you want to focus elsewhere—like on your kids and being a good parent.

Exactly.

One of the things that I would find helpful is to understand where this commitment to being a good parent comes from.

Sure. Yeah, why not. I had great parents. They weren’t perfect, but they tried really hard to understand me and provide what I needed. Which doesn’t mean it was always easy. There were expectations for me. I mean I was probably the only kid who hated 3-day weekends because there would be a big project to do around the house when those rolled around. There was no sleeping late on weekends. My friends did, but not me (laughs). We were up and ready to work by eight in the morning (shakes head).

(Chuckles.) There were parts you didn’t like and yet you knew they also tried to see things from your view.

Not that it changed the projects (snorts), but we would always talk at the dinner table. They would ask questions and really listen to what I would say. They didn’t tell me I was wrong or I didn’t understand. They didn’t discount what I had to say, like my friend’s parents [who’d say], “You’ll see it differently when you’re older.”

And you really knew the benefits of people not just saying they were listening, but really doing it. That’s what you want your daughters to have.
**Key for Activity IV  (cont.)**

**Counselor skill category/ Russell talk category**

R: Yes. I want them to know that I really do care what they think. But, like with my parents, I also want them to know there are things that must be done when you’re part of a family.

C: You want them to understand that it’s not just about them.

R: Right.

C: They need to contribute and not just take.

R: Exactly. But that’s not always easy. In fact it’s hard. It feels like when they come to my house we sort of have to start over each time.

C: Each week.

R: Yeah, their mom and me have different styles. She doesn’t want to be the bad guy—I get it.

C: You understand why she might do that.

R: Yeah, but at the same time it sort of pisses me.

C: It’s frustrating and yet you do reset those expectations because you know that it’s important for the girls. It’s about them and not about you.

R: That is one of the things my parents gave me. I knew I was important, but the world didn’t revolve around me. It’s a tricky balance.

C: But one you understand is part of being a good parent. The girls need to know they’re loved and that being part of a family means it’s not just about them. That’s a pretty deep lesson you learned and carried forward.

R: Yeah, it’s funny because I hadn’t really thought about it, but that is true. I know I have to do this.

C: You know what to do.

R: Moving toward.

C: Deeper reflection.

R: Follow-up reflection.

C: Moving toward and moving away.

R: Surface reflection.

C: In the middle.

R: In the middle (though he’s mad at his ex-wife).

C: Double-sided reflection.

R: Reflection, followed by affirmation.

C: Moving toward.

R: Deeper reflection that affirms.
Key for Activity IV (cont.)

**Counselor skill category/ Russell talk category**

This is tricky because it feels like it’s moving toward change, but it could also be argued that it’s in the middle. We’ll come back to this in the chapter ahead.

R: I do. It’s funny because this has always been a source of friction between my ex and me, like it’s her problem because she’s lax. But it’s really my job. It’s not about her—it’s about me.

C: That understanding changes it for you.

R: Yeah. I don’t really need to change what I am doing, but I do need to change how I am looking at it.

C: And that will reduce some of the stress.

R: It’s funny, but that feels right.

C: Like your body knows it’s true.

R: Yeah.

C: It seems like you’ve made a decision.

R: I have. I don’t need to change what I’m doing—that’s right on. But, I do need to change how I am looking at it.

C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones that good parenting includes making sure your daughters feel loved, but it also includes expectations about contributing to that family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it’s felt more like a burden then the task of being a good parent. You realize that you need to embrace it.

R: I think you got it.

C: So, what now?

**Key for Activity IV (cont.)**

R: I do. It’s funny because this has always been a source of friction between my ex and me, like it’s her problem because she’s lax. But it’s really my job. It’s not about her—it’s about me.

C: That understanding changes it for you.

R: Yeah. I don’t really need to change what I am doing, but I do need to change how I am looking at it.

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R: It’s funny, but that feels right.

C: Like your body knows it’s true.

R: Yeah.

C: It seems like you’ve made a decision.

R: I have. I don’t need to change what I’m doing—that’s right on. But, I do need to change how I am looking at it.

C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones that good parenting includes making sure your daughters feel loved, but it also includes expectations about contributing to that family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it’s felt more like a burden then the task of being a good parent. You realize that you need to embrace it.

R: I think you got it.

C: So, what now?
Opening

LaDonna, arms crossed, scowl on her face, took a deep breath. She exhaled and her arms relaxed, slipping to her lap. Her eyes became watery and her answer was soft.

“No. I haven’t thought about hurting myself since then, but there isn’t much keeping me sober either—except my brother will kick me out if I don’t.” The practitioner sat silently, and she continued, “I’ve lost most everything else. So, I don’t know why I’m doing it.”

“You’re not sure why you’re doing it, except that you are.”

“It’s really hard—I mean, really hard—but I keep going to treatment, and I keep going to meetings. Nothing feels any better.”

“You must have tremendous commitment. I mean, it’s easy to see why you’d do it when there is a lot to lose, but at this point it’s hard to see anything, and yet you keep doing it—even when parts of you might want to give up.”

“I guess that’s true. I hadn’t really thought about it that way.”

“You hadn’t noticed that strength and commitment in yourself.”

“No—not really, but . . .”

“But . . .”

“Well, I did stay clean and sober for 3 years once.”

“So you know how to do it.”

“Yeah, I guess I do, but that feeling’s a long way away now . . . if you know what I mean.”

“You’d like to get back there, but you’re not sure if you can right now.”

“Well, I think I can, but I just want to feel better, and I don’t.”

“Not yet anyway.”

“Soon, I hope.”

“Yeah, soon. Let me see if I’ve got this right. It’s hard to find external reasons for getting and staying clean, yet some internal reasons seem to be pushing you because you keep
doing it—even when it feels really hard. You’d like to feel better and you know you can, you’re just not sure how to get there now. The hill you’re on feels slippery, but you’re determined to climb it.”

LaDonna nodded. Forty-five years old and in her fifth substance abuse treatment program, she wants to return to work, but there are multiple impediments beyond her substance dependence: joint deterioration, chronic pain, learning challenges, and depression/anxiety. She is socially isolated and scared to death about a return to either work or substance use. The purpose of the interview was to document any disabilities and evaluate her job readiness. This exchange shows how issues of motivation can unfold at any moment and how a brief interchange can affect clients powerfully.

When LaDonna made these statements, it was in the context of an inquiry about her current depressive symptomatology and a suicide attempt approximately 6 months prior. As her initial statements indicated, she had very little hope about staying clean, nor a sense of what would maintain that small hope. As noted in prior chapters, an attempt to argue for why she should continue to fight would likely elicit, “Yes, but . . .” responses. Yet, implicit in the context was her fingernail-into-rock-face determination to hold on and to have a better life. The question is, can we “hear” it? And what tells us that change is a possibility?

Initially, the practitioner’s guesses determined the character of the exchange. However, LaDonna confirmed and extended these—ever so slightly—as the dialogue continued. She began to make statements in favor of change. At the end, the possibility of change and her capacity for it seemed more in evidence. But, the question remains, is she committed? And, if so, to what? And if not, how do we help her get there?

A Deeper Look

Client language matters. Research demonstrates that what clients say not only reflects what they’re thinking, but also shapes what they’re thinking (e.g., Glynn & Moyers, 2010; Houck & Moyers, 2008). Indeed, different kinds of client language elicit different patterns of neural responses (Houck et al., 2013). Within MI, we can sort these language types into three main categories: change talk, sustain talk, and neutral talk.

**Change Talk**

Change talk statements are those that indicate the person is oriented toward making a positive change in a behavior, thought, attitude, or situation. Sustain talk statements, conversely, reflect language oriented toward maintaining the status quo; that is, they don’t wish to make changes. Finally, neutral talk statements are neither for or against change nor for or against the status quo. Research findings show the type of language a client engages in predicts whether that client will change (Moyers et al., 2009), and the type of behavior a practitioner engages in influences the type of client language (e.g., Apodaca et al., 2016; Barnett, Spruijt-Metz, et al., 2014; Bertholet, Faouzi, Gmel, Gaume, & Daeppen, 2010; Borsari et al., 2015; Glynn & Moyers, 2010). If client language matters, then it stands to reason that we want
to have a clear understanding of these types of language, recognize and differentiate the
three types, and have techniques for responding to and eliciting different types of language.
Addressing those three areas comprise the content of this and the next two chapters. Let’s
begin with understanding more about what is change talk.

The concept of change talk has evolved over time (Amrhein, Miller, Moyers, & Roll-
nick, 2005; Miller, Moyers, Amrhein, & Rollnick, 2006). Presently, Miller and Rollnick
(2013) define it as “any self-expressed language that is an argument for change” (p. 159).
Within that general declaration, there are three elements in a statement that tell us whether
it is truly change talk.

1. **Change talk contains statements about change.** That is, these statements indicate
that clients have the desire or ability to change, see the benefits of change, observe the
difficulties of their current situation, are activated toward or committed to change, or are
taking steps to change.

2. **These statements are linked to a specific change or set of changes.** This element of
specificity is related to the directional component of MI. Each session is focused on a par-
ticular change (e.g., improved health, engaging in prosocial behaviors, avoiding substance
use, using safer sex, reducing interpersonal violence, enhancing dental care), and change
talk occurs in relationship to that focus.

3. **Change talk is typically phrased in present tense.** That is, clients are referring to
things that reflect on their present situations. For example, a client who says “In the past,
drinking caused me some problems” may or may not be using change talk. It’s what comes
after this statement that determines whether it’s change talk. One could imagine this cli-
ent saying, “. . . but, it’s not really an issue any more”; this would not be change talk. Or if
the client said, “. . . and I guess it still is,” this would be change talk. Or if the practitioner
reflected the original statement, “It caused some problems before and maybe still does,” and
the client responded with “That’s true,” then it would be change talk.

In current thinking, then, change talk has three elements: content, a specific target
behavior, and present tense. Research by Moyers et al. (2007) indicates that change talk
is not specific to MI and that it can predict change in drinking behavior across treatment
modalities/conditions. This finding supports the idea that eliciting and reinforcing change
talk is important, though we have not yet discussed why it is important. For that, we turn to
Darryl Bem’s self-perception theory.

Bem (1967) noted people, at times, observe their own behavior—as they would observe
others—to determine their own attitudes. In particular, he noted this process occurs in
circumstances where beliefs and attitudes are uncertain and external rewards are insuf-
ficient to account for the behavior. For example, asking a practitioner who ardently believes
in abstinence to argue for harm reduction is unlikely to cause a change in those beliefs.
Having someone with firm beliefs take a position against those beliefs does not result in an
attitudinal shift. Nor do individuals necessarily shift their attitudes when behavior seems to
conform to the demands of an outside authority (e.g., asking inmates to tell the parole board
why they won’t reoffend). However, in situations where people are unsure, having them talk
in favor of a position causes their attitudes to shift in line with their arguments. In short, we come to believe that for which we argue.

The application of self-perception theory to MI is relatively direct. DiClemente (2003) estimates that upward of two-thirds of people who consider a behavior change feel strongly ambivalent about the change. Given this circumstance, most people are uncertain about how they feel regarding a behavior change. In this circumstance, the practitioner’s goal is to help the client identify and articulate reasons that support making the change. Conversely, practitioners avoid situations in which they argue for change, and the client argues against it (i.e., the client argues for why the situation does not need to change).

Although the theoretical underpinnings of change talk have been in place for some time now, experimental findings are only now accumulating to support the theory. Data now suggest that (1) natural occurrences of client language during an interview can predict subsequent client behavior (e.g., Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003; Amrhein, Miller, Yahne, Knupsky, & Hochstein, 2004; Campbell, Adamson, & Carter, 2010; Gaume et al., 2014; Vader, Walters, Prabhu, Houck, & Field, 2010); (2) therapist behavior predicts the appearance of change talk (e.g., Barnett, Spruijt-Metz, et al., 2014; Bosari, et al., 2015; Gaume et al., 2010; Moyers, Miller, et al., 2005; Schoener, Madeja, Henderson, Ondersma, & Janisse, 2006); and (3) change talk in treatment predicts later drinking outcomes (Houck & Moyers, 2015).

Researchers looking at the neurobiology of change talk and sustain talk find further support for the importance of client language. In particular, it seems these two types of client talk stimulate both different neural substrata and the same structures in different ways. Specifically, it appears that sustain talk activates reward pathways as people defend their use of alcohol, but not when they engage in change talk (Feldstein Ewing et al., 2011). That is, their use of a particular type of language stimulates their brains in a manner that increases the likelihood they will continue to drink. Moreover, it appears the style of practitioner–client relationship—collaborative versus discordant—also influences the pattern of neural activation. Work by Houck et al. (2013) suggests that change versus sustain talk stimulates a different neural pattern in the insula (a center of emotional activity in the brain). Although more research is needed, these findings indicate what the client says and how we interact with the client around his or her statements influences the client’s brain to activate in a manner that may either support the status quo or enhance the possibility of change.

Client change talk can be divided into two broad categories: preparatory language and mobilizing language (Amrhein et al., 2004). Within preparatory language are four components (desire, ability, reason, and need), and mobilizing language includes three components (commitment, activation, and taking steps). We explore these categories further in following material, but at this juncture what is important to know is research findings have been inconsistent about which forms of these client statements are the most important. T. B. Moyers (personal communication, July 10, 2016) suggests we can draw a few general conclusions, based on the available data. There is more support for the value of change talk, in general, than movement across categories (i.e., preparatory to mobilizing) over time. Strengthening change talk, particularly in relationship to sustain talk, appears to be important. Therefore, our goal should be eliciting and strengthening change talk and reducing or softening sustain talk, rather than worrying about particular categories.
As noted before, change talk is viewed through the lens of a specific goal. That is, change talk is about a specific type of change (e.g., increasing exercise) and not change more generally. For practitioners, this clear division may not be as critical as it is for researchers because behaviors (and thoughts, attitudes, and/or situations) are intertwined, so that change in one area may begin to initiate change in others. Thus talk about change—even if not for the specific target change—remains important and may signal movement the practitioner can harness to aid the client in moving this general impulse toward a more specific area. In this manner, moving from focusing to evoking can be a funneling process, with the ultimate aim being to elicit and reinforce change talk in relation to a specific goal.

With these points in mind, our next step is to identify what is and is not change talk.

**Preparatory Language**

As noted, there are four types of preparatory change statements: those reflecting desire, ability, reasons, and need (DARN). These are presented as discrete types of statements, but for most practitioners (and coders), they overlap significantly. At times, it can be impossible to distinguish where one type ends and another begins.

**Desire to Change**

These statements indicate a clear desire for change but stop short of a commitment. Practitioners sometimes can discount this type of statement as idle chatter, but it is an important preparatory step. Making public statements of desire to change can act as powerful springboards to commitment talk and set the stage for discussing plans to change. Examples of desire-to-change statements are:

- “I wish things were different.”
- “I’m hoping things will change.”
- “This is not the person I want to be.”

This desire is evident in a portion of LaDonna’s statement, “Well, I think I can, but *I just want to feel better,* and I don’t.” The problem with differentiating types of change talk is also evident in this statement; there are parts that suggest ability, reason, and need, as well as desire.

**Ability to Change (Optimism)**

These comments are about self-efficacy (“can-do” attitude) and indicate clients’ belief that they can make changes in the area of focus. These statements may include knowing what or how to make the change as well as beliefs that they can do it, if they make up their mind to do so. Sometimes these statements come right up to the edge of commitment language. Here are some strong examples.
“I know what I have to do—I just need to do it.”
“I can make a change; I just need to commit to it.”
“I’m going to prove everybody wrong.”

Often, especially early in an encounter, these statements are tentative. As in the example with LaDonna, it may be critical to bolster the client’s hope first by using affirmations. Then these types of change statements may follow: “Well, I think I can, but I just want to feel better, and I don’t.” The tentativeness is also evident in the sequence of two statements she makes, interspersed by a practitioner comment:

“Well, I did stay clean and sober for 3 years once.”
“So you know how to do it.”
“Yeah, I guess I do, but that feeling’s a long way away now. . . .”

This is tentative change talk and unlikely to be sufficient for a change effort, but it is a start. Remember, it’s not where we start, but where we end that matters.

**Reason(s) for Change (Benefits of Change)**

These statements indicate that there may be some specific advantage to making shifts in behavior. Clients articulate ways in which life might be better if they decided to make a change. These kinds of statements contain references to the good things that might come their way if a change were to happen. For example:

“My wife might get off my back if I didn’t drink quite so much.”
“Maybe I would have a little more energy if I was more conscientious about my blood sugars.”
“I guess I wouldn’t even have to think about it, if I decided to use condoms every time.”
“It would be nice if I didn’t have to worry quite so much.”

In LaDonna’s instance, there is the implication things would be better, but no specific statements about how those areas might improve—or what those areas are. So, this might be a direction to explore further. A reflection, followed by a direct but open-ended question, might work well: “You’d prefer things to be better than they are right now. In what ways have things improved already because you aren’t drinking?”

**Need to Change (Problems with the Status Quo)**

This is a statement that things are not working in the client’s life. A basic tenet that flows from the MI spirit of partnership is a label (“x is a problem”) is unnecessary for change to occur. However, it is necessary for clients to recognize aspects of their current situation
must change. There may be a general imperative for change, but no specific reasons are articulated. Examples of problem recognition statements are:

“I’ve got to make things better.”
“I need to get a handle on things.”
“My blood sugars can’t go on like this.”
“I can’t go on with the way I’ve been acting.”

It seems this is often the first type of change talk to emerge. Practitioners need to be alert for its occurrence, though, as it is often stated in very “soft” terms. In LaDonna’s case, it is implied that her substance use has led to difficulties by this statement: “I’ve lost most everything else.” A clarifying reflection might help to solidify this statement: “Your use has cost you almost everything.” Again, in this instance, the subtle use of a basic skill—reflective listening—can be employed to great advantage in directing LaDonna’s attention and clarifying information, without asking a question. She also indicates a need for change in her statement, “Well, I think I can, but I just want to feel better, and I don’t.” This statement may actually fit best under the desire category, though need is also present.

**Mobilizing Language**

Although preparatory language may pave the way for change, it may not be enough. Indeed, Miller and Rollnick (2013) like to use the metaphor of an MI hill to capture the process involved in change efforts. That is, the business of eliciting preparatory language is like climbing the hill of motivation. On this uphill climb, we can encounter the slippery footing of ambivalence. As we crest the hill and begin the downward descent, we move with the client into mobilizing language. This part of the trek might feel easier, but challenges remain.

**Commitment Talk**

These client statements can be the linchpins in the change talk sequence. These statements contain action words (i.e., verbs) that communicate an intention to do something. This intention distinguishes desire from commitment. Desire to change contains tentative (more passive) language that indicates a wish for change but lacks the intentionality of commitment statements. These commitment verbs can vary in strength from weak to strong, but all contain the goal to act. Miller and Rollnick (2013) note there are promises inherent in commitment language. Here are some examples of commitment language.

“I am going to . . .”
“I will . . .”
“I plan to . . .”
“I intend to . . .”


**Activation**

This category of client talk is harder to define, but also predicts change. These statements show a readiness and willingness to act, but don’t contain the same sort of definitive statement or declaration as commitment. This category signals a movement toward action without the binding promise of commitment. Here are two examples:

“T’m ready to give it a shot . . .”

“T’m willing to try . . .”

**Taking Steps**

This talk describes steps the client is already making in support of a specific goal. Taking small, even tentative, steps in the right direction predicts change. Examples of this sort of talk include:

“I went to the gym and worked out twice last week.”

“I went to the store, bought some vegetables, cleaned and cut them up, and have them in my fridge for snacks.”

“I told my boyfriend that he couldn’t stay if he was drinking.”

LaDonna evidences three of the four forms of preparatory change talk (desire, ability, and need). She talks about continuing to go to treatment (which may or may not be a form of taking steps), and the practitioner tries to highlight and draw out these statements. There is a clear upward movement in her change talk, which bodes well for her potential to make a change.

In summary, Miller and Rollnick (2013) view preparatory language as the pro-change side of ambivalence and mobilizing language as movement toward a resolution of ambivalence. T. B. Moyers (personal communication, July 10, 2016) notes we must be careful in assigning greater importance to one form of change talk over another. We simply do not have enough data to support, for example, that mobilizing language is a stronger predictor of change. As practitioners, our goal would be to continue to strengthen this change talk.

**Sustain Talk**

Now we shift our attention to client language that indicates change is unlikely to occur. Whereas MI trainers originally used the term *resistance* to indicate this language, over time a distinction emerged between statements that reflect active discord between practitioners and clients and those that express acceptance or benefits of the status quo. The latter category is known as *sustain talk* and has direct parallels with the forms of change talk just discussed. Specifically, the client might express (1) a desire to sustain the status quo, (2) an ability to function within the status quo, (3) the benefits of the current situation, or (4) a need for the status quo or problems with change. Clients might also note a commitment to the status quo, a readiness to defend it, and the steps they’re already taking to do so.
A desire for things to stay the same is not an uncommon experience. Graduation each year is a reminder of children growing up and venturing into the world. As much as we parents nurture and encourage growth, development, and independence, there may also be a part of us that will miss our children terribly and therefore wish this change wouldn’t occur. Similarly, when clients have change thrust upon them by others or by circumstances, they may lament the possibility of losing the status quo. Even when this is not the case, clients might still wish they didn’t have to give up all aspects of a particular behavior. In the realm of addictions, this idea is expressed in the quip that clients don’t want to give up their addictions, just the consequences of them. This connection to the status quo is the expression of the other side of ambivalence.

There are many reasons why clients might not want to give up the current situation. They may believe their strengths, skills, and abilities lie within these domains only. For example, they know how to function within a substance-abusing world. They may know how to get money, how to acquire drugs, and how to maintain relative safety while doing so. In contrast, they may know little about functioning in other parts of the world or without substances. Their knowledge and skills lie within a world they know, even as they may recognize it does not serve them well.

Clients may have little hope things could improve. Either change is not possible or even if possible, unlikely to result in a better situation. Salespeople, for example, may stay in a job with an overbearing boss because their experience indicates bosses are always this way. There is no reason to expect that a job change would lead to a better situation. Better the devil you know.

There may be things clients receive from their situation as currently configured. For example, homebound individuals with agoraphobia do not have to face fear-inducing situations as long as they stay home. The immediate benefits of staying home seem to far outweigh the long-term benefits of greater freedom and choice.

Clients might also observe the disadvantages of change. After all, risks are associated with changing. If jobless clients decide to return to work, they may trade financial benefits as well as considerable free time for what may be a low-paying, high-effort, and minimum-respect job. Risks might also be intrapersonal in nature. The effects of trying and failing may be much worse to the client’s sense of self-competence and self-esteem than is the self-derogation that accompanies the current situation.

These types of views indicate clients are thinking about or committed to things as they currently stand. Although they might consider making a change, actual change is unlikely to occur as long as these status quo factors outweigh the benefits or the need for change. These client statements represent one aspect that weighs down the “against change” side of the ambivalence scale.

**Discord**

In contrast to sustain talk, discord involves an active *pushing against* the practitioner personally, even in its apparently passive form. For example, what appears to be incomplete adherence or compliance can be a form of discord. Here’s a case example from my life.
Let’s begin with a premise: Although imperfect, I work actively to manage my Type 1 diabetes and do a reasonably good job. My provider was a well-meaning, dedicated individual who, I’m sure, was very frustrated with my diabetes management at times. She would praise me for my efforts at self-care, but also scold me for areas that needed improvement. Although my A1C control was generally good, there was room for improvement. At first I tried to explain to her why her suggestions were difficult for me to implement. I’m sure my behavior looked like active resistance. My frequent “Yes, but . . .” responding she knew well. Her response was to reemphasize the importance to my long-term health and to warn me of possible dire consequences (all of which were true, and I was well aware of them). Over time, I learned she really did not understand my situation, and although her heart was good, her aim was bad. It was just easier to agree to her suggestions and state I would try, rather than endure extended lectures. So, that’s what I did. On the surface our interactions were friendly, and although I listened to her suggestions without argument, I only occasionally implemented them in the manner she specified.

A more active form of discord occurs when the client directly argues with the practitioner. He may argue that the “driving under the influence” (DUI) results are wrong. She may contend that the practitioner doesn’t know about the type of child who needs a firm hand (bolstered by a hard smack) to show the parent means business. He may believe that playing video games and texting have no direct influence on his study habits and resent your implication these are linked. She may believe every fall most people become more irritable and moody as they’re forced to spend time indoors and refuse to talk about seasonal depression. He may discount your expression of concern and contend everything is fine as he juggles three children, a full-time job, multiple volunteer activities, and seeing friends regularly, even as his partner complains about the pace and their lack of couple time. Not only have we heard these things, we’ve probably done them as well.

Unfortunately, with clients we’ve tended to label these behaviors as expressions of denial. The reality seems evident to us, but the other person just doesn’t see it that way. In contrast, when it’s our own “denial” under review, we readily see the reality of the environmental pressures that influence our behavior. Social psychologists have labeled this phenomenon the “fundamental attribution error” (as well as the “correspondence bias” or the “overattribution effect”; Jones & Harris, 1967; Ross, 1977). That is, when we observe others, we tend to give greater weight to internal attributes leading to behavior and underestimate the effects of the environment. In contrast, when we observe our own behavior, we give much greater weight to environmental influences and less to our characteristics.

It’s not much of a surprise, then, that clients may discount or ignore practitioners. We just don’t understand their points of view. I once watched a young man, forced to see me in a therapy situation, spin in his chair for an entire 50 minutes without talking. Clearly, he wished to communicate that even though he had to be there, I couldn’t make him talk. I had gotten the message pretty clearly after about 10 minutes, but he sized me up as a slow learner and decided I needed the whole hour to get the message straight. During the next session, we left the therapy room and shot basketballs on a nearby playground; then he was quite willing to talk. Apparently having set the ground rules, and with a change in venue, he was ready to chat.
Clients may also interrupt or talk over practitioners. This situation is often evident in classrooms where teachers are struggling to maintain control. The more the teacher tries to clamp down on this kind of behavior, the stronger becomes the response. Another common example is discounting the counselor. The client may say, “What do you know? How could you understand me?” An adolescent client once asked me, “What are you, my rent-a-friend?” Discord may also present as a filibuster: The client takes the floor and refuses to yield. This can happen in groups where one member monopolizes the time, and others simply cede the control or actively look to their peer to take the focus off themselves.

**Concept Quiz—Test Yourself!**

1. T F Self-perception theory holds that having clients argue for a position will change their attitudes about the position, particularly if they are unsure what they believe.

2. T F There are seven forms of change talk.

3. T F Of the different forms of change talk, only commitment language predicts client change.

4. T F Sustain talk and discord are the same thing.

5. T F There are parallel forms of change and sustain talk.

6. T F More sustain talk than change talk suggests change is unlikely to happen.

7. T F Discord is just the politically correct way to talk about resistance.

8. T F Nonadherence is more passive, but still a form of discord.

9. T F Neutral talk is client language that contains both change and sustain talk.

10. T F Only MI leads to change talk.

**Answers**

1. T The basic framework of this statement is true. There is one more element we need to keep track of as well: the lack of an external agent to which clients can attribute their argument. In situations where clients believe strongly in a position or attribute their behavior to an external cause (e.g., “I just did it to please the judge”), then asking them to articulate one side of the argument is unlikely to alter their basic position. In general, however, the fundamental aspects of self-perception theory are present in this statement.

2. T Desire, ability, reason, need for change, commitment to change, activation, and taking steps are the seven forms. Again, distinctions between forms of preparatory language can be difficult to make and are less important than distinguishing this general category from mobilizing language.
3. F This is a tricky question. Although commitment language predicts change, activation and taking steps also predict change. Furthermore, DARN predicts change as well. At this point, we cannot say one form is more important than the other forms. Finally, change \textit{does} occur in the absence of commitment language at times. So, although commitment language is an important predictor of change, other elements (activation, taking steps, and DARN) also predict change.

4. F MI experts now differentiate these two types of behavior. As trainers, we recommend that practitioners use the term “sustain talk” to identify client statements that favor maintaining the status quo, and use “discord” to describe client behavior that signals dissonance in the clinical relationship itself.

5. T It does seem sustain talk and change talk fall into similar categories. In training, I typically refer to this similarity as “two sides of the same coin.”

6. T This is generally true. However, it may not be the exact amounts of each that matter, but rather their trajectory over the course of a session. If there is a lot of sustain talk and very little change talk, at the beginning, but then sustain talk diminishes while change talk rises, change is more likely. Further research is needed to confirm this trajectory. Nevertheless, in general, more sustain than change talk indicates that change is less likely.

7. F Although there may be a tendency to think a rose by any other name is still a rose, it is also true that words matter and our terms, as researchers and writers, should accurately describe a situation. Over time, MI writers and researchers have come to recognize there is an interpersonal element in the pushback that happens when clients offer dissent about a particular course of action. Indeed, the research supports that we can influence this discord upward or downward by the behavior in which we, as practitioners, engage. The term “resistance” implies the pushback resides solely within the client, whereas the term “discord” more accurately conveys the interpersonal process taking place.

8. T Nonadherence may not contain the active external pushback inherent in discord, but there is typically an internal pushback wherein clients disagree with what is being suggested for, or asked of, them. The behavioral response might appear quieter, but it is discord if nonadherence becomes a regular response. This is not to say that every instance of nonadherence is discord. Life happens for clients, just as it does for us, and this means good intentions do not always lead to the action or course agreed upon previously.

9. F If client language contains both change talk and sustain talk, it reflects both of those categories. It is quite common to have both types of language occur together; that is the verbal expression of ambivalence. Neutral talk is language that contains neither of those two elements. Sometimes it can seem like change talk. For example, the statement, “My doctor is worried about it” might appear to be change talk, but it is, in fact, neutral. This statement could turn toward either change or sustain talk depending on what the client says next: “. . . and so am I” (change talk) or “. . . but I’m not” (sustain talk).

10. F Other clinical methods also elicit change talk. MI is the only clinical method, however, that specifically targets the recognition, elicitation, and reinforcement of change talk.
Let’s return to LaDonna. Although the cited reason for meeting was to evaluate her mental health issues in relation to her job readiness, the specific goal that emerges is her struggle to remain sober. The practitioner then targets this behavior in the following example. Here we resume at the end of the previous dialogue. Pay attention to LaDonna’s language and whether it contains change talk, sustain talk, or neutral talk.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>P: Let me see if I’ve got this right. It’s hard to find external reasons for getting and staying clean, yet some internal reasons seem to be pushing you because you keep doing it—even when it feels really hard. You’d like to feel better and you know you can, you’re just not sure how to get there now. The hill you’re on feels slippery, but you’re determined to climb it.</td>
<td>This statement hangs between desire and commitment, but then she adds a concern that contains a sustain element.</td>
</tr>
<tr>
<td>C: I’m determined, but I don’t know if I can do it.</td>
<td></td>
</tr>
<tr>
<td>P: There are some real hurdles, and you’re determined. I wonder if it would be useful to spend some time talking about that issue.</td>
<td></td>
</tr>
<tr>
<td>C: Yeah, I guess.</td>
<td></td>
</tr>
<tr>
<td>P: You’re not sure it would be helpful.</td>
<td>Client agrees, though it’s not clear if this is in response to the change element or the offer to talk over the issue further.</td>
</tr>
<tr>
<td>C: I know I have to stay clean. It’s just that I’ve tried it before and it hasn’t worked.</td>
<td>Again, change talk followed by sustain talk.</td>
</tr>
<tr>
<td>P: And 3 years clean doesn’t feel like success.</td>
<td></td>
</tr>
<tr>
<td>C: I guess it did, but it didn’t last.</td>
<td>Change talk and the second half seems to be sustain talk, but the lack of clarity leaves it in the neutral category for now.</td>
</tr>
<tr>
<td>P: You were successful for a good chunk of time and then slipped. It seems very</td>
<td></td>
</tr>
</tbody>
</table>
important to you now to stop. In fact, it’s hard for you to find reasons and yet you’re doing it. The confidence side is a little less clear. If you were to rate yourself, on a scale of 1–10, where 1 is not at all confident and 10 is extremely confident, how confident are you that you can remain clean and sober for the next 30 days?

C: I’d say about a 4.

P: Interesting, so you’re not stuck down there at 1 or 2. How come?

C: Well . . . even though it’s hard, I don’t want to go back. I’ve told myself—even though I don’t feel any better—I will keep going to meetings, especially when I feel like using.

P: You just refuse to use.

C: (Laughs.) Yeah. I guess that’s true. But it feels really hard sometimes.

P: And that’s why you gave it a 4 and not a 7 or 8.

C: Yep. But, I’ve been through hard times before.

P: You know you’re strong.

C: It’s funny, because I didn’t feel that way coming in today.

P: Recognizing what you’ve already accomplished, what you know about yourself, and your commitment to yourself has helped you feel more confident. Like maybe your score should be a little higher—like a 5 or 6.
Statement

C: Probably more like a 6.

P: Let me ask one more question, and then we probably need to get started on the other parts of the assessment. You’re at a 6 now. What would it take for you to move to a 7 or an 8?

C: I need to feel more hopeful.

P: More hopeful. How would you know when that was happening?

C: I guess I would be happier. I’d have a plan for where I am going in terms of living. I’d have a job.

P: Wow. That’s a lot of stuff for a 1-point step.

C: (Laughs.) I guess it is. That’s part of how I get myself feeling so overwhelmed. OK. One point . . . maybe have a plan for my living arrangements.

P: That feels more doable—like you can accomplish that.

C: I’m actually in decent shape about that now. I mean, it’s not ideal, but I can continue with my brother as long as I stay clean. If I get a job, I can work on saving some money and then start looking for a place.

P: It seems you have a plan already kind of worked out in your head. It’s just a matter of saying it aloud, as well as slowing things down—so you don’t get ahead of yourself. I wonder if writing it down would help.

Commentary

Client agrees with greater confidence. Change talk.

Client provides a general response. Neutral.

Client provides a lot of goals, some more distant than others. All are neutral talk.

Client acknowledges self-awareness about this process, which is a form of ability—weak though it may be.

This is a tough one. She clearly describes an initial plan. There are ability references contained in this statement. Let’s call it change talk, because—when in doubt—we almost never lose by viewing it and reinforcing it as change talk.
C: I think it would. I’ll do that on the bus on the way to my meeting. In fact, I think I’ll talk about it at my meeting, because that will help me stick with it.

P: You really do know a lot about what works for you and what you have to do to support it.

C: (Grins.) Yeah, I do. I just have to remember it.

LaDonna did not present for this meeting with an agenda to discuss her substance use recovery plans. However, in the course of the encounter, it became clear this area was a critical target if she was to succeed in a vocational process. Here is an example of how agenda can unfold for both client and practitioner. A focused discussion about maintaining sobriety became the shared agenda. In this interchange, LaDonna displays all three forms of client language: change, sustain, and neutral. In the next chapter, we’ll attend to how the practitioner influenced this process, but for now we’ll content ourselves with the observation that in 10 minutes or less, LaDonna’s thinking about change in a manner different then where the conversation began.

Try This!

The development of skills in this area begins with recognizing what is change, sustain, and neutral talk.

**Exercise 9.1. Recognizing Sustain Talk**

As practitioners, we often become accustomed to hearing and recognizing our clients’ reasons for not changing. This first exercise will allow you to use that already well-developed muscle. You will review a transcript of an exchange between a practitioner and a client. Read the transcript and try to identify all the sustain talk you hear. When you find sustain talk, underline it using a colored pen. Jot down the kind of sustain talk you think it is and your rationale, then compare your answers to the key. Once you’ve reconciled your answers, move onto Exercise 9.2.

**Exercise 9.2. A Fresh Look**

Exercise 9.1 provides an example of how attuned we can be to the language of sustain talk. Now, we will return to the same transcript and look at it from a new perspective. This time, instead of focusing on the client’s reasons for not changing, we will instead look for the state-
ments that indicate he is considering the possibility of change. See what change talk you discover when you take a fresh look at this material.

**Exercise 9.3. Perfect Practice Makes Perfect**

This is a phrase that social psychologists and attuned coaches like to use. Although practice alone matters, what matters even more is that we practice in the manner we want to perform. For this next exercise, this point translates into more practice in training ourselves to notice the change talk amid the sustain and neutral talk. Once again, you will review a transcript, but this time you will read a paragraph and, when done, immediately underline the change talk, if any, that is present. Don’t go back and reread, just underline what you “hear.” Then move on. This approach inches us closer to “game time” when we work in real time with clients.

**Exercise 9.4. Drumming for Change Talk**

This training technique further tunes our ears to change talk and moves us closer to what we want to help clients do. It involves listening to statements and deciding if they contain preparatory language, mobilizing language, or something else. It is also a kinesthetic activity, with drum rolls and hand rubbing in response to different forms of client talk. The catch is that the “clients” we will be listening to are speaking through the lyrics of their songs.

**Exercise 9.5. From the Inside Out**

In this exercise, the goal is to understand what change, sustain, and neutral talk sound and feel like from the inside out. Since we all have things that need to change, we have experience with this sort of language. Through the process of writing, we’ll work on further refining our ears to both hear this type of language and to have a sense of where each type comes from, including the prompt from another person, our internal reactions to it and our prior experiences. This last part will help lay the groundwork for our responses to these different types of language in the coming chapters.

**Partner Work**

In addition to the activities described above, here is another option available when you have a partner.

**Exercise 9.6. Drumming for Change—Take Two**

A list of client statements is attached in this exercise. Ask your partner to read the list aloud. Every time you hear preparatory change talk (DARN), drum; this form of change talk is

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1 Thanks to Steve Berg-Smith for Exercises 9.4 and 9.6.
underlined. Mobilizing change language (i.e., commitment statements, activation, and taking steps), which is italicized, should draw polishing motions (i.e., placing your hands in a praying position and rubbing your palms in a circular motion, as though polishing a pearl). Neutral statements—neither preparatory nor mobilizing—draw silence, as does sustain talk or discord. If you disagree, stop and talk about it with your partner. Figure out the source of the confusion and then continue. Alternate turns drumming and reading.

**Other Thoughts . . .**

*Readiness to change* and *readiness for treatment* are independent concepts (Simpson & Joe, 1993). This distinction has also been evident in our research (Donovan, Rosengren, Downey, Cox, & Sloan, 2001; Downey, Rosengren, & Donovan, 2000).

Consistent with this finding, some trainers make distinctions between adherence talk and change talk. *Adherence talk* is the willingness to engage in treatment as a method for change, whereas *change talk* is directed toward the behavior in question. The utility of this distinction may lie primarily in (1) preventing practitioners from becoming wedded to the concept of a particular form of treatment as the only method for change, and (2) staying attentive to the meaning of client statements. This distinction is also consistent with DiClemente’s (2003) assertion that all intentional change is self-change, with treatment representing only one segment in a process that began prior to the client’s meeting with a practitioner, and continues well after treatment ends.

Switching directions, one area that is sometimes confusing occurs when a practitioner reflects unexpressed change talk and the client says “Yes” or something comparable: Is this change talk? The best answer seems to be “Yes, perhaps,” and it shouldn’t be sufficient for us as practitioners. We want clients to be the ones articulating these thoughts. Our aim, then, would be not to stop with the “yes,” but to explore and further strengthen this answer.

Lastly, I like to use a metaphor for thinking about change talk. I live in the Great Northwest of the United States and love the outdoors, including camping (and in my younger years, backpacking). In this part of the world, it rains—a lot. If you want to make a campfire in this setting, you need to know a few things. First, you’ll need some raw materials. These are small twigs, dried leaves, and dried pine needles. Second, you need to know where to look for those materials. Third, when you ignite the initial flame, it will be small to begin. To help it grow requires small breaths and the addition of small pieces of fuel (twigs, etc.). A large piece of wood or too strong a breath would extinguish the fire, so it also requires patience. This process reflects how we’re likely to encounter change talk. When we encounter it initially, it’s typically a small flame in a wet wood, not a roaring fire (though there are no complaints when it is already ablaze). This small flame requires us to be patient and to know where to look for materials to sustain it. Finally, we need to nurture that flame. It would be silly to blame a flame for not being a campfire already, and yet we sometimes do this with our clients. Indeed, the art of nurturing that flame is the focus of the next two chapters.
EXERCISE 9.1. Recognizing Sustain Talk

In the next few pages you will find interchanges between a practitioner and a client. Read the transcript and then underline what you view as sustain talk. After you’ve underlined these sheets, check your answers against the key.

This is a young-adult male, coming to treatment for support around a cancer diagnosis. In the course of this treatment, a concern about possible substance misuse has been identified by his parents. In this instance, the target behavior for change talk is substance misuse.

P: Let me summarize what we’ve talked about over the past few months. About 8 months ago you had a pretty serious cancer scare. You took some time off for chemotherapy, and for a while your life plans were put on hold. However, things have shifted on that front. The cancer is in remission, you’re feeling optimistic, and you’re trying to get on with your life. Prior to this diagnosis you’d been in school—with kind of mixed results—but you were figuring out what was required of you to be successful. Your plan is to go back this fall. You also decided that for now you’ll stay at home to help cover costs, but this also means that you have to follow your parents’ rules, which is causing some friction. Did I miss anything?

C: No.

P: Now, I understand that one of your parents’ concerns is pot smoking, and they’ve laid down the law about that with you. Tell me about that.

C: Well, what do you want to know about it?

P: What’s been happening with the pot smoking? What’s making your parents concerned? That sort of thing . . .

C: Well, I didn’t drink or smoke pot until I was a senior in high school. Then I started drinking about halfway through the year—you know, going out on weekends, partying with friends. Then I started smoking some pot. At first, it was the same way—just weekends—but then I started doing it most every day. It was safer than drinking and driving. Pretty soon I decided I’d better start cutting back, so I tried that. Then I decided to stop for a while, and I did a couple of times for a month or 2, then I tried to smoke just socially, but that didn’t work very well. Then I got sick and so I didn’t do anything for a while, but now it started again. So, when my parents said I could smoke once a week, I was a little surprised—but I also know it won’t work for me. I can’t smoke socially. I need to stop entirely, so that’s what I’m doing. I haven’t smoked in about a week.

P: You’re pretty clear that this is something that needs to change, and, in fact, you were already picking up on this back in high school.

C: Shortly after high school.

P: How about the drinking? Where do you stand with that now?

C: Well, I plan to continue drinking, but I’m not going to pick up where the smoking left off. My drinking has never been like my pot smoking. I never did it every day or anything. I mean, occasionally we’d go out. And I work at a restaurant, and so we have a couple of drinks after work sometimes, and I don’t see anything wrong with that.
Okay. So you are clear that the smoking needs to change—and I’d still like to hear a little more about what led you to that decision—but you’re not so sure that the drinking needs to change.

C: Yeah, it’s just not that big of a deal.

P: It’s not much of a thing.

C: Right.

P: Let me summarize what we’ve talked about so far. You . . .
Recognizing Change and Sustain Talk

Key for Exercise 9.1

P: Let me summarize what we’ve talked about over the past few months. About 8 months ago you had a pretty serious cancer scare. You took some time off for chemotherapy, and for a while your life plans were put on hold. However, things have shifted on that front. The cancer is in remission, you’re feeling optimistic and you’re trying to get on with your life. Prior to this diagnosis you’d been in school—with kind of mixed results—but you were figuring out what was required of you to be successful. Your plan is to go back this fall. You also decided that for now you’ll stay at home to help cover costs, but this also means that you have to follow your parents’ rules, which is causing some friction. Did I miss anything?

C: No.

Commentary: Some issues are noted in the practitioner’s summary, but the client’s response is not sustain talk.

P: Now, I understand that one of your parents’ concerns is pot smoking, and they’ve laid down the law about that with you. Tell me about that.

C: Well, what do you want to know about it?

Commentary: No sustain talk here, though we might sense a bit of defiance.

P: What’s been happening with the pot smoking? What’s making your parents concerned? That sort of thing . . .

C: Well, I didn’t drink or smoke pot until I was a senior in high school. Then I started drinking about halfway through the year—you know, going out on weekends, partying with friends. Then I started smoking some pot. At first, it was the same way—just weekends—but then I started doing it most every day. It was safer than drinking and driving. Pretty soon I decided I’d better start cutting back, so I tried that. Then I decided to stop for a while, and I did a couple of times for a month or 2, then I tried to smoke just socially, but that didn’t work very well. Then I got sick and so I didn’t do anything for a while, but now it started again. So, when my parents said I could smoke once a week I was a little surprised—but I also know it won’t work for me. I can’t smoke socially. I need to stop entirely, so that’s what I’m doing. I haven’t smoked in about a week.

Commentary: The client statement “It was safer than drinking and driving” clearly sounds like sustain talk. However, it is in the past tense, so just like change talk, we would call this “neutral talk” for the present moment.

P: You’re pretty clear that this is something that needs to change, and, in fact, you were already picking up on this back in high school.

C: Shortly after high school.

Commentary: No sustain talk. Client makes a factual correction.

(cont.)
Key for Exercises 9.1  (cont.)

P: How about the drinking? Where do you stand with that now?

C: Well, I plan to continue drinking, but I’m not going to pick up where the smoking left off. My drinking has never been like my pot smoking. I never did it every day or anything. I mean, occasionally we’d go out. And I work at a restaurant and so we have a couple of drinks after work sometimes and I don’t see anything wrong with that.

Commentary: He is quite clear in this area that he does not think there is an issue. Sustain talk here.

P: Okay. So you are clear that the smoking needs to change—and I’d still like to hear a little more about what led you to that decision—but you’re not so sure that the drinking needs to change.

C: Yeah, it’s just not that big of a deal.

Commentary: The client maintains his sustain talk about his drinking.

P: It’s not much of a thing.

C: Right.

Commentary: He reasserts his sustain talk.
EXERCISE 9.2  A Fresh Look

Return to the transcript you used in Exercise 9.1. Using a different colored pen, underline what you view as change talk. Keep in mind that the client usually generates change talk, though clinician statements—if affirmed by the client—can also constitute change talk. After you’ve underlined these sheets, check your answers against the key. Once you’ve done this task, answer the questions below.

What did you notice as you shifted your attention from sustain talk to change talk?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Which type of “listening” felt more natural for you?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What does this tell you about what your next steps might be for refining this capacity to see and hear openings for change?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Finally, what did you do well in this task?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
P: Let me summarize what we’ve talked about over the past few months. About 8 months ago you had a pretty serious cancer scare. You took some time off for chemotherapy, and for a while your life plans were put on hold. However, things have shifted on that front. The cancer is in remission, you’re feeling optimistic, and you’re trying to get on with your life. Prior to this diagnosis you’d been in school—with kind of mixed results—but you were figuring out what was required of you to be successful. Your plan is to go back this fall. You also decided that for now, you’ll stay at home to help cover costs, but this also means that you have to follow your parents’ rules, which is causing some friction. Did I miss anything?

C: No.

Commentary: Some issues are noted in the practitioner’s summary, but this is not change talk.

P: Now, I understand that one of your parents’ concerns is pot smoking, and they’ve laid down the law about that with you. Tell me about that.

C: Well, what do you want to know about it?

Commentary: No change talk here.

P: What’s been happening with the pot smoking? What’s making your parents concerned? That sort of thing . . .

C: Well, I didn’t drink or smoke pot until I was a senior in high school. Then I started drinking about halfway through the year—you know, going out on weekends, partying with friends. Then I started smoking some pot. At first, it was the same way—just weekends—but then I started doing it most every day. It was safer than drinking and driving. Pretty soon I decided I’d better start cutting back, so I tried that. Then I decided to stop for a while, and I did a couple of times for a month or 2, then I tried to smoke just socially, but that didn’t work very well. Then I got sick, and so I didn’t do anything for a while, but now it started again. So, when my parents said I could smoke once a week, I was a little surprised—but I also know it won’t work for me. I can’t smoke socially. I need to stop entirely, so that’s what I’m doing. I haven’t smoked in about a week.

Commentary: The client talks in the past tense about change here, but then supplies clear recognition that there is a current issue, and he knows what to do and is doing it. This is need talk (preparatory) and commitment talk and taking steps (mobilizing language).

P: You’re pretty clear that this is something that needs to change and, in fact, you were already picking up on this back in high school.

C: Shortly after high school.

Commentary: No change talk. Client makes a factual correction.
P: How about the drinking? Where do you stand with that now?

C: Well, I plan to continue drinking, but I’m not going to pick up where the smoking left off. My drinking has never been like my pot smoking. I never did it every day or anything. I mean, occasionally we’d go out. And I work at a restaurant, and so we have a couple of drinks after work sometimes and I don’t see anything wrong with that.

Commentary: He is quite clear in this area that he does not think there is an issue. No change talk here, but rather support for the status quo.

P: Okay. So you are clear that the smoking needs to change—and I’d still like to hear a little more about what led you to that decision—but you’re not so sure that the drinking needs to change.

C: Yeah, it’s just not that big of a deal.

Commentary: The client shifts his language to suggest there may be more to consider, but not enough to indicate change talk.

P: It’s not much of a thing.

C: Right.

Commentary: Still no change talk, but the door is open.
“Perfect practice makes perfect” is a saying that social psychologists and attuned coaches like to use. Although practice alone matters, what matters even more is that we practice in the manner we want to perform. In this exercise, we’ll practice noticing the change talk amid sustain and neutral talk—and doing so quickly and in one pass. Read the paragraph and then immediately underline change talk, if any, which is present. Don’t underline as you read. Don’t go back and reread. Just underline what you recall from each paragraph upon completion of that paragraph. Then move on. When you’re all done, check your underlining against the key. This inches us closer to “game time,” when we listen to clients, mentally note the change talk, but don’t necessarily respond to it immediately.

Here’s some background on this client. This middle-age man is being seen by a child welfare professional after child protective services were called by a neighbor. There was an altercation in the home, and he struck his girlfriend, as well as his son. The school has reported previous incidents of bruises, but there has been no formal intervention until now. He’s been ordered to treatment and can only have supervised meetings with his two children (8 and 5 years old) until the child welfare professional indicates it is safe for them to be alone with him. The target behaviors are making changes in how he manages conflict with his girlfriend and children.

P: I understand that you’re not very happy about being here today.

C: Damn straight. The cops didn’t listen to my side of the story after the neighbors called them. They just hauled me off to jail, and now they tell me I have to come talk to you if I want to see my kids without a social worker.

P: Nobody has really taken the time to find out how you see the situation. I wonder if we could spend a little time doing that.

C: Whatever.

P: What is concerning you now about your situation with your girlfriend and kids?

C: I can’t see them, except with somebody there. My kids don’t understand it. They’re like, “Why can’t you stay at the house, Dad?” I usually help my son with his math homework, and I can’t do that now, and their mom just isn’t very good at that stuff.

P: Being a part of their lives is important to you. You want that and can’t do it now—in the way you’d like.

C: Yeah, most of the time. Sometimes they can be annoying, but most of the time it’s good.

P: And what about your partner?

C: She’s pissed at me. She says I hurt her, but she hit me, too. She says I don’t care about her or the kids, and that’s just not true. She doesn’t back off sometimes, though. That’s what happened that night. I told her to leave me alone. I left the room and she followed me into another. I went out to the garage and she came out there. It was embarrassing. The neighbors could hear. Finally, I went back inside and told her to knock it off. Then she slapped me, and I guess that was the straw that broke the camel’s back. I just kind of swung with my backhand to keep her away, and she must have been off balance because she fell. I didn’t mean to hit Danny; he just stepped in at the wrong time when she was coming back at me. I was trying to say I was sorry, and she was scratching and hitting, and I don’t quite know what happened.
P: It seems like you’re feeling bad about how things went there. It’s not how you want to handle things with your girlfriend. You want to have better control than that.

C: Yeah. I’m not some ogre like these folks are making me out to be. I really tried to avoid a problem there. She just wouldn’t back off!

P: That’s not the kind of person you are or how you want others to view you.

C: I wish we could just talk it out, but we seem to get too mad. We need to do something different.

P: Let me see if I have all of this. You’re not happy to be here, and at the same time you’re not happy about how things went the other night. You want to be able to talk about things, and yet sometimes it feels like there is just no way that can happen. Then you do things you regret. It’s clear to you that something has to change in how you’re doing things.

C: That pretty much sums it up. Something needs to change.
P: I understand that you’re not very happy about being here today.

C: Damn straight. The cops didn’t listen to my side of the story after the neighbors called them. They just hauled me off to jail, and now they tell me I have to come talk to you if I want to see my kids without a social worker.

Commentary: No change talk here.

P: Nobody has really taken the time to find out how you see the situation. I wonder if we could spend a little time doing that.

C: Whatever.

Commentary: Practitioner is looking for inroads. No change talk and some clear dissatisfaction.

P: What is concerning you now about your situation with your girlfriend and kids?

C: I can’t see them, except with somebody there. My kids don’t understand it. They’re like, “Why can’t you stay at the house, Dad?” I usually help my son with his math homework, and I can’t do that now, and their mom just isn’t very good at that stuff. It stinks.

Commentary: Evocative question designed to elicit change talk. Although he clearly talks about what he doesn’t like in this situation, it is not clearly related to the target behavior. There may be the start of change talk—especially “it stinks”—but this is still general dissatisfaction.

P: Being a part of their lives is important to you. You want that and can’t do it now—in the way you’d like.

C: Yeah, most of the time. Sometimes they can be annoying, but most of the time it’s good.

Commentary: It’s still not quite change talk. The practitioner clearly notes problems with the status quo, and the client acknowledges them, but just being dissatisfied with how things are does not imply a need for personal change. Nevertheless, the practitioner is making progress.

P: And what about your partner?

C: She’s pissed at me. She says I hurt her, but she hit me, too. She says I don’t care about her or the kids, and that’s just not true. She doesn’t back off sometimes, though. That’s what happened that night. I told her to leave me alone. I left the room and she followed me into another. I went out to the garage and she came out there. It was embarrassing. The neighbors could hear. Finally, I went back inside and told her to knock it off. Then she slapped me, and I guess that was the straw that broke the camel’s back. I just kind of swung with my backhand to keep her away, and she must have been off balance because she fell. I didn’t mean to hit Danny; he just stepped in at the wrong time when she was coming back at me. I was trying to say I was sorry, and she was scratching and hitting, and I don’t quite know what happened.

Commentary: Again there is clear evidence of his dissatisfaction with the situation and how it turned out. He is leaning more in the direction of a need for change (i.e., his apology), but it’s not DARN yet.

(cont.)
Key for Exercises 9.3 (cont.)

P: It seems like you’re feeling bad about how things went there. *It’s not how you want to handle things with your girlfriend. You want to have better control than that.*

C: Yeah. I’m not some ogre like these folks are making me out to be. I really tried to avoid a problem there. She just wouldn’t back off!

Commentary: *For the first time, the practitioner offers a reflection that implies change (desire—he wants to have better control), and he acknowledges it.*

P: That’s not the kind of person you are or how you want others to view you.

C: *I wish we could just talk it out, but we seem to get too mad. We need to do something different.*

Commentary: *Bingo. Clear need language in the last line, desire in the first.*

P: Let me see if I have all of this. You’re not happy to be here, and at the same time you’re not happy about how things went the other night. *You want to be able to talk about things,* and yet sometimes it feels like there is just no way that can happen. Then you do things you regret. *It’s clear to you that something needs to change in how you’re doing things.*

C: *That pretty much sums it up. Something needs to change.*

Commentary: The practitioner offers a solid MI summary, starting with the man’s dissatisfaction with the situation, and then emphasizing his desire and need language. Notice how the practitioner ties change back to the client. Although the client endorses the statement, his language inserts vagueness back into what needs to change. It’s not clear if it’s he or his partner who needs to change. So, while the practitioner statement “You want to be able to talk about things” is desire change talk, the last statement may or may not be “need.” If you find yourself debating whether this last statement is change talk, you are right on target. There are things we will hear as practitioners that may or may not be change talk. What matters is recognizing the possibilities within the statement for change talk and coming back to it, if appropriate.
EXERCISE 9.4. **Drumming for Change Talk**

This training technique tunes your ear for change talk. It involves listening to statements and deciding if they contain preparatory language, mobilizing language, or something else. Here are the steps:

1. Choose music with lyrics you can understand (ballads often work best). If a song doesn’t work, then go on to the next. (Consider listening to your teen’s music.)

2. If there is preparatory language (DARN—desire, ability, reason, or need), do a drum roll on a tabletop, your knees, or whatever surface is available.

3. If there is mobilizing language (commitment talk, activation or taking steps), place your hands together (as though praying) and rub your palms together in circular motions as though polishing a pearl.

4. If the statement is neither preparatory nor mobilizing language (neutral talk), sit quietly.

5. Once you’ve listened to a song, go to an app such as Shazam or an online lyric service and check your initial drumming against what the lyrics say. Does it still sound like change talk?

If you do not have music, there are a few other options:

- Listen to a radio advice columnist if there is one in your area.
- Record or watch TV soap operas (or dramas) that deal with relationship conflicts.
- If you feel especially brave, listen to conversations on public transportation (buses, trains) and do small finger taps or polishing for preparatory and mobilizing talk.

If you find yourself having trouble with this activity, seek out an MI buddy/partner and do it together.
EXERCISE 9.5. From the Inside Out

In this exercise, the goal is to understand what change, sustain, and neutral talk sounds and feels like from the inside out. Since we all have things that need to change, we have experience with this sort of language. So, read the prompt and notice it could come from a practitioner, but it could also come from a parent, partner, or just another person. The “P” stands for all those possibilities. Then write a change talk (C), sustain talk (S), and neutral talk (N) statement in response to that statement. Finally, check your responses against those of the key. Here’s an example:

Partner request
P: You’re not very happy about being asked to do something different.
C: Yeah, but it is something I’ve been concerned about, too.
S: Yeah. Don’t push me. I will decide if something needs to change, and right now, I don’t think it needs to.
N: I’m not quite sure how I feel about it.

Unintended weight gain
P: Have you gained weight?
C: 
S: 
N: 

Public library
P: I’m sorry, you can’t check a book out today. We show you have a book on loan that is 3 months overdue.
C: 
S: 
N: 

Medications
P: You feel like you need the meds, but you’re also worried about the side effects.
C: 
S: 
N: 

(cont.)
Playing the guitar

P: Practicing has really made a difference for you, but clearly it’s a constant struggle to get it done.

C:  

S:  

N:  

Spiritual practices

P: You’d like to have something more in your life—something that transcends and gives you a sense of meaning and peace.

C:  

S:  

N:  

Exercising more

P: It’s something you want to do, but not something you want to get up early for.

C:  

S:  

N:  

Recognizing Change and Sustain Talk

Key for Exercises 9.5

Unintended weight gain

P: Have you gained weight?
C: Unfortunately, I have. I need to do something about it.
S: Yeah, and I’m at the point where I’m ready to give up.
N: *(sarcastically)* Thanks for noticing!

Public library

P: I’m sorry, you can’t check a book out today. We show you have a book on loan that is 3 months overdue.
C: Dang it! I thought I took care of that. I’ll take care of it—if not today, then tomorrow.
S: Are you sure? I’m pretty certain I returned it. Look again. I think your records are wrong.
N: Huh. I’m not quite sure how that happened.

Medications

P: You feel like you need the meds, but you’re also worried about the side effects.
C: *I need to do something different*, but I worry about what the meds will do to me.
S: I need to do something different, *but I worry about what the meds will do to me.*
N: Quite frankly, I’m not sure what I want anymore. It’s all so confusing.

Note: Having the same responses for both C and S being isn’t a proofing error. Change and sustain talk can occur in the same sentence.

Playing the guitar

P: Practicing has really made a difference for you, but clearly it’s a constant struggle to get it done.
C: But I really do want to learn and get better. I just have to find a system that will work for me.
S: Sometimes it’s just a real pain and I don’t want to be bothered.
N: You’ve been listening to me? Oh, no.

(cont.)
Key for Exercises 9.5  (cont.)

**Spiritual practices**

P: You’d like to have something more in your life—something that transcends and gives you a sense of meaning and peace.

C: I just feel like there’s a void and I want to fill it.

S: But I don’t like organized religion. I just feel like there’s too much hypocrisy.

N: I don’t know if “transcends” is quite right.

**Exercising more**

P: It’s something you want to do, but not something you want to get up early for.

C: It’s not just something I want to do, it’s something I feel like I have to do. I mean, you did point out that I’ve gained weight!

S: Exactly. At the beginning of the day would work best, but I don’t want to get up any earlier than I have to.

N: This is one of those things that feels like it’s always on my to-do list but never quite happens.
EXERCISE 9.6.  **Drumming for Change—Take Two**

This activity requires a partner. Below is a list of client statements about behaviors related to diabetes management. Most behaviors that improve health (e.g., weight loss, healthy and moderate eating, exercise, stopping smoking, moderate to no drinking) also assist in glycemic control (i.e., keeping blood sugars within a specific, healthy range). Ask your partner to read part of the list aloud. Every time you hear preparatory talk about making changes in health (DARN), drum. This form of change talk is **underlined**. Mobilizing language (commitment talk, activation or taking steps), which is **italicized**, should draw polishing motions (i.e., hands together as though praying and rubbing your palms together in circular motions, as though polishing a pearl). Statements that are neutral—neither preparatory nor mobilizing—draw no response, as does sustain talk or discord. If you disagree, stop and talk about it with your partner. Figure out where the confusion came from, and then continue. Alternate turns drumming and reading.

- I hate all the poking for blood I have to do.
- I want to be like everybody else.
- Some folks are worried about my eating, but I don’t think it’s a big deal.
- I’m tired of all the trouble my high blood sugars are causing.
- If my partner would stop nagging me about it, I would eat better.
- *I brought out the rowing machine and rowed while watching TV.*
- I’m doing the best I can.
- *I’ve lost 2.4 pounds this week.*
- When I reach 10 pounds, it will be time for celebration.
- I need to eat more fruits and vegetables.
- I’m doing just fine.
- *I’m ready to start checking my blood sugars before every meal.*
- I’d like to quit smoking.
- I’m not giving up ice cream.
- I hate having to inject myself in restaurant bathrooms.
- My doctor is monitoring my eyes for glaucoma.
- My feet are tingling more, and I’ve lost sensation in part of my right foot.
- *Starting tomorrow, I will get up at 5 A.M. to walk.*
- I think I can eat better; it’s just a matter of making up my mind.
- The hardest part is starting. Once I’m going, I’m okay.
- I want to be a healthy role model for my kids.
- *I’m willing to pass up seconds and have fruit for dessert.*
- I want to get a simple meal plan together.
- I know I’ve lost a lot of weight, but I needed to.

(cont.)
I'm good.

My A1C is at 7.9, and I like to keep it below 7.0.

I'd like to fix better meals, but I don't have enough time to even think sometimes.

A little treat every once in a while is no big deal.

I don't like taking medications.

I hate doing it, but I know I just have to get up earlier if I'm going to exercise.

I started using a salad plate, instead of a dinner plate, to limit my meal size.

I tried eating vegetable and fruit snacks in the morning and afternoon.

At this point, smoking is all I've got.

I know I should quit drinking because it will help my control, but I just love a cold beer after a tough day.

I suppose I could take the dog for a little longer walk in the evening.

I think my husband would support it.

I checked my blood glucose four times yesterday.

I drank five beers last night and watched a movie.

You only live once!

I am willing to make an appointment to see my doc.

I guess I just like watching TV.

I love real cheese.

I went to the gym three times last week.

I told my friends it was none of their business how much I ate.

I'm ready to start running again.

I'd like the house to be cleaner.

It just feels so pointless trying to make changes now.

I can't wait until the kids are older, so I can really focus on getting healthier.

Even if my partner won't do it, I'm going to start dishing out smaller portions.

I know how to lose the weight, it's just keeping it off that's hard.

So, I set up a schedule for the meals, and it's been a lot easier to eat right.

Sometimes I think it's not possible, but then I stop and remind myself that I can eat better.

Tomorrow's the day I start running.

Help!
Let’s return to LaDonna and the interchange we saw in Chapter 9, but this time let’s shift our attention to what the counselor does. Again, she sat with her arms crossed, a scowl on her face, and took a deep breath. She exhaled and her arms relaxed, slipping to her lap. Her eyes became watery and her answer was soft.

“No. I haven’t thought about hurting myself since then, but there isn’t much keeping me sober either—except my brother will kick me out if I don’t.” The practitioner sat silently, and she continued, “I’ve lost most everything else. So, I don’t know why I’m doing it.”

“So, you’re not sure why you’re doing it, except that you are.”

“It’s really hard—I mean, really hard—but I keep going to treatment, and I keep going to meetings. Nothing feels any better.”

“You must have tremendous commitment. I mean, it’s easy to see why you’d do it when there is a lot to lose, but at this point it’s hard to see anything, and yet you keep doing it—even when parts of you might want to give up.”

“I guess that’s true. I hadn’t really thought about it that way.”

“You hadn’t noticed that strength and commitment in yourself.”

“No—not really, but . . . ”

“But . . . ”

“Well, I did stay clean and sober for 3 years once.”

“So you know how to do it.”

“Yeah, I guess I do, but that feeling’s a long way away now . . . if you know what I mean.”

“You’d like to get back there, but you’re not sure if you can right now.”

“Well, I think I can, but I just want to feel better, and I don’t.”

“Not yet anyway.”

“Soon, I hope.”

“Yeah, soon. Let me see if I’ve got this right. It’s hard to find external reasons for getting and staying clean, yet some internal reasons seem to be pushing you because you keep doing it—even when it feels really hard. You’d like to feel better and you know you can,
you're just not sure how to get there now. The hill you're on feels slippery, but you're determined to climb it.”

LaDonna nodded.

As you might recall from the previous chapter, LaDonna wants to return to work, but there are multiple serious impediments in addition to her substance dependence history. The purpose of the interview was to evaluate and document any disabilities, yet in this exchange issues of motivation came to light. The question is, how did those come to the fore? The answer lies in what the practitioner did.

A Deeper Look

In Chapter 9, we focused on recognizing different forms of client language and noting how they can lead to different outcomes. The directional and intentional aspects of MI find their roots in this differentiation and then in our subsequent responses.

In the example of LaDonna we see this directional aspect come to life. The practitioner responses are an attempt to draw out what was driving her willingness to hang on. Both parties—client and practitioner—shared a common goal: helping her to stay sober. Initially, the practitioner’s guesses determined the character of the exchange. However, she confirmed and extended these—ever so slightly—as the dialogue continued. She began to make statements in favor of change. At the end, the possibility of change and her capacity for it seemed more in evidence.

**Eliciting Change Talk**

OARS took prominence in this exchange. As is evident with LaDonna, this process can include taking guesses about what lies beneath what has been either said or done by the client, but it remains a process of noting things within the client. That is, practitioners are not installing motivation but rather drawing it forth from what the client says and does, and then holding that up for the client to observe. This requires practitioners to pay close attention to what the client says and doesn’t say, to listen for clues as to what is most important to the client, and to respond to some things and not to others. It is looking for that small flame in the woods and then nurturing it. Or we could return to our river rafting metaphor and note that this is like a guide reading a set of rapids and choosing routes that are most likely to help us move down the river safely.

It is important to note that change talk can emerge simply because practitioners have created a safe and supportive environment. In some instances, it is enough to allow the client to bring forth the flame that is already burning inside. More often, it requires some intentional effort on the practitioner’s part.

In teaching MI, the trainer language shifts to mark this intentional effort, specifically to note the increased attention given to client language and to directionality in practitioner responses. Trainers change the acronym OARS to EARS as we move into the evoking pro-
Evoking Motivation

Open questions now become more targeted toward evoking change talk and asking for examples that elaborate on change elements. Hence the “E” in EARS. As part of this shift, trainers often note that affirmations will shift from a focus on strengths and capacities in general to those relevant to the specific change the client is considering. Similarly, the focus of reflections is either on the change elements heard or on the change possibilities evident in client statements. Summaries are sharpened and take on a more selective quality as we attend to the elements that support the client’s desired change.

When we do this work with EARS, change talk may emerge spontaneously. Indeed, it can come quite quickly at times. However, sometimes EARS are not enough to elicit this material. Then we turn to some additional strategies for eliciting change talk. First, let’s spend a little time with evocative questions and elaboration.

**Evocative Questions**

Evocative questions ask the client directly for change talk. Here are some examples of evocative questions:

“In what ways does this issue concern you?”

“If you decided to make a change, what makes you think you could do it?”

“How would you like things to be different?”

“How would things be better if you changed?”

The nature of the question directs the client to a particular form of change talk. As you may have surmised, a particular form of evocative question is a key question. This question asks directly for commitment language.

“So, given all this, what do think you will do next?”

“What’s your next step?”

“What, if anything, will you do now?”

This idea of the key question has evolved, so that practitioners view it not as a single key question but rather a series of questions often asked over time. Indeed, commitment is not something chosen once and then consistently maintained without further effort, but something that needs to be repeated and reinforced. Anyone who has ever dieted knows this essential truth: We need to continually reassert our commitment.

**Elaboration**

When elaboration is the focus, practitioners ask clients for examples of situations that illustrate their change talk. That is, the client has already made a change statement, and the practitioner asks him or her to describe an instance of that circumstance:
“Tell me about a recent time when you spent money on gambling that you needed for something else.”

“What does that look like when you get too angry with the children? Describe a time when that occurred.”

“You said things were better then. Tell me about a time when you and he got along better. Specifically, what was happening?”

The aim with elaboration is to have the client bring into fuller relief what it was like when the specified circumstance occurred. This instance is shown in contrast with either how things are now or with basic values reflecting how the client would like things to be. Sometimes these connections need to be made by the practitioner, but better yet is when the client makes these relationships clear.

**Using Extremes**

This approach identifies the client’s (1) worst imagined outcomes if the behavior continues unabated, and (2) best hoped-for benefits if change occurs. Talking about the worst possibility may make it easier to talk about less severe negative consequences:

“What concerns you the most?”

“What is the worst thing that could happen?”

The same is true for the other side:

“What do you hope for the most?”

“What would a perfect outcome look like?”

The aim is to identify the parameters of the client’s landscape and then backtrack to explore the less extreme elements. It’s as if articulating the worst and then acknowledging that it may not happen allow the client to identify the things that are nearby, could happen, and are more immediately concerning. Conversely, whereas the ultimate benefits may feel very remote, more likely rewards may feel attainable.

**Looking Back**

This technique asks the client to remember how things were before problems emerged or during a better time. The practitioner—or better yet, the client—then contrasts those descriptions with how things are now.

“Do you remember a time when things were going well? What has changed?”

“What are the differences between the LaDonna of 10 [or 20] years ago and the LaDonna of today?”
“What did you want to be or do when you graduated from high school?”

“What did you envision for your life when you were young?”

Your clients didn’t hope to be drug addicted or homeless or in prison or unable to find a job or obese or anxious or in poor health when they were young. They had dreams and aspirations; tapping into these can be helpful in reestablishing client values, enhancing hope for the future, and redefining goals. Looking back can elicit all four forms of preparatory language.

**Looking Forward**

As opposed to looking back, this technique asks the client how things might unfold in the future. The focus can be on either how things will appear if no change happens or how things might look after a change.

“If nothing changes, what do you see happening in 5 years? If you decide to change, what would it be like?”

“What are your hopes for the near future?”

“How would you like things to turn out?”

“How would you like things to be different?”

The use of looking-forward talk can be very helpful in a circumstance where the client recognizes some concerns, but does not view them as significant. Tone is very important in this type of question. The practitioner cannot assume he or she knows what will happen, but instead is curious about how the client sees things unfolding. As is evident, these queries overlap with the evocative questions listed earlier.

Earlier in this book we discussed an activity called the “future timeline,” which builds on this strategy. It asks clients to begin building a future vision that includes the imagined change and what elements will occur when. It brings specific markers into the process, which permits the client to more fully realize a vision of what the future could look like. To my mind, it converts dreams of a different outcome to more specific goals, which others have long ago noted to be important in achieving successful outcomes (Doran, 1981).

**Exploring Goals**

Explore how the target behavior fits with the values and goals the client holds dearest. For example, you might ask:

“What things do you regard as most important? How does your drinking fit into this?”

“What sort of person [parent] do you want to be?”

“What sorts of things would you like to accomplish in your life?”
As noted in Chapter 6, Miller developed a card-sorting activity, based on Rokeach’s (1973, 1979) value sorting exercise and available through the MINT website (www.motivationalinterviewing.org), which asks clients to review a set of cards, each with a value printed on it. Clients then arrange these values into differing priority levels. After clients have defined the three to five most important values, the clinician explores how these values fit into their lives, including their relationship to the behavior in question. In research projects through the University of Washington, we have used a variation of this card-sorting activity in outreach work with homeless cocaine users as well as opiate users awaiting opiate replacement treatment. Again, the attitude of curiosity about clients’ values, critical in this process, allows openings for exploration that would not typically appear. For example, in the cocaine users project, a substantial number of people endorsed “Getting right with God” as a top-five value. Exploration of spirituality, for these individuals, was often a very powerful method of eliciting change talk.

Assessment Feedback

Many research projects involving MI have included personalized feedback—that is, feedback for participants from assessments that are either normatively based or that build on client goals, values, and perceptions. The aim is to present personalized—not group-based—information and have the person interpret the meaning. For example, norms can be used to indicate a person’s drinking level in comparison to peers’ use. Here are some other examples:

“Your sexual activity places you at moderate to high risk for possible HIV infection, based on your protection practices. What do you make of that?”

“The testing indicates that your brain is having difficulty processing information efficiently. It looks as though shifting easily between ways of thinking will be hard for you, and so things like multitasking may be very difficult. How does that fit with what you know about yourself?”

“You indicate that independence in decision making is important and that social connections are also important. Tell me about how those things fit together in your life.”

Most agencies have some type of intake data that can be a very useful resource in developing feedback. Putting the information on a sheet or form that clients take home can be helpful, but is not necessary to the process of providing feedback. Norms can also be helpful, but again this information needs to be tied to the specific circumstance of this client. For example: “On average, you drink about 28 standard drinks a week. That figure is a bit above the 23 drinks our typical female client drinks when she comes into the program.” This type of normative information may be available through your agency. Conversely, this behavior can be contrasted with state or national norms (e.g., “Ninety-six percent of Washington State drivers have one or zero moving violations in a given year”). Drug and alcohol norms are available through national clearinghouse surveys such as the
Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA), or the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

The purpose of feedback is to place important and sometimes discrepant information in front of the client for consideration. It is not uncommon for discord to increase in this situation, as is consistent with the defensive bias issue Leffingwell et al. (2006) identified (see Chapter 5). Miller, Yahne, and Tonigan (2003) also report data that support this observation. There is a temptation, when clients argue this information can't be right, to take up the argument for why it is accurate. Instead, a return to reflective listening is often the best response. The aim is for clients to draw meaning and connection. Again, clients—not practitioners—should make the arguments for change. This means that clients ultimately decide the importance and meaning of the data.

Finally, it is important to keep in mind that feedback is a tool for eliciting change talk. Feedback is not MI, nor is feedback required for a session to be MI. It is simply a tool in the MI practitioner’s toolbox.

Readiness Rulers

This method combines an assessment of readiness with techniques designed to elicit change talk. After the initial scaling question (below), to which the client responds with an answer, the clinician probes the reason for that answer and then queries why a lower number was not selected. The questions may ask about issues of importance, confidence, and readiness; I typically ask just the first two, as the answers to these provide significant information about readiness and make the last question redundant. The form of the questions is important:

“On a scale of 1–10, how confident are you—if you made a decision to change—that you could change, when 1 represents not at all confident and 10 equals extremely confident?”

“What led you to choose a 6 versus a 3?”

“What would it take for you to move from a 6 to a 7?”

Too often as they learn to use scaling questions, people move quickly through the follow-up questions. In fact, it is these probes, and not the actual number elicited by the initial question, which are the critical elements in this process. Note also the relationship of the numbers to each other in the probes. The question about why a 6 and not a 3 uses a moderate level of discrepancy to ask for change talk. In my experience, bigger discrepancies (e.g., why a 6 and not a 1?) can be off-putting for clients, though I do not have empirical data here. Perhaps more important is the one-step-forward aspect of the next probe, “What would it take for you to move from a 6 to a 7?” This focus allows for the identification of small, manageable steps. Practitioners should be prepared to listen well, reflect, and explore the answers. Both probes may elicit change talk.
Exploring Values and Behavior

During the transition from engaging to focusing, we noted that eliciting information about values can be quite helpful in finding out what matters to clients. This process can also evoke powerful motivators and therefore is an important source of change talk. Whereas it may not be either necessary or advisable to ask questions that target *evoking* early in the *engaging* process, we do it intentionally during this process. To prompt recall, here are the steps we’ve already covered:

1. Identify the most important values.
2. Ask the client for the meaning of each value.

The next step is to ask clients in what ways they are currently succeeding in living out each of these values; listen empathically and ask for elaboration and examples. (This step elicits self-affirming statements and gives the therapist opportunities to offer affirmations as well.) Next, ask clients in what ways they are not currently living out these values as fully as they would like. Answers to this question typically elicit discrepancies and prime the client to produce change talk, broadly speaking. Tolerating the discrepancies requires a high level of trust on the part of the client, and has the potential to at least temporarily leave the client feeling worse—which is why we’ve left it until this part of the process to discuss.

Finally, ask clients how the target behavior fits with these values (or what effects the target behavior has on their ability to live out these values). If clients do not spontaneously describe any conflicts between the values and the target behavior, explicitly ask about such conflicts or tensions. Ask clients what they would need to do or to change to live out these values more fully.

This activity permits clients to explore how current behaviors are fitting in with important values. As always, practitioners hold themselves in a nonjudgmental position as the client explores the meaning and implication of a behavior. At times, this exercise can bring in clear relief that a “problem” behavior is very low on the person’s list of important values, and therefore change is unlikely. It’s simply not as important as other values. Conversely, the possibility of shame is real. Allowing this shame to become the focus may immobilize the person from changing the behaviors. Again, the target is change, so this is where the practitioner will focus.

Lastly, Wagner and Ingersoll (personal communication, June 3, 2016) suggest a variation on this technique that seems quite helpful. Specifically, they suggest asking clients how this value might help them achieve the aims they’ve set for themselves. This explicit connection may aid in infusing the value or values into any subsequent change efforts. For example, changing parenting techniques is not just about doing what’s more effective, but rather an expression of my value of being a good parent to my children. This type of value-driven behavior change may have more power to sustain the change effort than a simple weighing of costs and benefits.

In sum, there are many ways to elicit change talk. At present, there are no data to support one method as more effective than another. However, there are data that indicate that the practitioner’s working to elicit this type of language is important in causing it to
Evoking Motivation

appear (Barnett, Spruijt-Metz, et al., 2014; Glynn & Moyers, 2010). In terms of integrating these methods into your practice, one approach is to develop facility with several methods and then choose the method that seems best for a particular client situation. Conversely, a standard method can be developed for your setting that incorporates elements (e.g., a value sort and intake feedback) that typically elicit change talk. It's important to keep in mind the processes. Whereas providing feedback and VCS activities can occur earlier in the therapeutic process, we might choose to focus more on engaging and focusing, then on evoking, in these activities. That is, change talk becomes a byproduct of these interventions—and it remains important because it predicts more change talk (Houck et al., 2015)—but it is not the primary goal of the intervention at that point. Either way, it is important to pay attention to how your client is responding, and to use good-quality OARS.

**Concept Quiz—Test Yourself!**

1. **T** F Practitioner responses are important in the appearance of change talk.

2. **T** F Practitioners should be working to install motivation.

3. **T** F When you hear change talk, it's important to always capitalize on it by reflecting it strongly and immediately.

4. **T** F Creating a safe, supportive environment may be enough to prompt clients to begin talking about change.

5. **T** F According to the chapter, one of the ways to elicit change talk is to argue for why a client cannot change.

6. **T** F If you hear language pointing to a desire, ability, and need for change, then you should try to elicit reasons for change before moving forward in the change process.

7. **T** F EARS can be a good method for reinforcing and eliciting more change talk.

8. **T** F You must have normative data in order for feedback to be useful.

9. **T** F Clients need our expertise to understand what the feedback means to them.

10. **T** F Follow-up probes and reflective listening are critical elements when doing the scaling questions/readiness rulers.

**Answers**

1. **T** Yes. This is the basic framework of this chapter. What we do as practitioners influences the appearance of change talk. It is also what the research demonstrates directly.

2. **F** This is an important point to know, so if it’s not clear, you might go back and reread the introduction to the change talk strategies. The motivation lies within the client. We do not install it, but rather help call forth what is already present in the client.
3. **F** This is a tricky question. We do want to listen for and draw the client’s attention to this language. At the same time, the nature of our response does matter. Change statements might not be reflected immediately in favor of some other response, including listening more. Staying mindful of where we are in the four processes may influence how and when we act. Also, when we do respond, it’s important to respond in a manner consistent with the strength of the statement. This is analogous to blowing gently on that small flame. If we blow hard, we might blow that flame out. In our clinical context, clients may back away from the statement or even offer sustain talk.

4. **T** Sometimes simply creating situations in which clients don’t have to defend themselves has the effect of encouraging them to spontaneously explore the other side of the coin. In this way, listening well can elicit change talk. LaDonna’s example at the beginning of this chapter nicely illustrates this point.

5. **F** In Chapter 11, we will note how *siding with the negative position* can elicit change talk—which is different from *arguing* that a client is *unable* to change. Arguing—regardless of the direction that the practitioner takes—is not MI-consistent behavior. It has the additional concern of being manipulative—like using “reverse psychology” to get someone to do something you want him or her to do. As we’ll see in the next chapter, when siding with the negative position, the practitioner is simply saying that perhaps this is not the right time, place, or method by which change can occur. The attitude is one of openness and inquisitiveness, not manipulation.

6. **F** There are no data to suggest that all, or even most, preparatory language must occur prior to moving forward with change. What is clear is that increasing and strengthening change talk predict change. The choice of what to do next is determined by the client situation, not by a lockstep approach. That is, if the time appears right for a key question, then that is the next correct step. Waiting too long can leave the practitioner lagging behind the client’s readiness—rarely an optimal place for a guide to find him- or herself.

7. **T** EARS often work very effectively in eliciting change talk. However, it is important to have other skills as well.

8. **F** Normative feedback can be helpful, but it is not necessary. I have worked on research projects that used feedback forms that were entirely devoid of normative data. Instead, the information provided data about risk categories, risk behaviors, and values.

9. **F** Although our expertise can be very helpful, it can also get in the way. As we practitioners provide feedback, we should give enough information for clients to understand the information, but then ask and allow clients to decide what that information means to them!

10. **T** Scaling questions/readiness rulers provide useful data, but it is the probes that elicit information about readiness to change and the reflections that allow for further exploration of these topics. So, although the questions are important to launch the topic, the probes are also critical.
In Practice

One last time, let’s return to LaDonna. In Chapter 9 we paid attention to what she was saying. Now let’s focus our attention on what the practitioner does to reinforce and elicit more change talk. Her struggle to remain sober emerged as her primary goal, and the practitioner targeted it. We resume at the end of the previous dialogue.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:  Let me see if I’ve got this right. It’s hard to find external reasons for getting and staying clean, yet some internal reasons seem to be pushing you because you keep doing it—even when it feels really hard. You’d like to feel better and you know you can, you’re just not sure how to get there now. The hill you’re on feels slippery, but you’re determined to climb it.</td>
<td>Her statement responds to the last element from the practitioner, but it also includes ambivalence.</td>
</tr>
<tr>
<td>C:  I’m determined, but I don’t know if I can do it.</td>
<td>Simple reflection that acknowledges ambivalence and ends on her change talk. Then an open-ended statement (question) that attempts to set a mutual agenda and thus a target goal for the MI.</td>
</tr>
<tr>
<td>P:  There are some real hurdles, and you’re determined. I wonder if it would be useful to spend some time talking about that issue.</td>
<td>Acknowledges her fears directly by using a deeper reflection (i.e., continuing the paragraph).</td>
</tr>
<tr>
<td>C:  Yeah, I guess.</td>
<td>Again, change talk followed by her fear.</td>
</tr>
<tr>
<td>P:  You’re not sure it would be helpful.</td>
<td>Amplified reflection using prior information.</td>
</tr>
<tr>
<td>C:  I know I have to stay clean. It’s just that I’ve tried it before and it hasn’t worked.</td>
<td>She backs away from the absolute.</td>
</tr>
<tr>
<td>P:  And 3 years clean doesn’t feel like success.</td>
<td>A transitional summary that chooses language intentionally, followed by a readiness ruler. The ruler is used not only to assess her level of confidence, but also to elicit change talk in the area of apparent concern.</td>
</tr>
<tr>
<td>C:  I guess it did, but it didn’t last.</td>
<td></td>
</tr>
</tbody>
</table>
yourself, on a scale of 1–10, where 1 is not at all confident and 10 is extremely confident, how confident are you that you can remain clean and sober for the next 30 days?

C: I’d say about a 4.

P: Interesting, so you’re not stuck down there at 1 or 2. How come?

C: Well . . . even though it’s hard, I don’t want to go back. I’ve told myself—even though I don’t feel any better—I will keep going to meetings, especially when I feel like using.

P: You just refuse to use.

C: (Laughs.) Yeah. I guess that’s true. But it feels really hard sometimes.

P: And that’s why you gave it a 4 and not a 7 or an 8.

C: Yep. But, I’ve been through hard times before.

P: You know you’re strong.

C: It’s funny, because I didn’t feel that way coming in today.

P: Recognizing what you’ve already accomplished, what you know about yourself, and your commitment to yourself has helped you feel more confident. Like maybe your score should be a little higher—like a 5 or 6.

C: Probably more like a 6.

She picks a midrange number, higher than might have been predicted based on her prior statements.

Practitioner probes further in a manner congruent with the earlier response. Notice the question asks for change talk.

There is strong commitment language in response.

Reinforces commitment with a light touch.

Accepts and provides additional information about barriers. Note how this sustain talk feels different than saying, “I can’t.”

Deeper reflection.

Client accepts reflection and offers information about internal resources.

Affirmation.

Acknowledges shift in attitude. Notice the shift in affective tone, even without “hearing” the words.

Collecting summary that is intentional in what it targets. It does not focus on ambivalence.

Client agrees with greater confidence.
Statement: Let me ask one more question, and then we probably need to get started on the other parts of the assessment. You’re at a 6 now. What would it take for you to move to a 7 or an 8?

C: I need to feel more hopeful.

P: More hopeful. How would you know when that was happening?

C: I guess I would be happier. I’d have a plan for where I am going in terms of living. I’d have a job.

P: Wow. That’s a lot of stuff for a 1-point step.

C: (laughs) I guess it is. That’s part of how I get myself feeling so overwhelmed. Okay. One point . . . maybe have a plan for my living arrangements.

P: That feels more doable—like you can accomplish that.

C: I’m actually in decent shape about that now. I mean, it’s not ideal, but I can continue living with my brother as long as I stay clean. If I get a job, I can work on saving some money and then start looking for a place.

P: It seems you have a plan already kind of worked out in your head. It’s just a matter of saying it aloud, as well as slowing things down—so you don’t get ahead of yourself. I wonder if writing it down would help.

C: I think it would. I’ll do that on the bus on the way to my meeting. In fact, I think I’ll talk about it at my meeting, because that will help me stick with it.

Commentary:

Directional element of MI, which asks the client to continue to move toward her goal.

A positive, but general response.

Simple reflection followed by an evocative question designed to make it possible to know whether or not the desired feeling has been experienced.

Client provides a lot of goals, some more distant than others.

Practitioner provides a congruent response, but one also designed to help narrow the client’s focus.

Client is able to break the goals down into a more manageable task and to acknowledge self-awareness about this process.

Reinforces change talk.

Collecting summary that again is intentional in what it does and does not include. It is followed by an open-ended statement (question) designed to help client move toward a commitment and a specific plan.

Commitment and more planning to reinforce it.
P: You really do know a lot about what works for you and what you have to do to support it.

C: (Grins.) Yeah, I do. I just have to remember it.

Statement Commentary

An affirmation that is directed toward her ability to enact this specific change.

Client feels empowered, and mood is noticeably brighter.

In this interchange we clearly see the dance between the practitioner and LaDonna. This was not a counseling session, but rather an assessment. However, in the course of that assessment, a motivational opportunity presented itself and the practitioner, recognizing motivation was essential to helping LaDonna achieve her vocational aims, attended to it. This is the type of opportunity observed in medical settings, dental chairs, school counselor offices, home visits, prison hallways, probation encounters, street outreach, community policing, and so on. It does not just happen in therapist offices or in the context of long-term treatment. The challenge is to recognize the opportunity and be prepared to respond to it.

As we can see in this discussion, EARS are an essential element of that readiness. However, a well-done strategy can also help move the conversation forward. Let’s work on refining those skills and techniques.

**Try This!**

The development of skills in change talk is a somewhat greater challenge because we need the talker’s responses to help shape the counselor’s responses. As we move through these exercises, you might think about possibilities for trying out these skills either at work or in opportunistic moments away from work. As with prior chapters, we move from the straightforward to the more complex exercises, in this case beginning with recognizing and reinforcing change talk, and ending with eliciting it.

**Exercise 10.1. Reinforcing Change Talk: Treasure Hunt**

Read the client statements and decide if there is any change talk in them. If there is change talk, write a reflective response that would reinforce it; if not, write an evocative question that might elicit it in this situation. For bonus points, write a second evocative question that is different.

**Exercise 10.2. Eliciting Change Talk: A Second Look**

In this exercise, you’ll return to the transcripts used in Chapter 9, this time focusing on the work of the practitioner. Review the sequence of practitioner activities and then answer the questions that follow each exchange. Finally, review the commentary, which now focuses on the rationale of the practitioner.
Exercise 10.3. Targeting Questions: Evoking

As in Chapters 5 and 8, this is an opportunity to practice forming good questions, but this time targeting clients in evoking. Once again, you will read a client statement and then form two different questions. Because change talk requires a specific target behavior, and this information is not presented in these statements, you will have to infer. You may also have to use a reflection to get into your question. This is always good practice, so feel free to do so. You can use all the different types of question you learned in this chapter and in the prior one (“Recognizing Change and Sustain Talk”).

Exercise 10.4. Targeting Reflections: Evoking

Again, we turn our attention to practicing forming reflections, but this time targeting clients in evoking. Once again, you will read a client statement and then form two different reflections. However, we need a specific target behavior for evoking purposes. The target behavior is not clearly articulated in the exercise, so we need to infer based on the limited information we have. Feel free to thumb back through these chapters to refresh your memory.

Exercise 10.5. Following the Path

We return to the dialogue with Russell, but now we’ll go even deeper. This time we want to notice not only the tools used, but also what the counselor is attempting to do with the tool and/or what the effect of this effort is. That is, what is the intention and how does it influence the interaction? Then observe whether this tool leads to change talk, sustain talk/discord, or neutral talk.

Exercise 10.6. Write a Branching Script

A very interesting research study (Villaume, Berger, & Barker, 2006) involved students writing a script for a branching computer program. The assignment required that the script be MI-consistent and reflect multiple pathways that a conversation might travel. The students experienced problems with the software working properly, but the process of writing the script helped them become more effective in using MI. This exercise builds on that finding.

There is a basic structure provided in this exercise, but you will need to fill in the practitioner and client responses. The aim is to create interactions that might elicit desired responses. Don’t worry about your skill as a playwright or screenwriter. Just imagine your client responses and see where they take you. Then return to the branching parts of the interchange and play out those as well. Remember, even when you don’t get the first response you expected, the goal is to elicit change talk. Use your EARS+I to help navigate rough patches in the encounter.

The form in this workbook is black and white. There is a color format available on the PRI website (www.primeforlife.org/resources/forms), which many people find a little easier to navigate. You can print this form and fill it out just as you would the form contained in this workbook.
Exercise 10.7. Four Corners

This exercise is based on a training activity. It involves taking a scenario and practicing different methods for eliciting change talk. You will read a scenario, followed by a client statement, and then identify four ways you might elicit change talk. Lastly, write how you would introduce this strategy to a client. That is, use the words you would say to a client.

Partner Work

All of the activities in this chapter are well suited to partner work. Remember, it’s the discussion around the answers that is essential to deepening your knowledge, so don’t skip over that part. In addition to the activities described above, here is another option available when you have a partner.

Exercise 10.8. My Values—Revisited

In Chapter 6, we encouraged you to do a VCS (Exercise 6.5) with your partner. We want you to return to this exercise and extend it by asking some follow-up questions designed to elicit change talk.

Other Thoughts . . .

The VCS points out some of the difficulty of using the four processes if we think about these as stages. They are not completely independent; we will slip into and out of them as we use MI. However, the aim remains the same: Consider where we are in the change process and what needs to happen for this individual right now.

It is very likely that change talk will emerge spontaneously as we move through the processes. We do not want to ignore this talk when it occurs. OARS is a primary strategy in noticing change talk. However, we are not typically using the strategies described in this chapter until we have built a strong partnership with our clients through engaging and then through focusing, whereby we identify the areas they feel are important to address.

Finally, we talked a little about offering information in this chapter. Offering a concern or providing information is also a way to evoke change talk, but it can be tricky. It is very important to remember to use E-P-E when doing so and to avoid arguing for the change. This is an area where I often observe MI trainees getting into trouble. The righting reflex is so strong. We feel if we could just get people to really see the problem, then they would start offering change talk. As we will see in the next chapter, this stance rarely achieves the desired ends. Offering information can elicit change talk, and if you find yourself arguing for change, remember this: The wrong person is doing the arguing.
EXERCISE 10.1. Reinforcing Change Talk: Treasure Hunt

This young woman is coming to you because of anxiety. She lives with a roommate and is having trouble venturing away from their house. Her roommate urged her to come see you because of her increasingly constricted world. The woman feels safe at home; the thought of doing exposure therapy to overcome her fear is very frightening to her. The target for behavior change is her anxiety about being away from home.

C: About 8 months ago I was in a pretty serious wreck, and I guess I’m lucky to be alive. I hit my head pretty hard, and the docs said there may be some changes, but basically I think I’m doing okay. Since then, I haven’t liked going too far from home.

Change talk? Yes ___ No ___

If yes, what type?
Desire ___ Ability ___ Reason ___ Need ___ Commitment ___ or Taking Steps ___

If yes, provide a reflective response that would reinforce the change talk.

If no, write an evocative question that might elicit change talk.

C: Since I got out of the hospital, it’s been a slow recovery. I’m home most of the time, except when I have to go out. Sometimes my roommate takes me to the corner grocery store, and I can do that, but it’s not easy. It seems a bit silly, really, but I feel so relieved when I get back home and can close and lock my door.

Change talk? Yes ___ No ___

If yes, what type?
Desire ___ Ability ___ Reason ___ Need ___ Commitment ___ or Taking Steps ___

If yes, provide a reflective response that would reinforce the change talk.

If no, write an evocative question that might elicit change talk.
Reinforcing Change Talk: Treasure Hunt  (p. 2 of 2)

C:  My sick leave runs out next week, and I have to return to work. I’ve been avoiding that. I have to take the bus route on which I was injured, and I am pretty worried about that. I don’t know if I can do it.

Change talk? Yes  ____  No  ____

If yes, what type?
Desire  ____  Ability  ____  Reason  ____  Need  ____  Commitment  ____  or Taking Steps  ____

If yes, provide a reflective response that would reinforce the change talk.

C:  Except that I have to do it. I can’t pay my part of the rent. Being off work has eaten up all of my savings, so I have to do it; that is why I am here—I want to figure out some way to cope.

Change talk? Yes  ____  No  ____

If yes, what type?
Desire  ____  Ability  ____  Reason  ____  Need  ____  Commitment  ____  or Taking Steps  ____

If yes, provide a reflective response that would reinforce the change talk.

C:  What I would like is for this nervousness to stop. I want my life back. I want to sleep without nightmares.

Change talk? Yes  ____  No  ____

If yes, what type?
Desire  ____  Ability  ____  Reason  ____  Need  ____  Commitment  ____  or Taking Steps  ____

If yes, provide a reflective response that would reinforce the change talk.
C: About 8 months ago I was in a pretty serious wreck, and I guess I’m lucky to be alive. I hit my head pretty hard, and the docs said there may be some changes, but basically I think I’m doing okay. Since then, I haven’t liked going too far from home.

Commentary: This is her description of what led to her more constricted life. It is a factual retelling with no change talk. An evocative question might follow a reflection: “It seems you feel tied to home. What is that like for you?”

C: Since I got out of the hospital, it’s been a slow recovery. I’m home most of the time, except when I have to go out. Sometimes my roommate takes me to the corner grocery store, and I can do that, but it’s not easy. It seems a bit silly really, but I feel so relieved when I get back home and can close and lock my door.

Commentary: The tenor of the statement suggests lots of areas where things aren’t going well, but she is not explicit. She teeters on the edge of change talk with “It feels a bit silly.” You might ask a question, “How have things changed in your desire and ability to leave home since your accident?”

C: My sick leave runs out next week, and I have to return to work. I’ve been avoiding that. I have to take the bus route on which I was injured, and I am pretty worried about that. I don’t know if I can do it.

Commentary: Yes. She makes clear statements of need, but has low confidence in her ability to meet those needs. A reflection might go like this: “You must find a way to do this, and that’s what brought you here today.” Or “You’re worried, and you know that you have to find a way to do it.”

C: Except that I have to do it. I can’t pay my part of the rent. Being off work has eaten up all of my savings, so I have to do it; that is why I am here—I want to figure out some way to cope.

Commentary: There is more need language and also desire in the last statement. Coming in for a session might also be considered taking steps, but it seems most clearly to be in the area of wanting some skills and coming for help to find them. A reflection might go like this: “You are here to get some tools, because you know the situation requires you do something different.”

C: What I would like is for this nervousness to stop. I want my life back. I want to sleep without nightmares.

Commentary: Here is more desire, but no commitment language yet. A reflection might help solidify this change talk and add some commitment to doing something: “You’re pretty clear the situation can’t go on like this. It’s time to do something about it.”
EXERCISE 10.2. **Eliciting Change Talk: A Second Look**

These are the same dialogues used in Chapter 9. This time focus on the practitioner’s behavior. After each practitioner statement, answer the questions. Then write another response that you might have used instead. Finally, check the key for some commentary.

**Scenario 1 (Marijuana)**

This is a young adult male, coming to treatment for a possible substance abuse issue, at the behest of his parents.

P: Let me summarize what we’ve talked about so far. About 8 months ago you had a pretty serious cancer scare. You took some time off for chemotherapy, and, for a while, your life plans were put on hold. You’re basically doing okay now; the cancer is in remission, and you’re trying to get on with your life. Prior to this diagnosis you’d been in school—with kind of mixed results—but you were figuring out what was required of you to be successful, including smoking a little less pot. Your plan is to go back this fall. You also decided that for now, you’ll stay at home to help cover costs, but this also means that you have to follow your parents’ rules, which is causing some friction. Did I miss anything?

What potential avenues does the summary open for exploration? If you chose to reconfigure this summary, what would you do? What other approaches might you use?

Example: There are openings around what was causing trouble at school as well as the friction at home. Also possible is an exploration of fears around the cancer and how smoking may or may not fit with being healthy. Here is one approach:

“It’s been a rough few months, especially with your parents. How does pot smoking fit into the rough patch with them?”

C: No.

P: Now, I understand that one of your parents’ concerns is pot smoking, and they’ve laid down the law about that with you. Tell me about that.
What does the practitioner do? What is done that lessens the likelihood of discord? What would be another way to approach this area?

C: Well, what do you want to know about it?

P: What’s been happening with the pot smoking? What’s making your parents concerned? That sort of thing . . .

What happens with the client? What does the practitioner do in response? What might have been an alternative approach?

C: Well, I didn’t drink or smoke pot until I was a senior in high school. Then I started drinking about halfway through the year—you know, going out on weekends, partying with friends. Then I started smoking some pot. At first, it was the same way—just weekends—but then I started doing it most every day. It was safer than drinking and driving. Pretty soon I decided I’d better start cutting back, so I tried that. Then I decided to stop for a while, and I did a couple of times for a month or 2, then I tried to smoke just socially, but that didn’t work very well. Then I got sick and so I didn’t do anything for a while, but now it started again. So, when my parents said I could smoke once a week I was a little surprised, but I also know it won’t work for me. I can’t smoke socially. I need to stop entirely, so that’s what I’m doing. I haven’t smoked in about a week.

P: You’re pretty clear that this is something that needs to change and, in fact, you were already picking up on this back in high school.

The practitioner chooses a reflective response. Why is that? What’s another reflective listening response you might have given?
C: Shortly after high school.

P: How about the drinking? Where do you stand with that now?

*What does the practitioner do here? Is this a problem? Why or why not? If you were to choose one of the other strategies for eliciting change talk, what would you choose and why? How would you do it?*

C: Well, I plan to continue drinking, but I’m not going to pick up where the smoking left off. My drinking has never been like my pot smoking. I never did it every day or anything. I mean, occasionally we’d go out. And I work at a restaurant, and so we have a couple of drinks after work sometimes, and I don’t see anything wrong with that.

P: Okay. So you are clear that the smoking needs to change—and I’d still like to hear a little more about what led you to that decision—but you’re not so sure that the drinking needs to change.

*This is a complex reflection. What other strategies might you use in this situation to elicit change talk? Provide an example of what you would say.*
C: Yeah, it’s just not that big of a deal.

P: It’s not much of a thing.

What is the practitioner doing with this reflection? How might you do the same thing, but with different words?

C: Right.

P: Let me summarize what we’ve talked about so far. You . . .

Write a summary that you feel would emphasize this client’s interest in change.
EVOKING

Key for Exercise 10.2, Scenario 1 (Marijuana)

P: Let me summarize what we’ve talked about so far. About 8 months ago you had a pretty serious cancer scare. You took some time off for chemotherapy, and, for a while, your life plans were put on hold. You’re basically doing okay now; the cancer is in remission, and you’re trying to get on with your life. Prior to this diagnosis you’d been in school—with kind of mixed results—but you were figuring out what was required of you to be successful, including smoking a little less pot. Your plan is to go back this fall. You also decided that for now, you’ll stay at home to help cover costs, but this also means that you have to follow your parents’ rules, which is causing some friction. Did I miss anything?

Commentary: The summary provides an overview of what the practitioner has learned at this point. It identifies several possible avenues to explore, including his cancer, his progress in school, what caused his shift in school behavior, and his return home to live. You might begin broadly with the simple reflection and open-ended question noted before: “You also decided to smoke a little less pot. How’s that fitting into your life now?” You might ask him to look backward: “It seems your pot smoking has changed over the past few years. What was it like a few years ago, before it started causing you some troubles in school?” Or you might look forward with a couple of questions: “Where would you like to see yourself in 5 years? How would pot smoking fit into that?”

C: No.

P: Now, I understand that one of your parents’ concerns is pot smoking, and they’ve laid down the law about that with you. Tell me about that.

Commentary: The practitioner places the focus on the area that led the client to treatment. This is done in a matter-of-fact statement, without assumption that there is a problem. The practitioner invites the client to say more about the situation. The practitioner could also begin with a short statement that acknowledges the situation and the client’s responsibility for deciding whether or not an issue exists. For example: “Your parents called because they’re quite worried about your pot smoking. However, I don’t make assumptions based on parents’ statements, because it will really be up to you to decide if there is an issue and what, if anything, you want to do it. So, what’s your take on the situation?”

C: Well, what do you want to know about it?

P: What’s been happening with the pot smoking? What’s making your parents concerned? That sort of thing . . .

Commentary: There is some reluctance from the client. Although a reflection makes sense, the client is also asking for clarification and a direct response (i.e., a refined question is also appropriate). It may be a simple matter of his needing more direction, so the practitioner addresses that need directly. A reflection might go something like this, “I confused you,” or more directly, “Maybe it feels like I put you on the spot.”

(cont.)
C: Well, I didn’t drink or smoke pot until I was a senior in high school. Then I started drinking about halfway through the year—you know, going out on weekends, partying with friends. Then I started smoking some pot. At first, it was the same way—just weekends—but then I started doing it most every day. It was safer than drinking and driving. Pretty soon I decided I’d better start cutting back, so I tried that. Then I decided to stop for a while, and I did a couple of times for a month or 2, then I tried to smoke just socially, but that didn’t work very well. Then I got sick and so I didn’t do anything for a while, but now it started again. So, when my parents said I could smoke once a week I was a little surprised, but I also know it won’t work for me. I can’t smoke socially. I need to stop entirely, so that’s what I’m doing. I haven’t smoked in about a week.

P: You’re pretty clear that this is something that needs to change and, in fact, you were already picking up on this back in high school.

Commentary: The client makes change statements, and so the practitioner responds by attending to those statements and emphasizes their importance by referencing back to high school. Alternatively, the practitioner might have reinforced the commitment language by noting, “So, you know what needs to be done and you’re doing it.”

C: Shortly after high school.

P: How about the drinking? Where do you stand with that now?

Commentary: The client makes a factual correction, but rather than attending to this, the practitioner moves on to assess the place of alcohol in his substance use. The practitioner’s approach is not confrontational, so it’s unlikely to elicit discord. However, it shifts the focus from change talk to another area, and so there is a risk of losing momentum. In terms of other approaches, you could ask for his parents’ views of his alcohol use. For example: “When your parents called, they expressed concern about your substance use and they mentioned alcohol. What’s causing their concern about alcohol?”

C: Well, I plan to continue drinking, but I’m not going to pick up where the smoking left off. My drinking has never been like my pot smoking. I never did it every day or anything. I mean, occasionally we’d go out. And I work at a restaurant and so we have a couple of drinks after work sometimes and I don’t see anything wrong with that.

P: Okay. So you are clear that the smoking needs to change—and I’d still like to hear a little more about what led you to that decision—but you’re not so sure that the drinking needs to change.

Commentary: The practitioner uses a rephrase to subtly change the discussion about drinking in an effort to elicit change talk. You might also try an amplified reflection: “As far as you can see, there are no issues.” Alternatively, you could also use a reflection followed by an evocative question: “In general, you feel pretty comfortable with your alcohol use. Any elements that you are less happy about?”

(cont.)
C: Yeah, it’s just not that big of a deal.

P: It’s not much of a thing.

**Commentary:** The practitioner again directs attention to the part of the client statement that suggests there may be more to understand. Or you might again ask directly about his concerns: “What are the parts that are a little deal?” Or you could use an amplified reflection such as, “You’ll probably drink in this manner for the rest of your life.”

C: Right.

P: Let me summarize what we’ve talked about so far. You . . .

**Commentary:** The summary might look like this:

This has been a pretty big year in your life. While the cancer is a central element, you also came to some conclusions about your life, and one of them was that your pot smoking had to change. So, you committed yourself to that change and began to do it, even when others might have given you some wiggle room. At this point, you’ve decided that it’s okay to drink, though you’re again very clear this can’t just replace the pot smoking. It sounds like you might be planning to keep an eye on that to make sure it doesn’t become a problem. I’m wondering, if you decided to, how you might go about monitoring your drinking?
EXERCISE 10.2. **Scenario 2 (Interpersonal Violence)**

This middle-age man is being seen by a child welfare professional after child protective services were called by a neighbor. There was an altercation in the home, and he struck his girlfriend as well as his son. The school has reported previous incidents of bruises, but there has been no formal intervention until now. He’s been ordered to treatment and can only have supervised meetings with their two children (8 and 5 years old) until the child welfare professional indicates that it is safe for them to be alone with him. The target behaviors in this instance are making changes in how he manages conflict with his girlfriend and children. Again, when you read the dialogue this time, focus on the practitioner’s activities and provide alternative responses.

P: I understand that you’re not very happy about being here today.

*What’s another way you might start this conversation about interpersonal violence?*

C: Damn straight. The cops didn’t listen to my side of the story after the neighbors called them. They just hauled me off to jail, and now they tell me I have to come talk to you if I want to see my kids without a social worker.

P: Nobody has really taken the time to find out how you see the situation. I wonder if we could spend a little time doing that.

*If you were to attend to another part of this statement, what would it be? Why? What would you say?*
C: Whatever.

P: What is concerning you now about your situation with your girlfriend and kids?

_Is this client working with the practitioner? Why or why not? What would you say to help this relationship become more of a partnership?_

C: I can’t see them, except with somebody there. My kids don’t understand it. They’re like, “Why can’t you stay at the house, Dad?” I usually help my son with his math homework, and I can’t do that now, and their mom just isn’t very good at that stuff.

P: Being a part of their lives is important to you. You want that and can’t do that now—in the way you’d like.

_The practitioner chooses one aspect of the client statement. What other aspects might be productive? How would you address these? Or, if you addressed the same issue, how might you do it differently?_

C: Yeah, most of the time. Sometimes they can be annoying, but most of the time it’s good.

P: And what about your partner?
The practitioner shifts the focus to the partner. If you were to respond to the client’s statement, what would you say?

C: She’s pissed at me. She says I hurt her, but she hit me, too. She says I don’t care about her or the kids, and that’s just not true. She doesn’t back off sometimes, though. That’s what happened that night. I told her to leave me alone. I left the room and she followed me into another. I went out to the garage and she came out there. It was embarrassing. The neighbors could hear. Finally, I went back inside and told her to knock it off. Then she slapped me, and I guess that was the straw that broke the camel’s back. I just kind of swung with my backhand to keep her away and she must have been off balance because she fell. I didn’t mean to hit Danny; he just stepped in at the wrong time when she was coming back at me. I was trying to say I was sorry, and she was scratching and hitting, and I don’t quite know what happened.

P: It seems like you’re feeling bad about how things went there. It’s not how you want to handle things with your girlfriend. You want to have better control than that.

The practitioner takes a pretty big guess. Does it fit for you? Is this a helpful direction? If not, what might you do instead?
C: Yeah. I’m not some ogre like these folks are making me out to be. I really tried to avoid a problem there. She just wouldn’t back off!

P: That’s not the kind of person you are or how you want others to view you.

The practitioner acknowledges the client’s focus on being misunderstood. What’s another way you might address that statement?

C: I wish we could just talk it out, but we seem to get too mad. We need to do something different.

P: Let me see if I have all of this. You’re not happy to be here, and at the same time you’re not happy about how things went the other night. You want to be able to talk about things, and yet sometimes it feels like there is just no way that can happen. Then you do things you regret. It’s clear to you that something has to change.

*What would your summary look like?*
Evoking Motivation

Key for Exercise 10.2, Scenario 2 (Interpersonal Violence)

P: I understand that you’re not very happy about being here today.

Commentary: You might say, “Tell me your understanding of what this is all about?”

C: Damn straight. The cops didn’t listen to my side of the story after the neighbors called them. They just hauled me off to jail, and now they tell me I have to come talk to you if I want to see my kids without a social worker.

P: Nobody has really taken the time to find out how you see the situation. I wonder if we could spend a little time doing that.

Commentary: Here are a couple of alternatives: “And being in jail is something you don’t want to repeat.” Or, “It feels like you’re being treated like a child.” Or, “You sound frustrated.”

C: Whatever.

P: What is concerning you now about your situation with your girlfriend and kids?

Commentary: It seems like they are not working in partnership. The client communicates disinterest in the process and asserts that you can’t make him do anything. It might be useful to address this directly, though it will keep you focused on the discordant element if you don’t use a strategy to move away from that. (This topic is discussed more in Chapter 11.) You might acknowledge the obvious and then ask a question that shifts the focus: “I want to be clear that what happens with these sessions is really up to you. I won’t try to force you to do anything. I’m wondering, what would need to happen for this session to feel useful to you?”

C: I can’t see them, except with somebody there. My kids don’t understand it. They’re like, “Why can’t you stay at the house, Dad?” I usually help my son with his math homework, and I can’t do that now, and their mom just isn’t very good at that stuff.

P: Being a part of their lives is important to you. You want that and can’t do that now—in the way you’d like.

Commentary: You could focus on how he responds to his kids’ questions by asking, “What is that like for you when your kids ask you those hard questions?” You might also ask what he might be doing now, if he could do what he wanted with his children: “What would you like to be doing with your children, but can’t?” You might use a readiness ruler to ascertain how important it is to him to make changes so that he can be with his children in the manner he wants.

C: Yeah, most of the time. Sometimes they can be annoying, but most of the time it’s good.

P: And what about your partner?

Commentary: You might say, “It’s not perfect, and you really want to get back there.”

(cont.)
Key for Exercise 10.2, Scenario 2 (Interpersonal Violence)  (cont.)

C: She's pissed at me. She says I hurt her, but she hit me, too. She says I don't care about her or the kids and that's just not true. She doesn't back off sometimes, though. That's what happened that night. I told her to leave me alone. I left the room and she followed me into another. I went out to the garage and she came out there. It was embarrassing. The neighbors could hear. Finally, I went back inside and told her to knock it off. Then she slapped me, and I guess that was the straw that broke the camel's back. I just kind of swung with my backhand to keep her away and she must have been off balance because she fell. I didn't mean to hit Danny; he just stepped in at the wrong time when she was coming back at me. I was trying to say I was sorry, and she was scratching and hitting and I don't quite know what happened.

P: It seems like you're feeling bad about how things went there. It's not how you want to handle things with your girlfriend. You want to have better control than that.

Commentary: This practitioner response seems on target and helpful. It might also be useful to focus on his feelings afterward: “You were stunned by how you responded. Then it got worse when Danny was hit. It sounds like you don’t want to end up back there again.”

C: Yeah. I'm not some ogre like these folks are making me out to be. I really tried to avoid a problem there. She just wouldn’t back off!

P: That's not the kind of person you are or how you want others to view you.

Commentary: A double-sided reflection might work well: “You're not an ogre, and you know that you're not happy with how you responded. Nobody has to tell you that.” Or you could use a looking-forward technique: “If you look forward 5 years and nothing changes, what do you see happening in your family?” Or, “If you were able to make some changes in what you do, what would your family look like in 5 years?”

C: I wish we could just talk it out, but we seem to get too mad. We need to do something different.

P: Let me see if I have all of this. You're not happy to be here, and at the same time you're not happy about how things went the other night. You want to be able to talk about things, and yet sometimes it feels like there is just no way that can happen. Then you do things you regret. It’s clear to you that something has to change.

Commentary: Here is an alternative: “You’d like things to be different; you’re just not sure how to get there. You really tried to avoid a problem, and you know that you have a part in all of this. You’re still a little annoyed at having to come here, and you’d like some tools so you don’t have to do it again. What’s the next step look like?”
EXERCISE 10.3. Targeting Questions: Evoking

As in Chapters 5 and 8, this is an opportunity to practice forming good questions, but this time targeting clients in evoking. Once again, you will read a client statement and then form two different questions. Because change talk requires a specific target behavior, and this information is not presented in these statements, you will have to infer. You may also have to use a reflection to get into your question. This is always good practice, so feel free to do so. You can use all the different types of question you learned in this chapter and in the prior one (“Recognizing Change and Sustain Talk”). Feel free to thumb back through the chapters to refresh your memory.

Later, we will return to these prompts as we discuss developing other sorts of questions for the planning phase.

1. *I think the child needs to understand that you’re the parent, and that he or she needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.*

   **Question A:**

   **Question B:**

2. *I don’t get what we are supposed to be doing here.*

   **Question A:**

   **Question B:**

3. *I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.*

   **Question A:**

   **Question B:**

(333)
4. I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.

Question A:

Question B:

5. My problem is my wife and her constant complaints.

Question A:

Question B:

**BONUS**

6. Here we go again: same old stuff, just a new version.

Question A:

Question B:
Sample Responses for Exercise 10.3

In some of these situations a reflection seems appropriate (and needed) before the question. You might have found this to be true as well. Also with change talk, we need a specific target behavior. In this instance we don’t have that behavior clearly articulated, so we need to infer based on the limited information we have. As a reminder, MI coders put open statements, which often begin with “Tell me about . . .,” into the open question category.

1. *I think the child needs to understand that you’re the parent and that he or she needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.*

   **Engaging:**
   
   Sample Question A: Tell me a little more about what being a parent means to you.
   
   Sample Question B: How does parenting fit into the big picture of your life?

   **Focusing:**
   
   Sample Question A: When you’re at your best as a parent, what are you like?
   
   Sample Question B: What do you wish to have more of in your relationship with your child?

   **Evoking:**
   
   Sample Question A: What concerns you about how that’s been going for you and your child?
   
   Sample Question B: Where do you see this headed, if nothing changes, for you and your child?

2. *I don’t get what we are supposed to be doing here.*

   **Engaging:**
   
   Sample Question A: What’s your understanding of why you are here?
   
   Sample Question B: What information would be useful for you?

   **Focusing:**
   
   Sample Question A: It’s confusing to you. What would be a useful way for us to spend our time together?
   
   Sample Question B: The priorities seem unclear. What seems most important to focus on as you consider the big picture of your life?

   **Evoking:**
   
   Sample Question A: It’s confusing to you. A place to begin might be, what would you like to be different on your end?
   
   Sample Question B: This doesn’t feel productive. Where would you like to put your energy toward making things different?

(cont.)
Sample Responses for Exercise 10.3  (cont.)

3. I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.

**Engaging:**

Sample Question A: What are the feelings like after one of these episodes when you’ve felt pushed and then reacted in a way you didn’t like?

Sample Question B: What are those times like when you are not pushed to the edge?

**Focusing:**

Sample Question A: What is a typical day like with your kids?

Sample Question B: I have concerns when parents feel pushed to the edge. Would it be okay if I shared those concerns with you and then heard your thoughts?

**Evoking:**

Sample Question A: What do you wish you had done differently?

Sample Question B: What makes you feel like you could do it differently?

4. I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.

**Engaging:**

Sample Question A: What sorts of crap have you been dealing with?

Sample Question B: Tell me about the big picture of your life and how this crap fits into that picture.

**Focusing:**

Sample Question A: As you look around at all of this crap, what feels the most important for you to take on at this point?

Sample Question B: My guess is you’ve already tried changing some of these things. Tell me a little about what you know works better for you.

**Evoking:**

Sample Question A: What has to change?

Sample Question B: What do you want it to change to?

5. My problem is my wife and her constant complaints.

**Engaging:**

Sample Question A: What would need to happen for your wife to quit complaining?

Sample Question B: So, your wife is unhappy with some things—how about you?
Sample Responses for Exercise 10.3 (cont.)

**Focusing:**

Sample Question A: What are some of the areas that feel most important in this ongoing dialogue you have with your wife?

Sample Question B: You’re not happy with how you and your wife are interacting. What are some the areas that are most troublesome for you?

**Evoking:**

Sample Question A: In what ways would you like to see your relationship with her be better?

Sample Question B: What’s your sense of what needs to change on your side for this to be better?

6. *Here we go again: same old stuff, just a new version.*

**Engaging:**

Sample Question A: What does this pattern look like to you?

Sample Question B: This is one part of your life you don’t like. What are some of the other parts you do like?

**Focusing:**

Sample Question A: It seems like there are lots of areas where we could spend our time today. Is this the area that feels the most productive, or is there another area you’d like to spend our time on?

Sample Question B: It sounds like you might like to put your energy into something else. What might that be?

**Evoking:**

Sample Question A: If you were down the road 6 months and a better version were here, what would that look like?

Sample Question B: On a scale of 1 to 10, how important is it to you for some new, different stuff to happen, with 1 being not at all important and 10 being extremely important?
EXERCISE 10.4. Targeting Reflections: Evoking

We turn our attention again to practicing forming reflections, but this time targeting clients in evoking. Once again, you will read a client statement and then form two different reflections. However, we need a specific target behavior for evoking purposes. We don’t have this behavior clearly articulated, so we need to infer based on the limited information we have. Feel free to thumb back through these chapters to refresh your memory.

1. I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.

   Reflection A:
   
   Reflection B:

2. Marijuana is legal in lots of places now, and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke, and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.

   Reflection A:

   Reflection B:
3. My family thinks I work too much, and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and takes me away from the family, which I don’t like.

Reflection A:

4. I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.

Reflection A:
Sample Responses for Exercise 10.4

For change talk, we need a specific target behavior for evoking purposes. We don’t have this clearly articulated so we need to infer based on the limited information we have.

1. I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.

   Engaging:
   Sample Reflection A: You really want to help your daughter.
   Sample Reflection B: You’re concerned for her health.

   Focusing:
   Sample Reflection A: Finding ways to engage with her on this issue is important to you.
   Sample Reflection B: Part of what you’re looking for are methods to be more consistent in your approach to this issue.

   Evoking:
   Sample Reflection A: You’re concerned about how things have been going for you and your child around this issue.
   Sample Reflection B: Your aim is to be able to talk to your daughter in a way that helps draw out her motivation.

2. Marijuana is legal in lots of places now, and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke, and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.

   Engaging:
   Sample Reflection A: It feels like marijuana gets treated unfairly.
   Sample Reflection B: Things are a bit bumpy around the house because of the marijuana.

   Focusing:
   Sample Reflection A: Marijuana is pretty important to you.
   Sample Reflection B: Your relationship with your wife is pretty important to you.

   Evoking:
   Sample Reflection A: You’re pretty certain the marijuana isn’t causing any problems. (Attitude matters here.)
   Sample Reflection B: Marijuana is important enough to you that it feels worth it to put up with your wife’s concerns and the risk of the kids finding out.

(cont.)
Sample Responses for Exercise 10.4 (cont.)

3. My family thinks I work too much, and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and takes me away from the family, which I don’t like.

Engaging:
Sample Reflection A: You love what you do.
Sample Reflection B: Your family is concerned about you.

Focusing:
Sample Reflection A: You want to have a work–home balance that feels right.
Sample Reflection B: Both of these—family and work—are priorities for you.

Evoking:
Sample Reflection A: You want to have a work–home balance that feels right and you’re not sure you’re there.
Sample Reflection B: So, you feel caught in between, but know that something needs to change.

4. I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.

Engaging:
Sample Reflection A: You feel spiritual.
Sample Reflection B: You keep trying to embrace organized religion.

Focusing:
Sample Reflection A: Finding faith feels important to you.
Sample Reflection B: Exploring how you might make religion work for you continues to feel vital. It’s not something you can just walk away from.

Evoking:
Sample Reflection A: Something is missing.
Sample Reflection B: You want to tap into something that transcends yourself and connects you with others.
EXERCISE 10.5. Following the Path

We return to the dialogue with Russell, but now we’ll go deeper. This time notice not only the tools used, but also what the counselor is attempting to do with the tool. That is, what is the intention? Then indicate whether this leads to change talk, sustain talk/discord, or neutral talk in the box next to Russell’s statement.

<table>
<thead>
<tr>
<th>Practitioner skill category/client talk type</th>
<th>Practitioner intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>C: So, let me step back and summarize what we’ve talked about. You’re not sure this marijuana stuff is worth talking about, but you’re here. There are some things you would like to see change and perhaps the most important of those things to you is finding tools for managing things with your daughters. How does that fit?</td>
<td>Summary.</td>
</tr>
<tr>
<td>R: No, I am certain. Marijuana is not an issue for me, and I think it’s a waste of time talking about it.</td>
<td>Deeper reflection.</td>
</tr>
<tr>
<td>C: You know you want to focus elsewhere—like on your kids and being a good parent.</td>
<td>Statement that acts as a question.</td>
</tr>
<tr>
<td>R: Exactly.</td>
<td></td>
</tr>
<tr>
<td>C: One of the things that I would find helpful is to understand where this commitment to being a good parent comes from.</td>
<td></td>
</tr>
<tr>
<td>R: Sure. Yeah, why not. . . . I had great parents. They weren’t perfect, but they tried really hard to understand me and provide what I needed—which doesn’t mean it was always easy. There were expectations for me. I mean, I was probably the only kid who hated 3-day weekends because there would be a big project to do around the house when those rolled around. There was no sleeping late on weekends. My friends did, but not me (laughs). We were up and ready to work by eight in the morning (shakes head).</td>
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</table>

(continues...)
(Chuckles.) There were parts you didn’t like, and yet you knew that your parents also tried to see things from your view.

Not that it changed the projects (snorts), but we would always talk at the dinner table. They would ask questions and really listen to what I would say. They didn’t tell me I was wrong or that I didn’t understand. They didn’t discount what I had to say, like my friends’ parents [who’d say], “You’ll see it differently when you’re older.”

And you really knew the benefits of people not just saying they were listening, but really doing it. That’s what you want your daughters to have.

Yes. I want them to know that I really do care what they think. But, like with my parents, I also want them to know there are things that must be done when you’re part of a family.

You want them to understand that it’s not just about them.

They need to contribute and not just take.

Exactly. But that’s not always easy. In fact, it’s hard. It feels like when they come to my house, we sort of have to start over each time.

Each week.

Yeah, their mom and me have different styles. She doesn’t want to be the bad guy—I get it.

You understand why she might do that.

Yeah, but at the same time it sort of pisses me.
C: It’s frustrating and yet you do reset those expectations because you know that it’s important for the girls. It’s about them and not about you.

R: That is one of the things my parents gave me. I knew I was important, but the world didn’t revolve around me. It’s a tricky balance.

C: But one you understand is part of being a good parent. The girls need to know they’re loved and that being part of a family means it’s not just about them. That’s a pretty deep lesson you learned and carried forward.

R: Yeah, it’s funny because I hadn’t really thought about it, but that is true. I know I have to do this.

C: You know what to do.

R: I do. It’s funny because this has always been a source of friction between my ex and me, like it’s her problem because she’s lax. But it’s really my job. It’s not about her—it’s about me.

C: That changes it for you and provides a way forward.

R: Yeah. I don’t really need to change what I am doing, but I do need to change how I am looking at it.

C: And that will reduce some of the stress.

R: It’s funny, but that feels right.

C: Like your body knows it’s true.

R: Yeah.

C: It seems like you’ve made a decision.

Practitioner skill

category/client talk type

Practitioner intent

Double-sided reflection.

Reflection, followed by affirmation.

Deeper reflection that affirms.

Reflection.

Reflection.
R: I have. I don’t need to change what I’m doing—that’s right on. But, I do need to change how I am looking at it.

C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones that includes making sure your daughters feel loved, but it also includes expectations about contributing to that family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it has felt more like a burden then the task of being a good parent. You realize that you need to embrace it.

R: I think you got it.

C: So, what now? Key question.
Key for Exercises 10.5

This is an imperfect practice sample. Notice how the practitioner gets off track a few times. But also notice how the practitioner can return to the path. This is an important skill to cultivate—notice we’ve become off target and returning to the session focus.

<table>
<thead>
<tr>
<th>Practitioner skill category/client talk type</th>
<th>Practitioner intent</th>
</tr>
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<tbody>
<tr>
<td><strong>C</strong>: So, let me step back and summarize what we’ve talked about. You’re not sure this marijuana stuff is worth talking about, but you’re here. There are some things you would like to see change and perhaps the most important of those things to you is finding tools for managing things with your daughters. How does that fit?</td>
<td>Summary. Weaves in the referral reason (marijuana) with the agenda item that has risen to the surface in the focusing process.</td>
</tr>
<tr>
<td><strong>R</strong>: No, I am certain. Marijuana is not an issue for me and I think it’s a waste of time talking about it.</td>
<td>Discord.</td>
</tr>
<tr>
<td><strong>C</strong>: You know you want to focus elsewhere—like on your kids and being a good parent.</td>
<td>Deeper reflection. Shifts away from discord. Refocuses on Russell’s target goal.</td>
</tr>
<tr>
<td><strong>R</strong>: Exactly.</td>
<td>Neutral talk.</td>
</tr>
<tr>
<td><strong>C</strong>: One of the things that I would find helpful is to understand where this commitment to being a good parent comes from.</td>
<td>Statement that acts as a question. Chooses a path that is likely to elicit strengths and targets Russell’s goal.</td>
</tr>
<tr>
<td><strong>R</strong>: Sure. Yeah, why not . . . I had great parents. They weren’t perfect, but they tried really hard to understand me and provide what I needed—which doesn’t mean it was always easy. There were expectations for me. I mean I was probably the only kid who hated 3-day weekends because there would be a big project to do around the house when those rolled around. There was no sleeping late on weekends. My friends did, but not me (laughs). We were up and ready to work by eight in the morning (shakes head).</td>
<td>Neutral. No change or sustain talk. However, it begins to provide information about what he understands a good parent to be.</td>
</tr>
<tr>
<td><strong>C</strong>: (Chuckles.) There were parts you didn’t like, and yet you knew that your parents also tried to see things from your view.</td>
<td>Double-sided reflection. Acknowledges dissatisfaction, but stays with the positive parenting path.</td>
</tr>
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(cont.)
### Key for Exercises 10.5  (cont.)

<table>
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<td>R: Not that it changed the projects (snorts), but we would always talk at the dinner table. They would ask questions and really listen to what I would say. They didn't tell me I was wrong or that I didn't understand. They didn't discount what I had to say, like my friends' parents [who'd say], “You'll see it differently when you're older.”</td>
<td>Neutral talk. The path continues to elicit information about what he knows goes into being a good parent.</td>
</tr>
<tr>
<td>C: And you really knew the benefits of people not just saying they were listening, but really doing it. That’s what you want your daughters to have.</td>
<td>Deeper reflection. Serves to affirm his knowledge and to focus attention on one of his unstated goals.</td>
</tr>
<tr>
<td>R: Yes. I want them to know that I really do care what they think. But, like with my parents, I also want them to know there are things that must be done when you’re part of a family.</td>
<td>Change talk. Although it is about parenting philosophy, it is also expressing desires for what he wants his daughters to know.</td>
</tr>
<tr>
<td>C: You want them to understand that it’s not just about them.</td>
<td>Deeper reflection. Reinforces the desire element.</td>
</tr>
<tr>
<td>R: Right.</td>
<td>Confirm. This represents change talk, according to the definition we've seen in prior chapters.</td>
</tr>
<tr>
<td>C: They need to contribute and not just take.</td>
<td>Follow-up reflection. Restarts the conversation.</td>
</tr>
<tr>
<td>R: Exactly. But that's not always easy. In fact it's hard. It feels like when they come to my house, we sort of have to start over each time.</td>
<td>Change and sustain talk. He starts with acknowledging his aim and then shifts into the challenges of good parenting.</td>
</tr>
<tr>
<td>C: Each week.</td>
<td>Surface reflection. Strays onto a new path</td>
</tr>
<tr>
<td>R: Yeah, their mom and me have different styles. She doesn't want to be the bad guy—I get it.</td>
<td>Neutral talk. Focus turns to his ex-wife.</td>
</tr>
<tr>
<td>C: You understand why she might do that.</td>
<td>Surface reflection. Continues down the new path about his ex-wife.</td>
</tr>
<tr>
<td>R: Yeah, but at the same time it sort of pisses me.</td>
<td>Neutral for the goal, but elicits negative emotion.</td>
</tr>
<tr>
<td>C: It’s frustrating and yet you do reset those expectations because you know that it’s important for the girls. It’s about them and not about you.</td>
<td>Double-sided reflection.</td>
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<tr>
<td>R: That is one of the things my parents gave me. I knew I was important, but the world didn’t revolve around me. It’s a tricky balance.</td>
<td>Neutral about change. However, he’s articulating his understanding of what being a good parent requires.</td>
</tr>
<tr>
<td>C: But one you understand is part of being a good parent. The girls need to know they’re loved and that being part of a family means it’s not just about them. That’s a pretty deep lesson you learned and carried forward.</td>
<td>Reflection, followed by affirmation.</td>
</tr>
<tr>
<td>R: Yeah, it’s funny because I hadn’t really thought about it, but that is true. I know I have to do this.</td>
<td>Change talk. It has elements of ability and moving toward commitment.</td>
</tr>
<tr>
<td>C: You know what to do.</td>
<td>Deeper reflection that affirms.</td>
</tr>
<tr>
<td>R: I do. It’s funny because this has always been a source of friction between my ex and me, like it’s her problem because she’s lax. But it’s really my job. It’s not about her—it’s about me.</td>
<td></td>
</tr>
<tr>
<td>C: That changes it for you and provides a way forward.</td>
<td>Reflection.</td>
</tr>
<tr>
<td>R: Yeah. I don’t really need to change what I am doing, but I do need to change how I am looking at it.</td>
<td>Clear change talk.</td>
</tr>
<tr>
<td>C: And that will reduce some of the stress.</td>
<td>Reflection.</td>
</tr>
<tr>
<td>R: It’s funny, but that feels right.</td>
<td>Change talk. It acknowledges the benefits of change, though it feels like it could move the conversation into an eddy.</td>
</tr>
</tbody>
</table>
**Key for Exercises 10.5** *(cont.)*

<table>
<thead>
<tr>
<th>Practitioner skill category/ client talk type</th>
<th>Practitioner intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection.</td>
<td>Solidifies the insight and moves further into the eddy.</td>
</tr>
<tr>
<td>Change talk, but the momentum is lost.</td>
<td>Moves the conversation out of the eddy and attempts to restart movement on the parenting path.</td>
</tr>
<tr>
<td>Reflection.</td>
<td>Moves the conversation out of the eddy and attempts to restart movement on the parenting path.</td>
</tr>
<tr>
<td>Clear change talk.</td>
<td>Notice how the practitioner language affirms Russell and his capacity, while it also continues to shape the conversation.</td>
</tr>
<tr>
<td>Transitional summary.</td>
<td>This is a little longer, but attempts to pull the conversation together into a new map for Russell.</td>
</tr>
<tr>
<td>Change talk. Russell endorses the accuracy of practitioner statements that include change talk.</td>
<td></td>
</tr>
<tr>
<td>Key question.</td>
<td>Asks for commitment.</td>
</tr>
</tbody>
</table>

C: Like your body knows it’s true.

R: Yeah.

C: It seems like you’ve made a decision.

R: I have. I don’t need to change what I’m doing—that’s right on. But, I do need to change how I am looking at it.

C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones that includes making sure your daughters feel loved, but it also includes expectations about contributing to that family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it has felt more like a burden then the task of being a good parent. You realize that you need to embrace it.

R: I think you got it. Change talk. Russell endorses the accuracy of practitioner statements that include change talk.

C: So, what now? Key question. Asks for commitment.
EXERCISE 10.6. Write a Branching Script

In this exercise you will write a script that branches in various directions. The codes for those directions are preestablished, and you will have to decide client and practitioner statements that fit each box.

Begin by looking over the following sample to see how practitioner behaviors and client statements lead down different paths. White dotted boxes are practitioner statements. A white box indicates that the client responded with change talk to the practitioner intervention. A gray response would be neutral talk. A diagonally lined response indicates sustain talk or discord. Notice how the statements in the sample match the different client codes.

Once you feel clear about the codes, decide what the focus of this discussion is and what the circumstances are. On the diagram, write in what the practitioner would say. Then use the pattern to determine what type of client response to write. Again, a white response would indicate that the client responded with change talk. A gray response would be neutral talk. A diagonally lined response indicates sustain talk or discord. Then write a practitioner response that might follow. Note that at the fourth level the client responses branch again, so write a practitioner response in each box that might result in the type of response observed.

The reason for doing this exercise is not to generate the perfect script, but rather to understand what types of practitioner statements might lead to specific client statements. When the client box indicates client change talk, make sure that you include the type of response that would elicit this type of response.

You can try to work in some of the strategies for eliciting change talk, though you may need to go a few iterations beyond what is drawn to make these statements/responses work sensibly. You can always draw rectangles and lines on a blank sheet to create these extra spaces.

There is a color format available on the PRI website (www.primeforlife.org/resources/MI_Materials), which many people find a little easier to navigate. You can print this form and fill it out just as you would the form contained in this workbook.
Worksheet for Exercise 10.6

Area of Concern: ____________________________

Practitioner
Opening
Statement

C: (change talk)

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: (neutral talk)

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: (sustain talk)

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

C: ____________________________

P: ____________________________

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Example for Exercise 10.6

Area of Concern: Diabetes

Practitioner: I understand your blood glucose levels have been running high.

C: Yeah, my doc is a little worried.

C: Much higher than these usually are. That's not good.

C: I think the doc overreacted.

P: You're a little worried about these.

C: Yeah, a little I guess.

P: And maybe you are too.

C: I'm not worried.

C: A little, but I appreciate his concern.

P: He's making too much out of it.

C: I know I can do better. I just need to get refocused.

P: You know what you need to do.

C: I'm not sure that I'd say worried.

P: Worried is a little too strong.

C: A little worried.

P: What do you think you might do about this?

P: You wouldn't go so far as to say worried.

C: At this point, I have no clue.

P: So, you're glad he's looking out for you.

P: More like taking notice.

P: And being serious about it.

C: I don't know that in this case. I'm so glad.

C: More like taking notice.

P: But here you are. Given our time here, what would you like to do with it?

C: I don't know. I've never been in this situation before.

C: I don't know.

C: I know the long-term risks if I don't take care of it.

P: You might like to do something; you're just not sure how to start.

P: And being serious about it.

P: You sound pretty annoyed.

C: I guess I am taking it seriously or I wouldn't have come.

C: I guess just putting a plan together and then starting.

C: Yeah. I've had pretty good control in the past. Things just got out of balance.

C: It's been a struggle.

P: What would it take for you to begin this process?

P: May not be worried, but you are paying attention. What about it has your attention?

C: A little.
EXERCISE 10.7. **Four Corners**

You are a treatment provider within a problem-solving court setting. The court works with the client to address the issue, rather than simply determining guilt or innocence and ordering treatment or incarceration. The aim is ongoing contact and for all parties to work cooperatively. However, the court does have the power to enforce legal sanctions if treatment recommendations are not followed. Your job? Help the client maintain motivation and assist her in following through on the plan that she, you, and the court have developed together. Although this court context might not be your service setting, note the exercise is about change and therefore something you know quite a lot about. Use the principles and skills you’ve learned to help this client move forward. For the purposes of this exercise, we will target *evoking*. Read over the background information below and then move on to the client statements. After each statement, choose a method and then write the words you would say to the client.

Lana agreed to family treatment court after child protective services (CPS) followed up on a complaint from a neighbor. The caller indicated there had been music and drinking at the house, people coming and going late in the night, and possibly drugs being sold. The referring report noted sounds of a toddler crying well into the night. Then, after a loud thump, the father stormed out of the apartment. The next day, the neighbor approached this 19-year-old mother about the noise and noticed a large bruise on her face that she tried to cover with makeup, a hat, and sun glasses. There was also alcohol on her breath at 9:30 A.M. When the CPS social worker visited, she noticed empty alcohol bottles. She also observed the toddler was wearing clean clothes, but smelled of a dirty diaper and looked pale and undernourished.

The father is now out of the home by agreement, but would like to return; the couple is unmarried. He is an unemployed construction worker. They’re currently receiving government assistance. The neighbor reported the family is new to the building, but the partners had been quarreling intermittently since they moved in 3 weeks prior.

*Example:*

C: I agreed to Family Treatment Court, but I didn’t realize it was going to take so much time. I go to parenting classes. I have IOP [intensive outpatient treatment—an alcohol and drug treatment approach that meets typically three times a week for several hours]. I have to come here every 2 weeks. I have to do UAs [urinalyses—tests for alcohol and drug use]. I mean, it’s just a lot of stuff, and Jacob isn’t supposed to watch the baby so I don’t know what I’m supposed to do with him. I think I should do this, but . . . I don’t know if I can.

Method 1: Deeper reflection

*This is really stretching you thin and you just want some help figuring out how to do that.*

Method 2: Evocative Question

*My guess is, given how hard all of this has been, you’ve thought about giving up. What’s kept you from doing that?*

Method 3: Looking Forward

*For a moment, let’s imagine that you just said, “That’s it. I can’t do this anymore.” And then stopped. What would life look for you in 6 months? [I’d elicit examples and then reflect change elements.]*

(cont.)
Now, let’s imagine that we figured some way for you to get through all of this. Don’t worry about how. What would life look like for you in 6 months? [I’d elicit examples and then reflect change elements.]

Method 4: Elaboration

Managing all of these things has been really tough, but somehow you’ve been doing it. Tell me about a time recently when you didn’t think you could get it all done, but somehow managed to do it.

Methods: EARS, elaboration, using extremes, looking back, looking forward, exploring goals, providing assessment feedback, using readiness rulers, exploring values and behavior

Statement 1

C: I wish Dmitri could return home. It would really help. He’s just been frustrated because he can’t find a job. He’s trying, but the economy sucks. Yeah, we argue, but we still love each other. I bet I know who called—she was looking at my face; that was such a dumb thing really. We’d had a couple of drinks, then Dmitri and I got into it and he wanted to go. I tried to stop him, which was dumb. When he pushed me out of the way, I fell and hit the end table. He didn’t mean it to happen. It was really my fault.

Method 1:

Method 2:

Method 3:

Method 4:

Methods: EARS, elaboration, using extremes, looking back, looking forward, exploring goals, providing assessment feedback, using readiness rulers, exploring values and behavior

Statement 2

C: Jacob has asthma and needs medicines, and our coverage through Dmitri’s union just isn’t very good. But we do things to take care of him—like vacuum all the time and smoke outside. He’s a good boy, but he doesn’t eat much, and sometimes I don’t know what he needs. He just cries. I mean, I’ve fed him, changed him, rocked him, and still he cries. It gets really frustrating and I feel like drinking.
Methods: EARS, elaboration, using extremes, looking back, looking forward, exploring goals, providing assessment feedback, using readiness rulers, exploring values and behavior

Statement 3
C: I am doing the best I can. Yeah, I missed a few meetings, but Jacob was sick. What was I supposed to do? The whole situation just gets so depressing sometimes that I just need to cut loose a little. So, I had a little slip—big deal. I mean, I’m 19 and have a 2½-year-old—not exactly what I planned for my life.
Sample Responses for Exercise 10.7

Methods: EARS, elaboration, using extremes, looking back, looking forward, exploring goals, assessment feedback, readiness rulers, exploring values and behavior

Statement 1
C: I wish Dmitri could return home. It would really help. He’s just been frustrated because he can’t find a job. He’s trying, but the economy sucks. Yeah, we argue, but we still love each other. I bet I know who called—she was looking at my face; that was such a dumb thing really. We’d had a couple of drinks, then Dmitri and I got into it and he wanted to go. I tried to stop him, which was dumb. When he pushed me out of the way, I fell and hit the end table. He didn’t mean it to happen. It was really my fault.

Method 1: Deeper Reflection
You love each other, and sometimes things get a little out of hand; then things happen that neither of you want.

Method 2: Evocative Question
What, if anything, concerns you about what happened with you and Dmitri?

Method 3: Affirmation
So, you’re the kind of person who can really step back, look at the big picture, and analyze what is happening. You know when you’re looking at something clearly and when you aren’t.

Method 4: Using Extremes
In this situation, you got into it a little and things didn’t go the way you wanted them to go. What if you got into it a lot—and had a really big blow-up—and things went really badly, what would that look like? [Elicit example, reflect.] That is worst-case scenario. What’s a little more likely to occur? [Elicit examples, reflect.]

Statement 2
C: Jacob has asthma and needs medicines, and our coverage through Dmitri’s union just isn’t very good. But we do things to take care of him—like vacuum all the time and smoke outside. He’s a good boy, but he doesn’t eat much and sometimes I don’t know what he needs. He just cries. I mean I’ve fed him, changed him, rocked him, and still he cries. It gets really frustrating and I feel like drinking.

Method 1: Deeper Reflection
You’re working hard to care for Jacob.

Method 2: Exploring Values and Behavior
Being a good parent is an important value for you. In what other ways do you feel like you’re making that come alive in your life? [Elicit examples, reflect.] In what ways do you feel that you could be doing better with that? [Elicit examples, reflect.]

(cont.)
Sample Responses for Exercise 10.7 (cont.)

Method 3: Evocative Questions

It seems like something about that drinking bothers you. What concerns you about that?

Method 4: Looking Back (Variation)

My guess is that you’ve learned a lot about caring for Jacob over the past 2½ years. Think back to what it was like when you were 17 and pregnant. What have you learned since then about how to care for a child? [Elicit examples, reflect.] What have you added since you started the parenting classes? [Elicit examples, reflect.]

Statement 3

C: I am doing the best I can. Yeah, I missed a few meetings, but Jacob was sick. What was I supposed to do? The whole situation just gets so depressing sometimes that I just need to cut loose a little. So, I had a little slip—big deal. I mean, I’m 19 and have a 2½-year-old—not exactly what I planned for my life.

Method 1: Deeper Reflection

Part of you really wants to cut loose and just be a 19-year-old, and another part knows that just isn’t going to get you where you want to be.

Method 2: Summary

Let me see if I have the big picture. It’s a struggle right now, and your committed to your relationship with Dmitri and Jacob. You’ve been able to hang in there, even when things feel really tough, and you’re hoping that we can figure out some ways to get through this tough stretch. You know you want more from your life than just hanging out drinking and getting by.

Method 3: Exploring Goals

It feels like you’re not where you want to be. What are some of the things you planned for your life? What would you like to see happen in your life, beyond the court and all the things you’re doing right now?

Method 4: Readiness Rulers

It gets hard to stay on the path you want to be on. On a scale from 1 to 10, with 1 being not at all and 10 being totally, how confident are you today that you can stick with your plan? [Reflect answer. For this example, I imagined she answered a 5.] What led you to choose a 5 and not a 2? [Reflect.] What would it take to move up to a 5.5 or a 6? [Reflect.]

Note: This was a tough set of prompts. Although there were opportunities for change talk, many of them are tucked within sustain talk. This is frequently what happens with our clients. Despite this challenge and across the examples, we used all the methods identified for evoking change talk, save one. The exception was providing assessment feedback, which did not lend itself well to this example. Some of these responses would undoubtedly work better than others. As always, our client would tell/show us if an approach worked or did not. Finally, deeper reflections almost always represent a primary strategy for eliciting change talk.
EXERCISE 10.8. My Values—Revisited

In Exercise 6.5, you indicated your five most important values. At that time, we stopped short of asking questions designed to evoke change talk. Now we will return to that exercise. Please review your answers and then answer the following questions.

If someone were to observe you over a week’s time, what would they see in your life that would communicate these values are the most important areas in your life?

In what ways might your choices support these values?

What other things in your life are supporting these values?

In what ways might your choices not be supporting these values?

What other things in your life might not support these values?

How would you know if, a year from now, these values were alive and thriving in your life?

What needs to happen for that to occur?

How might your values help you achieve some of the things you would like in your life? Provide an example of how it might work for you.
Opening

Sean sat in the conference room with his head hanging. The school principal, directly and not unkindly, presented the reasons for the meeting: to understand what had happened and find an appropriate course of action. In addition to Sean and the administrator, present were his mother, two police detectives, his academic advisor, and a counselor. A gifted athlete with a capable intellect, Sean had struggled to find his way at this school and now had been accused of possible criminal behavior on campus. His youthful bravado was crumbling beneath his mother’s withering glare. Clearly at a crossroads, growth still seemed possible as he mumbled through a cursory review of what had happened. The detective, unhappy with Sean’s degree of disclosure, decided more pressure was required to force open the small crack beginning to show on Sean’s face. The detective recited the possible charges and accompanying sentences Sean would face if he didn’t come clean and were tried as an adult. His mother’s disappointment and anger, emblazoned on her face only moments earlier, shifted to a worried furrow. Concerned for her son’s freedom, she wondered aloud about needing an attorney. The detective, acknowledging her right to make that choice, pressed on.

Then, it happened. Barely discernible, but there it was. Sean flexed his jaw muscle. Where there had been uncertainty only a moment before, there was resolution now. The harder the detective pushed, the tighter he clamped. His mother, furious with him only moments before, now turned her anger on the school and the detective. The principal, walking a tightrope between the safety needs of the school and a learning opportunity for this student, was knocked free of his line by the mother’s request to adjourn to consult an attorney. The other detective, perhaps waiting to play good cop, never said a word.

The practitioner followed Sean and his mother into the hall and asked to speak to them briefly. It was fairly clear that Sean had engaged in the alleged behavior. The evi-
idence, including his statements to peers, was overwhelming as to his culpability. It was also new behavior, according to other students. He was a hurt and troubled young man from a single-parent family in which his mother struggled to fulfill all roles and make ends meet. In previous chats with Sean, it had become clear that trust was a central issue. It was also evident that this would be the practitioner’s last chance to talk to him, given what had just transpired. At 17, it might also be Sean’s last chance to look inward at his choices and his life direction, before incurring adult consequences.

After informing them that this was a clinical discussion and would not be shared with the people in the conference room, the practitioner apologized for the direction the meeting had gone. It was not the intent of the principal for this meeting to have been so adversarial. Then the practitioner empathized with Sean and his mother: “You both must be scared to death about what might happen.” The shift was immediate. Sean’s jaw relaxed, his mother’s shoulders dropped. Then the practitioner asked permission to offer a word of advice. They agreed and so the practitioner spoke: “Sean, people make mistakes, but those mistakes don’t have to define who they are and what they become. From what you’ve told me before, this behavior is not the person you want to be. You’ve told me about other, bigger hopes and dreams. Regardless of what happens in there, you still have an opportunity to choose the type of person you become. What do you think about that?” Sean mumbled a noncommittal, “I don’t know.” Time was up. Sean’s mother was dialing the attorney as the practitioner walked away; Sean was looking out the window. They returned shortly to tell the group that the meeting was over, and all future meetings would happen only with an attorney present. Sean, already suspended, withdrew from school a few days later.

Clearly, this meeting didn’t go as anyone had hoped. Was there another way it could have gone?

A Deeper Look

To answer this question, we need to return to sustain talk and discord. In Chapter 9, we noted these are both forms of client language that indicate change is unlikely to occur. Sustain talk is a reflection of the benefits or acceptance of the status quo. We did not hear much of that in the above dialogue. Discord, on the other hand, involves an active pushing back against the practitioner. It is often engendered or exacerbated by our pushing on the client for change. In terms of Sean and his mother, we clearly see this behavior emerge as the interview unfolds. The flexing of the jaw muscle is a clear cue from Sean, which preceded his mother’s shift in discord as well. The detective, intent on obtaining a confession, created pressure that leads to an adversarial interaction. The likelihood of Sean acknowledging what was done and learning from it has diminished and instead moved into the realm of attorneys and strongly defended behavior. The detective created the conditions that produced the least desired outcome.

What would be the alternative? To answer this question, we need to be clear about what would be helpful in this situation. The first element is to recognize that sustain talk,
including discord, predicts poorer outcomes (e.g., Apodaca et al., 2014). Our aim, then, is to keep discord low or help reduce it, if already present. Either intervention first requires that we recognize it, as we worked on doing in Chapter 9. The second element is to recognize our behavior influences the appearance and strength of the discord. The more we press for change, the more likely it is clients will push back, either outwardly or inwardly. It follows that the third element is to know how to work to diminish discord when it occurs, as well as to respond to sustain talk so we don’t elicit discord. For those skills, we turn to dancing.

MI trainers like to use the image of ballroom dancing when talking about discord. With slight and intentional movements, the lead dancer directs the pair to move in new directions. Dancing requires us to engage with the client. When done successfully, it’s a fluid movement between two partners, each with a role to play, but moving together. When done badly, it results in stepped-upon toes, struggles about whose leading, and arguments in the corner. Indeed, at its worse, it looks more like wrestling than dancing. For these reasons, we use the “dancing with discord” phrase as a way to think of the interactive process between practitioner and client.

Now that we have an image in place for what we’re trying to do and why we are trying to do it, let’s turn to some techniques. The good news is that most of what we use in this context has already been learned and practiced. It will simply be a matter of refocusing these skills.

In training, I focus on three reflective listening skills. First are straightforward reflections. These typically begin with surface-level reflections that keep the conversation in motion and allow us to direct it, depending on the elements we address. Surface reflections can be helpful with sustain talk, and they are particularly useful with strong discord that leaves us temporarily flustered or even discombobulated. When a client hits us with a jolting statement, a surface reflection can buy us some time as we figure out how to proceed more effectively. For example, a client who says “I’m going to drink myself to death” may leave us very uncertain of how to proceed; a safe response might be, “You are going to drink till you die.” This response does not change meaning and stays close to the client’s words. Even a minor shift in the simple reflection focus may alter client perspective, such as “At this point, you are going to drink till you die.” The phrase “at this point” opens the door to other possible futures.

However, if we stay with surface level reflections, our clients will start to become more frustrated and discordant rather than less. So, although these straightforward reflections can be our friends with angry clients, we also need to be ready to move beyond them. To do that, we move to deeper reflections.

Deeper reflections provide one of those subtle dance presses that allow us to begin changing the movement of the conversation. By dropping below the surface, we and the client begin to see the issue in a new light. We both come to understand more about the iceberg that lies beneath the surface. Yet, deeper reflections can be hard to generate when we feel under intense pressure from a client. In essence, our surface reflections buy us some time and space to arrive at deeper reflections. These often will have a quality of shifting the focus from what is making clients discordant to what is happening internally for them. This subtle shift can begin to either dissipate or refocus the energy in the discord.
Amplified reflections are also very helpful in responding to statements that endorse the status quo. These reflective listening skills allow us to “press” on sustain talk to determine the degree of commitment to the statement, as well as to explore the person’s intent. For the client who says “I’m going to drink myself to death,” an amplified response might be “You can’t see any purpose in living.” This statement presses the client to see if there is really no reason to live or simply to see if the preponderance of evidence is falling in one direction. It may also point to aspects where the client is more ambivalent.

A final reflective skill is the double-sided reflection that contrasts the status quo with other elements clients have shared, might possibly consider, or are implied within their statements. Again, to our client intent on drinking until he or she dies, we might say, “So at this point you’re feeling this way, and you haven’t always felt this way.” An alternative response is “For now, you expect to die drinking, and on the other hand, you recognize that you might change your mind.”

A number of strategic elements can be used to respond to sustain and discord talk. I most commonly teach two: (1) recognizing personal choice and control (2) and shifting focus. Both approaches may utilize OARS, but they also include a strategic choice to alter the interaction pattern.

I have always found it helpful to make the obvious obvious.\(^1\) That is, name whatever is happening or is influencing the situation but has not been acknowledged, so that it can be addressed directly. In this instance, making the obvious obvious involves reminding clients that only they can choose to change their behavior. In the end, it is entirely up to each individual to decide if a change is needed and how that change will happen. Even in situations where people appear to have little choice, they still choose—even if passively. For example, the alleged DUI driver may choose to go to jail rather than accept treatment. Some clients will grumble that they don’t have a choice. They must do this—whatever this is—or else some unwanted consequence will befall them. The temptation is to argue that it’s still a choice (I certainly have done so and regretted it). We are served much better, however, by using our OARS:

“It feels like a really crummy choice to you. What do you think you’ll do?”
“I guess I’ll do it.”
“You don’t really want to.”
“Isn’t that obvious?”
“It really makes you mad that you’re in this circumstance.”
“It pisses me off when people tell me what to do.”
“And that’s how it feels now, even though you know that only you can decide if you’ll go along with the treatment or not.”

This type of interchange is not uncommon, and although the clients are dissatisfied with either direction, this approach allows the practitioner to come alongside clients as they face this unwanted decision. This position is better suited, from an MI perspective, for helping clients move forward than is an adversarial position, wherein the practitioner continues to assert a limit.

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\(^1\) Thanks to Dennis Donovan for teaching me this pearl of wisdom.
The second strategy is one of shifting the focus. This approach acknowledges that we’ve run into an area that doesn’t feel like it will be productive. So, as a result, we shift focus to an area that may be more helpful or productive for clients. This shift is typically accomplished by either a reflection or a summary, followed by a question. Continuing the dialogue from the last example, a shift in focus might go like this:

“...even though you know that only you can decide if you’ll go along with the treatment or not.”

“Yeah, I guess.”

“So, you’re not crazy about the choice, but it seems like for now you’ve decided to hang with this—at least for awhile longer. I wonder what would be helpful for you to spend time on today. What would need to happen for you to leave today and feel like you got something from this?”

Bill Miller, in a video demonstration of the use of MI with a man talking about how cigarette and alcohol use affect his life (i.e., the soccer guy), uses a simple question to shift focus (i.e., “What would you like to be different?”). Terri Moyers, in her video with a man presenting for a DUI evaluation (i.e., “the Rounder”), asks, “What would you like to do here today?” Steve Rollnick uses agenda mapping and a prop—an agenda menu—from which clients can choose an area of focus. As we noted in Chapter 7, this menu includes blank items where the client determines what should be inserted. Contained within these queries is a joining process wherein clients are asked to choose a direction and the practitioner respects clients’ ability to decide what they need.

Some practitioners might worry that clients will take a totally inappropriate focus to avoid dealing with “the problem.” When clients choose a direction that seems off-task, clinicians may feel compelled to redirect the conversation to the problem area. If you’re concerned about this, I suggest you return to Chapter 7 and reread these areas. Of course, we always have the option of expressing a concern, as we noted in Chapter 8. Suffice it to say that MI respects that clients make the choices and that it must be their agenda, not ours, if change is to occur. If we insist on this session focus or on a particular change, we are more likely to get, at most, temporary compliance rather than true change.

Other strategies for responding to discord or sustain talk—reframing, agreement with a twist, and siding with the negative—are skillful forms of reflective listening. These approaches require that practitioners employ reflections deftly and on demand so that when the need arises, these can be done naturally, with empathy. The goal is not to make clients comfortable but instead to bring them face-to-face with difficult realities (which may be at odds with their position) without engendering more discord. These techniques require considerable skillfulness and are the reason that I typically reserve them for more advanced MI training. In practice, these strategies tend to emerge more spontaneously when a practitioner is listening deeply and calmly to a client. From this quiet place the strategies tend to emerge in the flow of the conversation.

The first strategy is reframing. A reframe places a client’s statement in a new light, a new perspective. This approach often involves taking either the discordant or the sustain talk element and recasting it. Holding one’s liquor, for example, is addressed as tolerance and the risks associated with that condition made explicit. Or reluctance to come to a ses-
vision is recast as strength in pushing forward, despite concerns. Or multiple past failures in changing behavior are reframed as continued commitment to making life better. In the context of the prior dialogue, reframing might look like this:

“It feels like a really crummy choice to you. What do you think you’ll do?”
“I guess I’ll do it.”
“You don’t really want to.”
“Isn’t that obvious?”
“So, you’re the kind of guy who can decide what needs to be done and do it—even when you don’t like it. That seems like a real strength that probably has served you well over your life.”

Agreement with a twist typically involves a simple reflection followed by a reframe. It might also be a deeper reflection or might not even be a reflection at all, but just agreement, “I think you’re right.” Regardless of specific form, the interaction begins with a statement that appears very consistent with what the client has just said and then, by virtue of the reframe, the client “lands” in a totally unexpected direction. The underlying idea is this: Do not oppose energy; instead, gently redirect it in productive ways. An example of an agreement with a twist might look like this in our prior exchange:

“It pisses me off when people tell me what to do.”
“It makes you mad, particularly because you know when you are making good choices and when you aren’t—you don’t need anyone to tell you that.”

The first part of this sentence is a simple reflection, whereas the second inserts an element not directly expressed but implicit in the client’s statements. The result: The client’s energy is now focused in a new direction—making good choices.

As can be seen in this repeated exchange, multiple directions can be used to respond to sustain talk or discord. As noted earlier, when discord is particularly strong or unbalances the practitioner, it’s usually easiest to begin with a surface-level reflection that allows time to regain footing. It is also typically true that a single exchange does not entirely drain discord of its power; instead, a series of exchanges is needed. So the first response does not have to be perfect but only set a beginning course. If not already evident, it should also be noted that discord takes considerable energy to sustain. If the practitioner does not push against this energy, the discord often drops—sometimes relatively quickly. Or as my mother would say, when my brother and I would fight and then blame each other for the scrap, “It takes two to tango.”

Finally, there is coming alongside (or siding with) the negative. This is not reverse psychology. Rather, it is a simple acknowledgment this may not be the right time, place, or circumstance for change. I teach this technique only in advanced trainings because it can leave practitioners and clients in the unfortunate position of feeling stuck. Although sometimes feeling stuck can be quite helpful—to fully experience the discomfort of current circumstances to mobilize client resources for change—it can also leave new MI practitioners unsure of what to do next. For example, an exchange might go like this:

“It’s hopeless. Seems like there’s no point in changing now.”
“So maybe that train has left the station.”
The hope in providing this type of reflection is that the client will more fully explore the situation and determine if the conclusion drawn is a correct one. This requires the practitioner to sit with this discomfort—which can be quite challenging. In the Edinburgh interview (www.jeffallison.co.uk) we see a marvelous example of this strategy at work. Sue Crauford, an MI practitioner and trainer, sits with a client who says that he expects to drink himself to death, just as his father before him did. Through the process of accepting this position and then exploring it further, we observe this practitioner and client move to a much more hopeful position. In an accompanying commentary, we learn about how uncomfortable this process was for Sue, even as she maintained her MI-consistent stance.

This approach does not have to be dramatic, however. Returning to our now-familiar dialogue, the exchange might go like this:

“It feels like a really crummy choice to you. What do you think you’ll do?”
“I guess I’ll do it.”
“Well, you could. On the other hand, you might decide you’re willing to pay the price because it’s that important to you to not feel pressured into a choice.”

Again, attitude is critically important. Any sense of sarcasm or manipulation on the part of the practitioner and the client will react strongly. The practitioner must be genuine.

**Concept Quiz—Test Yourself!**

1. T F Self-perception theory holds that having clients argue against a position will change their attitudes about the position, if they’re ambivalent and don’t feel compelled to make this argument by someone.

2. T F Sustain talk and discord are the same thing.

3. T F There are parallel forms of change and sustain talk.

4. T F More sustain talk than change talk suggests change is unlikely to happen.

5. T F Creating a safe, supportive environment may be enough to encourage clients to begin talking about change when we have a lot of time, but it doesn’t work when people could die from their behavior. Then we must bust through their denial and talk reality about the situation.

6. T F Reflections alone may be enough to reduce client discord.

7. T F Amplified reflections may be especially helpful when clients talk in absolutes.

8. T F Surface reflections are often very helpful with an angry client.

9. T F Emphasizing personal choice involves directing the client’s attention to the truth: Only he or she can make the decision to change.

10. T F Siding with the negative and an amplified reflection both press clients to step away from an absolute position.
Answers

1. T This is a continuation of the issues noted in Chapter 9. It also points out why we don’t wish to strengthen discord but instead “dance with it.” Rather than engaging in an argument, we find another approach—including understanding the client’s position.

2. F MI experts differentiate these two types of behavior. MI trainers use the term “sustain talk” to identify client statements that favor maintaining the status quo; “discord” is used to describe client behavior that signals dissonance in the clinical relationship itself.

3. T Desire, ability, reason, and need for things to stay the same, as well as commitment, activation, and taking steps to sustain current behavior, may all describe client statements about sustaining the status quo.

4. T This is generally true. However, it may not be the exact amounts of each that matter, but rather their trajectory over the course of a session. If there is a lot of sustain talk and very little change talk, at the beginning, but then sustain talk diminishes while change talk rises, then change is more likely. In general, then, more sustain than change talk indicates that change is less likely.

5. F Sometimes clinicians can see the benefits of MI in “counseling” situations but feel that it may not be enough when there is great risk. While advising and a more directive role may be needed in some situations, MI trainers still would not endorse an aggressive denial-busting approach. Instead, we would offer that advising can be done in a variety of ways (e.g., persuading with permission), some of which will be more effective than others. A denial-busting mode, in contrast, is likely to engender discord, and discord is likely to lead to worse outcomes. Sean’s example, from the beginning of the chapter, illustrates the peril in this approach. Miller (personal communication, July 25, 2008) notes, “If you have very little time in which to evoke behavior change, you don’t have time not to listen!”

6. T Skillful reflections often have the effect of reducing discord. Remember, it is tough to sustain discord without someone pushing against it. If the practitioner’s reflections do not push against the discord, then the energy is likely to dissipate.

7. T Amplified reflections can be very useful when clients take a particularly strong stance. The amplified reflection often “presses against” the discordant element in a client statement. Many times (though not always) this approach will cause the client to back away from the absolute. If the person does not, it means that your reflection was simply accurate. It may be time to shift focus.

8. T Surface reflections are a helpful place to start with angry clients. Typically, the practitioner will move on to other types of reflections as the interchange progresses, but this is a very good place to begin. Remember, these surface reflections can also be called “simple reflections,” but “simple” is not the same as “easy,” and there is skill required in what the practitioner decides to attend to.

9. T We are just making the obvious, obvious. Although there may be contingencies present, it is still up to clients to decide if they will go with the reinforcements or press against the consequences.
10. Amplified reflections involve pushing on the discord or sustain element with the intent of moving a client away from an absolute position. Siding with the negative involves agreeing that this may not be the right time, place, or method for change, again with the intent of nudging the client to explore this idea more fully.

**In Practice**

Arthur is a 15-year-old adolescent who had recently broken up with his girlfriend. He came not because of his interest or need, but because of his parents’ concern. Let’s look at this initial encounter keeping in mind the issues and techniques just discussed.

**Statement**

P: Thanks for spending that time reviewing the consent with your dad in the room. I can see from your face, you’re not too keen on being here.

C: You got that right. This is my parents’ idea. I don’t need to be here.

P: So you didn’t have much choice.

C: More like *any* choice. They told me I had to come.

P: Or else . . .

C: I would lose my drums, which would really piss me off.

P: So you weren’t happy about coming, and you also didn’t want to lose your drums.

C: Exactly.

P: I wonder if you had some thoughts about what this might be like—coming to talk to a shrink.

C: I have no clue. I’ve never done this before. I was wondering if you were going to make me lie down on a couch.

**Commentary**

Begins with a brief acknowledgment, then a feeling reflection of his facial expression. Notice how the emotion is understated.

Client agrees and adds a bit more information.

Slightly below-the-surface reflection.

Client reveals something he values.

Continuing the paragraph.

Double-sided reflection.

He feels understood, and his affect is beginning to lessen. Notice, no questions have been asked yet.

This is an open-ended statement that asks clients to say more, but doesn’t pose a question directly. The use of “shrink” is often a good leveling comment with teens. It lets them know we don’t take ourselves too seriously and that we *might* understand what they’re thinking about.

He responds with an affective shift and is now joining with the practitioner.
Statement

P: So this was all a mystery.

C: Yeah.

P: Is it okay if I share a little information about what happens here?

C: Sure.

P: Well, as you can see, I have a couch and you are welcome to lie on it if you like, but that’s not usually how I work. More importantly, I want you to know that I will not make you do anything. It’s really up to you to decide if this can be useful to you.

C: So, I don’t have to come here if I don’t want to?

P: From my perspective, you don’t. But based on your dad’s statements and what you’ve told me, I am guessing your parents might feel otherwise. I can see that puts you in a dilemma.

C: Yeah. I was not happy about coming, but I also don’t want to lose my drums. Can you tell my parents that I don’t need to be there?

P: Well, I can’t really do that because at this point, I don’t know if you do or don’t. Let me ask you a question. What would you need to do or say in order for your parents to no longer think you needed to be here?

C: I don’t really know. Maybe be less bummed out around the house.

Commentary

A little deeper reflection.

He is no longer challenging the practitioner and will be more receptive to information about treatment.

Closed question that asks for permission to share information.

Affect may take a tick back up, but he’s still following.

Information exchange follows, then a focus on client choice and responsibility.

As many teens do, he goes to the heart of his concern.

Client asked for information and it was provided directly and honestly. This was followed by a reflection based on observation.

Client, also honest and direct, asks for what he wants.

Again, direct answer to a direct question. Although a reflection might also work, teens often perceive that strategy as avoiding their question, and this perception damages the engagement. A question then shifts the onus back to the client and in the process shifts the session focus.

He supplies the information that he doesn’t really know what his parents want, but also admits that some things aren’t going as well as he’d like. This is a weak form of change talk.
Responding to Sustain Talk and Dancing with Discord

Statement | Commentary
--- | ---
P: Because you’ve been feeling pretty sad about the breakup. | Feeling reflection that guesses at the reason for the young man’s dysphoria (information supplied by the parents) and focuses on the change talk. The attention could also have been directed toward finding out what he needed to learn from his parents.
C: I mean, it’s not as big a deal as my parents think, but we had been going out for quite a while. | Ambivalence creeps in, but he also acknowledges a loss.
P: So there’s a void. | Slightly deeper.
C: Yeah, and everything is just sort of weird—at school. She’s in a bunch of my classes. | More information revealed. He is working with the practitioner now.
P: And you don’t know quite how to act around her. | Continuing the paragraph.
C: It feels really awkward . . .

Once again, there is interplay between practitioner behaviors and client responses. The effect of doing mostly reflections is an affective shift and a joining together of practitioner and client activity. In terms of processes, this is clearly about engaging with the client, though at the same time the practitioner is also carefully evoking through subtle shifts in responses. This is dancing with discord in action. Notice how ambivalence still appears, but discord is not directed toward the practitioner. By the end of this sequence the client has given tacit approval to explore this area further. More information can be collected later, and his parents’ expectation can be clarified. The client presents questions and challenges in this encounter, even after the initial affect has lessened. The practitioner addresses these directly. Often clients ask for things as a way to test the practitioner. I find that direct response followed by some other practitioner activity is the least complicated, easiest, and most respectful way to manage these concerns, especially with teens.

Try This!

Real-time practice—although always important—becomes especially so when dealing with clients who are angry. However, we’ll work our way to that point. We begin with a series of exercises in which you will use the same prompts but will be asked to create different responses. Maintaining the same prompts may seem redundant, but it is intentional. Part of the goal here is not only to practice but also demonstrate how there are typically many
responses for any client statement. The ability to move easily and fluidly between different
types of responses will enhance your ability to work effectively with clients.

After the first three exercises, you will manufacture a list of discord statements you’ve
heard in your work situation and try to create as many response types as you can. Next, you
will generate responses to people’s comments on TV or radio talk shows. Finally, you will
practice finding the nuggets of possible change within client discord and status quo state-
ments. This practice will prepare you for that angry encounter, but you will also need to try
these techniques in situations where you might have responded to provocation differently.
Since we are all human and therefore err, these opportunities should present themselves
with some regularity. Embrace them and dance!

Exercise 11.1. Surface Reflections in Response to Discord and Sustain Talk

We’ll begin by generating surface (or simple) reflections to client statements. Write two
responses to each, and try to vary the focus.

Exercise 11.2. Deeper, Double-Sided, and Amplified Reflections in Response
to Discord and Sustain Talk

Using the same prompts as those in Exercise 11.1, we’ll try to go below the surface to help
move the conversation forward. Attempt to write a deeper, a double-sided, and an amplified
reflection for each prompt.

Exercise 11.3. Other Responses to Discord and Sustain Talk

Using the same prompts a third time, try to employ one of the other forms of reflections,
as well as personal choice and shifting focus. It may not be possible to use the latter two
categories each time without sounding redundant, but try your best.

Exercise 11.4. Your Clients’ Discord and Sustain Statements

Make a list of sustain or discord statements you’ve heard from your clients. Try to fill the
sheet provided. Then write as many discord-lowering responses as you can think of (with a
minimum of three responses for each statement).

Exercise 11.5. Radio Static and Talk Show Hubris

This exercise is a little harder because you must find a show on which callers or guests
tend to be discordant. If you have political debates occurring in your area, you might try
to watch, listen, or tape these encounters for practice purposes. Use all the response types
done in the earlier exercises to respond to discord statements. Once you’re well practiced,
try listening to people who hold strong but different views from your own. Political talk
shows can be a rich source for this kind of material—but, remember, avoid being sarcastic
(most of the time).
Exercise 11.6. Finding the Pearl

Sometimes within apparently discordant statements, a change pearl resides—or maybe it does not exactly reside, but it lies implicit within the statement. This task helps us hear those opportunities and see if we can respond in a way that brings those to the fore. This is an advanced skill, and being proficient in reflective skills frees us to listen for those opportunities. My advice, which you can take or ignore as you choose, would be to wait on this skill until you feel able to produce reflections easily. This is like learning to play scales on a new instrument until our fingers move easily across the notes and then moving to tackle a new song. Once we can do this, then we can listen to the music and allow our hands to move with less conscious effort. This is also true of our reflections. When we’re able to do these easily and naturally, we can free our attention to listening for the change elements and not worrying about how we will form the reflections. Our brains will create those reflections with much less effort, allowing us to listen deeply to what is being said.

Exercise 11.7. Practicing with a Client

We all have clients who feel stuck. Spend some time using reflections to understand why they feel stuck. Begin with an introduction: “We’ve been working for a time now, and it feels as though we are struggling to make headway. It seems like a good time to step back and get a sense of the big picture of your situation. Most often there are reasons why people do things. So, what are the good parts of where you are right now?” Practice the different forms of reflection. Since you don’t want to reinforce the sustain side only, you should also ask about the less good parts. Remember to use elaboration with the less good parts.

Partner Work

The initial four exercises, as well as the sixth, can be done with your partner as a verbal exercise. That is, one partner says the prompts (use a little thespian zest here), and the other responds. Begin with surface reflections; once one partner has worked through the form, switch roles. Continue through the sheet a second and a third time practicing the skills described. On the fourth exercise, you should each complete your sheets independently and then take turns providing responses to each other’s prompts. Don’t forget to try to generate three reflections for each prompt. In all these exercises the speaker should repeat the prompt between each response.

Exercise 11.8. The Client from Hell—Maybe

Choose someone with whom you have struggled in your treatment situation, and then play this person with your partner so that he or she can practice. Unlike when working with the client from hell, however, throw your partner a bone when he or she deserves it. That is, if his or her work begins to soften your discord or status quo resolve, then go ahead and say so. Also, since this is practice, throw your partner some bones even if his or her attempt is less than perfect. Remember, this is practice! You’re trying to learn, not prove something.
It is sometimes quite difficult to differentiate sustain talk from early forms of change talk. That is, in statements such as “I can’t stand that my PO [probation officer] is making me come here,” there might be the start of change talk: “I might come here if my PO didn’t make me.” These are those change talk pearls we practiced in Exercise 11.6. Attending to these subtleties is important, as noted by several MI writers.

For example, Barth (2006) notes that sustain talk can be a step in the right direction. Specifically, when clients regard a behavior as something that just is, not something that is causing them trouble or about which there is any choice, there is no reason to defend it. Our aim is to help them see the problem. Barth indicates it may not be possible to elicit change talk initially, but instead the practitioner may need to aim for developing client openness to ambivalence. Thus, a client response of “Well, it never occurred to me that it might be an issue, and I don’t really see that it is” may signal the beginning of a change process.

This intermixing of concepts (i.e., discord, sustain, and change talk) can create great difficulties for researchers who wish to parse out the effects of a variable, but it is a boon to practitioners because it suggests that the subtle application of listening skills is extremely important. Practitioners must train their ears to hear these nuances and respond to the change-directed element contained within the discord or sustain talk statements. For example, buried within the client response “I’ve tried everything already, and nothing works” is a clear statement of a desire for change. The person continues to try to change, despite repeated failures. This statement implies that change is very important to this person, even as he or she dismisses the practitioner’s statement.

Additionally, Allison (2006) notes that engaging in behavior that maintains the status quo can be every bit as heroic as changing, not in terms of the outcome, but in the effort. He suggests that people who engage in discord are often attempting to sustain what they know is unsustainable. They know their predicament must change, and yet they cling desperately to measures to maintain it—against all odds. Thus, a client says, “I know smoking is killing me, but it feels like my little bit of peace and quiet when I light up and have that first drag.” Allison suggests that this type of effort, however misguided we may view it, deserves respect and not a nomenclature that demeans or diminishes it. Labeling something as bad, problematic, or denial does not give clients the full respect of knowing that their position is unsustainable. In Allison’s view, labeling this behavior negatively does not reflect that the client knows it is damaging and that it takes tremendous effort to continue to fight for this bit of “peace and quiet.” I would add it also implies that we know better, and our job is to help them see their folly. Allison suggests that a more neutral terminology—such as sustain talk—is not only more respectful, but also hopeful. It acknowledges the client’s capacities and strengths. So, once again, words matter.

Finally, here is one of my favorite metaphors: attention is like shining a flashlight in a dark forest—the client and I will look at what the light illuminates. If we give sustain talk lots of attention by pointing our flashlight there, we will get more of it, and we’ve already noted more sustain talk predicts worse outcome. For this reason, we do not always reflect sustain talk when we hear it, and we look to move past it when we do reflect it. This point leads me to what I call “bank shot” reflections—like using a cushion on a billiards table to
direct a ball in a new direction. Returning to Arthur, here is how that redirection might look:

“It pisses me off when people tell me what to do.”

“It makes you mad.” (surface)

“It makes you mad and you don’t want to always be mad.” (bank shot)

In the second practitioner response, we’ve acknowledged the emotion, but also have begun moving the conversation toward a possible change talk. And if we’re wrong? Clients will tell us by their responses.
Techniques for Dancing with Discord

You will use this handout for most of the exercises that follow.

**Surface reflections** stay close in content but keep the conversation moving. Remember to consider carefully on which elements you wish to focus.

**Deeper reflections** go below the surface and help us and the client understand what might lie beneath.

**Double-sided reflections** include both sides of the ambivalence.

**Amplified reflections** add some intensity to the resistant part of the statement.

**Agreement-with-a-twist** involves either a reflection or a statement of agreement, followed by a reframe.

**Reframing** places a client’s statement in a new light, a new perspective. This approach often involves recasting the discordant or sustain talk element.

**Coming alongside** (or siding with the negative) responses acknowledge that this may not be the right time, place, or circumstance for change.

**Emphasizing personal choice and control** responses make the obvious, obvious. Such a response reminds clients that only they can choose to change their behavior. In the end, it is entirely up to them to decide if a change is needed and how that change will happen.

**Shifting focus** responses acknowledge that the current area feels unproductive and shift to an area that may be more helpful or productive for the client. This shift may be accomplished by a reflection, summary, question, or a combination of these.
**EXERCISE 11.1. Surface Reflections in Response to Discord and Sustain Talk**

Generate surface reflections in response to client statements of discord or sustain talk. Begin by writing two responses to each, and try to vary the focus on each. Use the handout Techniques for Dancing with Discord as a reminder, if needed.

_I thought red wine was supposed to be good for your heart. That’s why I drink it each night._

1. 

2. 

_I know it would be good for me, but it’s just too hard to exercise regularly. I’m too busy._

1. 

2. 

_I think everyone is blowing this out of proportion. So I drank a little too much at the holiday party._

1. 

2. 

_I agree, it’s not perfect, but you don’t understand what it’s like. It’s different now._

1. 

2.
Okay, so there are some costs. I’m not someone who wants to spend the rest of my life coloring inside the lines. I want to have a little fun and spend a little money.

I don’t think the meds helped all that much, and I really didn’t like the way they made me feel.

Listen, I know my boss is mad. Still, I’m not going to take any crap from anybody. You show weakness here, and you’ll get eaten alive.

I tried all of those things, and none of them worked. Don’t you get it?

Why do I have to be here? I know things aren’t perfect, but I am doing better. There have been no incidents with my kids, so why do you still make me come?
EXERCISE 11.2: Deeper, Double-Sided, and Amplified Reflections in Response to Discord and Sustain Talk

Now use a deeper (D), double-sided (DS), or amplified (A) reflection. Remember, double-sided reflections include both sides of the ambivalence, whereas amplified reflections add some zing to the resistant part of the statement. Try to write one of each type. Use the handout, Techniques for Dancing with Discord, as a reminder, if you need it.

*I thought red wine was supposed to be good for your heart. That’s why I drink it each night.*

1. D—

2. DS—

3. A—

*I know it would be good for me, but it’s just too hard to exercise regularly. I’m too busy.*

1. D—

2. DS—

3. A—

*I think everyone is blowing this out of proportion. So I drank a little too much at the holiday party.*

1. D—

2. DS—

3. DS—
3. A—

*I agree it’s not perfect, but you don’t understand what it’s like. It’s different now.*

1. D—

2. DS—

3. A—

*Okay, so there are some costs. I’m not someone who wants to spend the rest of my life coloring inside the lines. I want to have a little fun and spend a little money.*

1. D—

2. DS—

3. A—

*I don’t think the meds helped all that much, and I really didn’t like the way they made me feel.*

1. D—

2. DS—

3. A—
Listen, I know my boss is mad. Still, I’m not going to take any crap from anybody. You show weakness here, and you’ll get eaten alive.

1. D—

2. DS—

3. A—

I tried all of those things, and none of them worked. Don’t you get it?

1. D—

2. DS—

3. A—

Why do I have to be here? I know things aren’t perfect, but I am doing better. There have been no incidents with my kids, so why do you still make me come?

1. D—

2. DS—

3. A—
EXERCISE 11.3. **Other Responses to Discord and Sustain Talk**

Now using the same prompts a third time, try to use one of the other forms of response (i.e., reframing, agreement with a twist, coming alongside, personal choice, and shifting focus). It may not be possible to use the last two categories each time without sounding redundant, but try your best. Use the handout, Techniques for Dancing with Discord, as a reminder, if you need it.

*I thought red wine was supposed to be good for your heart. That’s why I drink it each night.*

1. 

2. 

3. 

*I know it would be good for me, but it’s just too hard to exercise regularly. I’m too busy.*

1. 

2. 

3. 

*I think everyone is blowing this out of proportion. So I drank a little too much at the holiday party.*

1. 

2.
3. I agree it’s not perfect, but you don’t understand what it’s like. It’s different now.

2. Okay, so there are some costs. I’m not someone who wants to spend the rest of my life coloring inside the lines. I want to have a little fun and spend a little money.

3. I don’t think the meds helped all that much, and I really didn’t like the way they made me feel.
Listen, I know my boss is mad. Still, I’m not going to take any crap from anybody. You show weakness here, and you’ll get eaten alive.

1.

3.

I tried all of those things, and none of them worked. Don’t you get it?

1.

3.

Why do I have to be here? I know things aren’t perfect, but I am doing better. There have been no incidents with my kids, so why do you still make me come?

1.

2.

3.
Sample Responses for Exercises 11.1, 11.2, and 11.3

I thought red wine was supposed to be good for your heart. That’s why I drink it each night.

1. This is confusing to you. You thought you were doing something good for your heart. (Surface)
2. And you’re right—it does look like there is some health benefit to red wine, along with the risks. (Agreement with a twist)
3. You drink wine to be healthy. What else do you do to be healthy? (Shifting focus)
4. You’re someone for whom good health matters. (Deeper)

I know it would be good for me, but it’s just too hard to exercise regularly. I’m too busy.

1. You’re really busy. (Surface)
2. You couldn’t possibly exercise, given everything that’s on your plate. (Amplified)
3. It’s hard to know where health fits into all these other competing demands, and yet you know it’s important. (Double-sided reflection)
4. You’re trying to sort through your values and figure out which ones have the highest priority. (Deeper)

I think everyone is blowing this out of proportion. So I drank a little too much at the holiday party.

1. You had a little too much. (Surface)
2. On the one hand, it feels like people are overreacting, and, on the other, you know that you drank a little more than you would’ve liked to. (Double-sided)
3. So what you thought would be fun has become something else—all because of a little alcohol. (Reframe)
4. It bothers you that people might perceive you differently because of this incident. (Deeper)

I agree it’s not perfect, but you don’t understand what it’s like. It’s different now.

1. Things have changed. (Surface)
2. This may not be an area where you can change right now. (Coming alongside)
3. I don’t understand. If I did, I might see how hard it is for you to consider a change. (Agreement with a twist)
4. Part of you would hope that I could really understand what the world looks like through your eyes and really stand on your side. (Deeper)

Okay, so there are some costs. I’m not someone who wants to spend the rest of my life coloring inside the lines. I want to have a little fun and spend a little money.

1. You want to enjoy your life. (Surface)
2. You want to enjoy your life and are willing to take on the costs that might bring. (Double-sided reflection)
Sample Responses for Exercises 11.1, 11.2, and 11.3 (cont.)

3. And it feels like an either–or choice. You can’t have both. (Reframe)
4. This is troubling to you because you just don’t see it that way. (Deeper)

I don’t think the meds helped all that much, and I really didn’t like the way they made me feel.

1. The meds didn’t make much difference. (Surface)
2. The meds didn’t help you at all. (Amplified)
3. You may be willing to put up with how you feel because the meds are too problematic. (Coming alongside)
4. You want more from your meds than what you’re getting. (Deeper)

Listen, I know my boss is mad. Still, I’m not going to take any crap from anybody. You show weakness here, and you’ll get eaten alive.

1. You’re not going to show weakness. (Surface)
2. You know you’re tough enough to take it and you wonder what it may cost you with the boss. (Double-sided reflection)
3. And that’s the struggle. Because you know by fighting, it gives them power to decide what you will do. (Agreement with a twist)
4. You’re pretty good at reading people and situations, and knowing what will and won’t help. (Deeper)

I tried all of those things, and none of them worked. Don’t you get it?

1. It feels like I don’t understand. (Surface)
2. Nothing worked at all, not even a little bit. (Amplified)
3. Despite the fact that things haven’t changed, you keep trying. (Reframe)
4. Your committed to having this be different, and it’s frustrating to not be there yet. (Deeper)

Why do I have to be here? I know things aren’t perfect, but I am doing better. There have been no incidents with my kids, so why do you still make me come?

1. You’re ready to be done. (Surface)
2. Things are better, and maybe there are still a few troublesome spots. (Double-sided reflection)
3. It feels like I’m making you come, rather than you making that choice yourself. I think there are some things we might still work on, and yet you’re the one who has to decide about whether those are worth the hassle of coming. There is also the court stuff, but I can’t decide that for you. It really is your call. (Emphasizing personal choice)
4. You like how things are now and you want to get back to just being a parent. (Deeper)
EXERCISE 11.4. Your Clients' Discord and Sustain Statements

Make a list of sustain or discord statements you've heard from your clients. Try to fill the sheet provided. Then write as many discord-lowering responses as you can think of (with a minimum of three for each statement). Use the handout Techniques for Dancing with Discord as a reminder, if you need it.

Client Statement:

1. 
2. 
3. 

Client Statement:

1. 
2. 
3. 

Client Statement:

1. 
2. 
3.
Client Statement:

1.

2.

3.

Client Statement:

1.

2.

3.
EXERCISE 11.5. Radio Static and Talk Show Hubris

We continue to use radio and TV shows as source material. This exercise is a little harder because you must find a show on which callers or guests tend to be resistant. If you have political debates occurring in your area, you might try to watch, listen, or record these encounters for practice purposes. In the United States, Sunday morning political shows might be a good resource. Begin with shows that are closer to your views or values.

As before, listen to a statement and then turn the sound off and offer one of the types of responses listed. Work on altering your response type. Like a great golfer hitting practice balls, you should practice all the shots you will need—not just those at which you are good already. Use the handout, Techniques for Dancing with Discord, as a reminder, if you need it.

Once you’re well practiced, try listening to people who hold strong but different views from your own. Again, political talk shows can be a rich source for this kind of material—but, remember, avoid being sarcastic (most of the time).
EXERCISE 11.6. Finding the Pearl

Sometimes within discordant statements, a change pearl resides—or maybe it does not exactly reside, but it lies implicit within the statement. This task helps us hear those opportunities and see if we can respond in a way that brings those to the fore and polishes them. This is an advanced skill in that we must be able to see the pearl among the stirred-up client waters. Deeper reflections are often the most direct route to respond to these pearls when we spot them. As you read these statements, listen for the pearl and then respond with either a deeper reflection or one of the other techniques, if appropriate.

1. This is a racket. You’re in this for the money. You don’t really care.

2. It’s just all this stupid busy work. I don’t see how doing homework on gravitational waves will make any difference in my life.

3. Listen. I live in a small town and the only thing to do around here is drink or use drugs. Everyone I know does one or both. This all seems like a good idea, but it just isn’t going to work for me. There is literally nothing to do.

4. Marijuana causes far less problems then alcohol. It’s natural. This is just one more example of people trying to scare us and say that it’s harmful. It’s not!

5. You want to waste your time—go for it. I just don’t care. As soon as I’m free of this, I’m leaving here and I’m never coming back.

6. I don’t trust him. This has gone on for 2 years and nobody has done anything about it. I’ve told people and nothing happened. So, yes, I’m pissed and I’m done trying. He needs to change.
Sample Responses for Exercises 11.6

The underlined elements represent places where pearls might lie. It is these possibilities targeted in the responses below.

1. **This is a racket. You’re in this for the money. You don’t really care.**
   
   You’re feeling that care from me is really a prerequisite for even considering whether something needs to change.

2. **It’s just all this stupid busy work. I don’t see how doing homework on gravitational waves will make any difference in my life.**
   
   You’re willing to do things if you can see the connection and feel the difference it will make.

3. **Listen. I live in a small town and the only thing to do around here is drink or use drugs. Everyone I know does one or both. This all seems like a good idea, but it just isn’t going to work for me. There is literally nothing to do.**

   So it’s like, “If I want to be successful, I have to go beyond a few surface changes. I’m going to have to find all new ways and all new people who will support me.” I can see why that would feel tough.

4. **Marijuana causes far less problems than alcohol. It’s natural. This is just one more example of people trying to scare us and say that it’s harmful. It’s not!**

   Given all the other things that have been said by others, it just feels really hard to be open-minded to possible issues. (Attitude will really matter on this one. If the client perceives sarcasm the opening will close.)

5. **You want to waste your time—go for it. I just don’t care. As soon as I’m free of this, I’m leaving here and I’m never coming back.**

   So, you’ve already been thinking about making changes. I’m wondering what’s moved you to do that, if you don’t mind sharing?

6. **I don’t trust him. This has gone on for 2 years and nobody has done anything about it. I’ve told people and nothing happened. So, yes, I’m pissed and I’m done trying. He needs to change.**

   It is deeply disappointing to care so much about something and feel like others don’t see it.
EXERCISE 11.7  Practicing with a Client

This is a real-time practice opportunity. Most practitioners have clients who feel stuck. Identify an upcoming appointment about which you have some sense of unease. If you are hoping for a no-show by this person, this is probably the right individual with whom to do this activity.

Your goal will be to use the techniques discussed in this chapter, as well as the other core skills (OARS+I), to understand why the client feels stuck. Begin with an introduction: “We’ve been working for a time now, and it feels as though we are struggling to make headway. It seems like a good time to step back and get a sense of the big picture of your situation. Most often there are reasons why people do things. So, what are the good parts of where you are right now?” Practice the different forms of reflection. Since we don’t want to reinforce the sustain side only, you should also ask about the less-good parts. Remember to use elaboration with the less-good parts.

When you hear discord, attempt to use the different skills that have been discussed. You might review the handout, Techniques for Dancing with Discord, before meeting with this client and then keep it discretely in your line of sight as a source of reminders for what you might do.
EXERCISE 11.8. The Client from Hell—Maybe

Choose someone with whom you have really struggled in your treatment situation and then play this person with your partner so that he or she can practice. Unlike the client from hell, throw your partner a bone when he or she deserves it. That is, if his or her work begins to soften your discord or sustain talk resolve, then go ahead and say so. Also, since this is practice, throw your partner some bones even if his or her attempt is less than perfect. Remember, this is practice! You’re trying to learn, not prove something.

Here are some questions for the debriefing:

What did your listener do well?

What techniques seemed to lessen your discord?

Were there any times when either your discord or your adherence to the sustain side went up?

Were there any things the listener could have done to help bring that discord or adherence to the sustain side back down?

What did you learn about your client through role-playing this person?
Merriam-Webster’s definition of “planning”:
• the act or process of making a plan to achieve or do something

As we move into planning, it’s easy to think we’ve cleared the turbulent whitewater of ambivalence and now change will begin happening. To some degree, this is true. However, it doesn’t represent the full picture. Although the waters are often calmer at this point, ambivalence is not gone. One of the important lessons clients have taught me over time is that ambivalence is not resolved, it’s just the balance has tipped enough for the person to begin moving forward. It’s not surprising, then, if ambivalence returns. Nor does its appearance mean the person lacks commitment to change. As we move into the planning process, there is a commitment to change that is made, but this is simply the first step in enacting the change. It is not the endpoint, but rather the beginning of a series of commitment steps that will recur many times as the person thinks about what a plan should entail, how and when the plan will be enacted, and in what manner the plan needs to be amended as troubles arise. Thus, committing to change is rarely a single choice. More typically, it’s a series of repeated commitments through thinking, behavior, and statements.

Planning is what moves the client from the discussion of possible change into actual change. Miller and Rollnick (2013) describe it as “the clutch that engages the engine of change talk” (p. 30). This metaphor paints a beautiful picture and it needs to go a bit further. It doesn’t just engage that engine; it also lays out the itinerary for the trip. Without that itinerary, we can be driving without purpose. Without knowing where we’re going, how do we know we’re on the right road, and, more importantly, when we’ve arrived there?

Returning to the three categories—where, what, and how—we are indeed through the most difficult portion of the river. Ambivalence lessens and the current pulls more steadily downstream. There still might be rapids ahead, and these could upend the raft, but it does
Planning

become easier now. The “what” focuses on working conjointly with the client to develop a plan for change, reassessing and modifying the plan as needed, and then recommitting to it. “What” also means supporting clients through the active process of making changes. The “how” uses all the core skills. Retaining the guiding style, there is an emphasis on information sharing, but open questions and differential reflections remain key. This is also a time when affirmations can be incredibly helpful for clients as they focus attention on their capacity to navigate the course ahead.

Finally, for some, it might seem this process is well and good, but we fail to get down to the business of change soon enough. We are dallying in the earlier processes when we need to be more direct in addressing the problem area, or we are failing to confront the critical area in a client’s life. For example, in the case of Russell, we are not doing enough to address his reason for referral—marijuana use. This might seem true.

In the short term we do not immediately jump to problem solving or planning. Instead, the practitioner maintains an eye on the horizon, while recognizing clients may not be ready to focus on the problem area immediately. Even if they do, as with my application of eye drops, it still might require a little more conversation than the one involved in simply prescribing a solution. The accounting in our head weighs the importance of the referral question with what will be helpful for this client: Increase the engagement in our work together, which ultimately will lead to a more productive conversation about the problem area. In a moment, we’ll see how attending to these factors plays out in relationship to Russell’s marijuana use.
### ACTIVITY V. Planning with Russell

When last we worked with Russell, he’d just told us that he knows what he needs to do. Let’s go back to that point and play the conversation forward. Pay attention to how the practitioner deploys either OARS+I or other strategies, and then note these in the column of the same name. Once you’ve completed the planning chapters return to the form, reread the dialogue, and fill in the planning column.

<table>
<thead>
<tr>
<th>OARS+I or other strategies</th>
<th>Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>R: Yes. I don’t really need to change what I am doing, but I do need to change how I am looking at it.</td>
<td></td>
</tr>
<tr>
<td>C: And that will reduce some of the stress.</td>
<td></td>
</tr>
<tr>
<td>R: It’s funny, but that feels right.</td>
<td></td>
</tr>
<tr>
<td>C: Like your body knows it’s true.</td>
<td></td>
</tr>
<tr>
<td>R: Yeah.</td>
<td></td>
</tr>
<tr>
<td>C: It seems like you’ve made a decision.</td>
<td></td>
</tr>
<tr>
<td>R: I have. I don’t need to change what I’m doing—that’s right on. But I do need to change how I am looking at it.</td>
<td></td>
</tr>
<tr>
<td>C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones that good parenting includes making sure the daughters feel loved, but it also includes expectations about contributing to the family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it’s felt more like a burden than a task of being a good parent. You realize that you need to embrace it.</td>
<td></td>
</tr>
<tr>
<td>R: That’s pretty much it.</td>
<td></td>
</tr>
<tr>
<td>C: So, what now?</td>
<td></td>
</tr>
<tr>
<td>R: Hmm. I’m not quite sure. . . . I mean, part of it will be, I guess, doing some thinking about how to handle the girls when they come over or when I see them again.</td>
<td></td>
</tr>
</tbody>
</table>
Having a plan for how you’re going to reestablish that value—the world doesn’t revolve around them.

Exactly! I can’t just wing it or I will end up saying the wrong thing, coming down too heavy or getting mad at their mom. Believe me, those are not helpful.

Those things aren’t what you want to do. I wonder if you have some ideas about which behaviors are most important for you to change? It seems to me—and you’ll have to tell me if you agree or not with this idea—that knowing what you want from the girls might make it easier to communicate with them about what the expectations are. What do you think?

(Laughs.) Yes. It does make it hard for them to know what to do if I am not clear on what I want.

(Laughs.) Yeah. Neither of you will know if it’s getting done. I mean, it could mean answering “Yes, sir” and “No, sir,” putting away toys, setting the table for dinner, or a million other things. What does it mean for you?

All three of those things would be good (laughs). I could think of a few others, too.

And those are the things that would most capture what you’re thinking about.

Not necessarily.

So there is something else that’s more important.

Attitude.

Hm. My experience with asking kids to change their attitude can be pretty tough. It’s pretty vague and they don’t know what to do. What have you found to be true?

Yeah, you’re right. That’s pretty true. We probably do need to stick with specific stuff.
C: I have another thought. Are you interested in hearing it?

R: Sure.

C: My clients have taught me that it often works best for them if they begin small and then build on success. So, instead of starting on three behaviors, they start on one, and then once that’s well established, they add another behavior. What do you think about that?

R: Totally agree. That’s how I usually operate.

C: That’s something you already knew and were doing.

R: (Smiles.) Yeah. I guess. Anyway, it’s good to hear I’m on the right track. (Laughs.) I’m thinking it’s best if we start with each of them doing one thing that contributes to the household. They probably ought to decide what they will do. Maybe they can pick from a list when we get back to the house, after I pick them up. You know, just make it part of the routine. They hang their backpacks in their room and then we sit down at the table and decide.

C: You really do want to make them part of the process, even as you create some structure around it. Whether it’s through your parents modeling or your experience, you have a strong sense of what it takes with the girls.

R: Yeah, it’s funny. I didn’t realize that coming in, but I guess I do.

C: And you probably have some more ideas.

R: I do. We could even get a little creative and have them put it up on the fridge, and they could put some stickers on it when they get it down. They like stickers.

C: And that whole process would get the three of you working together. What’s your sense about how often the girls will need to do something for it to be a success?
R: Hmm. I hadn’t thought about that. I need to figure that out, don’t I?

C: Well, that’s entirely up to you, though it seems like the kind of thing that might be helpful for you and the girls. What do you think?

R: I definitely need to do that.

C: Okay, so let me see if I’ve got this. You want the girls to feel loved and protected, but also like they have a part to play in the household. Through a process of doing something, they’ll learn that it’s not just about them. You’ve realized this is something you need to do in your house and not worry about what your former wife is doing. You’ve decided that you’re going to make a list of behaviors or things the kids can do, and you’ll create a ritual around having them select the behaviors for that visit. You’ll make it public by putting it up on the fridge and having the girls mark in when they accomplish it with stickers or something like that. You’ve decided that it’s important to figure out ahead of time how often something must happen to receive a sticker and how often for you and the kids to decide if it’s a success. What did I miss?

R: Nothing I can think of.

C: There’s one other thing I wondered about. Okay if I share it?

R: Shoot.

C: Are the stickers enough, or do you need another reward—something those stickers work toward? Sometimes kids find that helpful. What do you think about that?

R: They do like stickers, but I think it’s probably a good idea to have something else. I’ll need to figure out how often again.
That does seem pretty important. Would you like to work on that now?

No, I can figure that out on my own. I need to write it down anyway.

That works best for you.

Yep.

When do you think you're going to get started on this?

Next time they come over. I am going to have to get some more stickers, though, and write some stuff down, make a list—all of that stuff.

There is some work to do ahead of time, but you intend to get started this coming week on Friday. It seems like you feel pretty confident that you can do this.

I do. It’s funny, but this is not what I expected from this session. This was helpful.

You’re pleasantly surprised and would maybe consider coming back.

Yeah, well I still have that work stuff to figure out.

So, there’s more for us to talk about. I look forward to hearing what you do with the girls and how that goes. I also look forward to hearing about some of those other areas, too, including how we keep you out of trouble with your workplace. It seems like we’re done for today.

Yeah, I think so.
This is an example of a planning process with a client. We’ll talk more specifically about how the practitioner does this in the following chapters. Notice how the counselor uses the guiding style as they move through this planning process. All core skills are in evidence here. Later, after you’ve read Chapters 12 and 13, consider coming back and looking at the planning column.

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<th>OARS+I or strategies</th>
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<td>R: Yeah. I don’t really need to change what I am doing, but I do need to change how I am looking at it.</td>
<td>Deeper reflection.</td>
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<td>C: And that will reduce some of the stress.</td>
<td>Deeper reflection.</td>
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<td>R: It’s funny, but that feels right.</td>
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<td>C: Like your body knows it’s true.</td>
<td>Deeper reflection.</td>
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<tr>
<td>R: Yeah.</td>
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<td>C: It seems like you’ve made a decision.</td>
<td>Deeper reflection.</td>
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<tr>
<td>R: I don’t need to change what I’m doing—that’s right on. But I do need to change how I am looking at it.</td>
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</tr>
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<td>C: Let me see if I’ve understood all of this. Your parents laid out a roadmap for good parenting that you’ve been following. You know in your very bones good parenting includes making sure your daughters feel loved, but it also includes expectations about contributing to that family so they know it’s not just about them. You’ve already been doing these things, but you recognize that it’s felt more like a burden then a task of being a good parent. You realize that you need to embrace it.</td>
<td>Summary.</td>
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<td>R: That’s pretty much it.</td>
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<td>C: So, what now?</td>
<td>Open-ended question.</td>
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<tr>
<td>R: Hmm. I’m not quite sure. . . . I mean, part of it will be, I guess, doing some thinking about how to handle the girls when they come over or when I see them again.</td>
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<td>C: Having a plan for how you’re going to reestablish that value—the world doesn’t revolve around them.</td>
<td>Deeper reflection.</td>
<td>Elicits his ideas.</td>
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<tr>
<td>R: Exactly! I can’t just wing it or I will end up saying the wrong thing, coming down too heavy or getting mad at their mom. Believe me, those are not helpful.</td>
<td>Reflection. E-P-E.</td>
<td>Thinking about goals begins.</td>
</tr>
<tr>
<td>C: Those things aren’t what you want to do. I wonder if you have some ideas about which behaviors are most important for you to change? It seems to me—and you’ll have to tell me if you agree or not with this idea—that knowing what you want from the girls might make it easier to communicate with them about what the expectations are. What do you think?</td>
<td></td>
<td>Narrows focus on goals.</td>
</tr>
<tr>
<td>R: <em>(Laughs.)</em> Yes. It does make it hard for them to know what to do if I am not clear on what I want.</td>
<td></td>
<td>Moves with counselor.</td>
</tr>
<tr>
<td>C: <em>(Laughs.)</em> Yeah. Neither of you will know if it’s getting done. I mean, it could mean answering “Yes, sir” and “No, sir,” putting away toys, setting the table for dinner, or a million other things. What does it mean for you?</td>
<td>Reflection. Open-ended question.</td>
<td>Shapes goals.</td>
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<td>R: All three of those things would be good <em>(laughs)</em>. I could think of a few others, too.</td>
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<tr>
<td>C: And those are the things that would most capture what you’re thinking about.</td>
<td>Amplified reflection.</td>
<td>Sorts priorities in the context of goals.</td>
</tr>
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<td>R: Not necessarily.</td>
<td></td>
<td>Broadens focus.</td>
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<tr>
<td>C: So there is something else that’s more important.</td>
<td>Deeper reflection.</td>
<td>Explores other goal.</td>
</tr>
<tr>
<td>R: Attitude.</td>
<td>Offers information.</td>
<td>Articulates higher priority.</td>
</tr>
<tr>
<td>C: Hm. My experience with asking kids to change their attitude can be pretty tough. It’s pretty vague and they don’t know what to do. What have you found to be true?</td>
<td>Asks for reactions.</td>
<td>Shapes goals.</td>
</tr>
<tr>
<td>R: Yeah, you’re right. That’s pretty true. We probably do need to stick with specific stuff.</td>
<td></td>
<td>Sharpen focus on goals.</td>
</tr>
<tr>
<td>C: I have another thought. Are you interested in hearing it?</td>
<td>Offers information.</td>
<td>Shapes goals.</td>
</tr>
<tr>
<td></td>
<td>Asks permission at the end.</td>
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<td>R:</td>
<td>Sure.</td>
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<td>C:</td>
<td>My clients have taught me that it often works best for them if they begin small and then build on success. So, instead of starting on three behaviors, they start on one, and then once that’s well established, they add another behavior. What do you think about that?</td>
<td>Offers information.</td>
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<td>R:</td>
<td>Totally agree. That’s how I usually operate.</td>
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<tr>
<td>C:</td>
<td>That’s something you already knew and were doing.</td>
<td>Affirmation.</td>
</tr>
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<td>R:</td>
<td><em>(Smiles.)</em> Yeah. I guess. Anyway, it’s good to hear I’m on the right track <em>(laughs).</em> I’m thinking it’s best if we start with each of them doing one thing that contributes to the household. They probably ought to decide what they will do. Maybe they can pick from a list when we get back to the house, after I pick them up. You know, just make it part of the routine. They hang their backpacks in their room and then we sit down at the table and decide.</td>
<td></td>
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<tr>
<td>C:</td>
<td>You really do want to make them part of the process, even as you create some structure around it. Whether it’s through your parents modeling or your experience, you have a strong sense of what it takes with the girls.</td>
<td>Affirmation.</td>
</tr>
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<td>R:</td>
<td>Yeah, it’s funny. I didn’t realize that coming in, but I guess I do.</td>
<td>Deeper reflection.</td>
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<td>C:</td>
<td>And you probably have some more ideas.</td>
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<td>R:</td>
<td>I do. We could even get a little creative and have them put it up on the fridge and they could put some stickers on it when they get it down. They like stickers.</td>
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### OARS+I or strategies

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<th>C:</th>
<th>Acknowledges client’s autonomy and offers information.</th>
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<td>R:</td>
<td>Summary.</td>
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### Planning

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<th>C:</th>
<th>Narrows client’s focus, while building on confidence to both decide and implement plan.</th>
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<td>R:</td>
<td>Clarity of purpose.</td>
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<th>C:</th>
<th>Recapitulates reasons for making a change and the plan for accomplishing it.</th>
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<th>C:</th>
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<td>R:</td>
<td>Sharpens plan based on experience.</td>
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<td>R:</td>
<td>Offers additional idea.</td>
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<th>C:</th>
<th>Reflection. Offers assistance.</th>
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<td>R:</td>
<td>Reinforces the planning process.</td>
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<th>C:</th>
<th>Affirms capacity to enact plan.</th>
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Key for Activity V  (cont.)

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<td>Reaffirms and strengthens commitment to current plan. Sets the alarm for the marijuana discussion.</td>
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<td>Feels safe and comfortable with counselor and process.</td>
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<td>C:</td>
<td>So, there’s more for us to talk about. I look forward to hearing what you do with the girls and how that goes. I also look forward to hearing about some of those other areas, too, including how we keep you out of trouble with your workplace. It seems like we’re done for today.</td>
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<td>R:</td>
<td>Yeah, I think so.</td>
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In this case, the counselor builds trust and safety, but also notes at the end there is another agenda that will need attention. Of course, clients rarely forget this fact. They simply wait to see how we will handle it. In this case, the counselor responds by helping Russell work on something that is important to him first. This is an example of an experienced MI practitioner being intentional and strategic in approaching a challenging situation. This is the counselor remembering the goal is not to have the conversation, but instead help the client consider change.
Tanya left this message on the answering service:

“I’ve been doing my best, but I’m at the end of my rope. It’s been the year from hell, and things just aren’t getting any better. Normally, I don’t believe in this kind of thing, but I gotta do something. I’ve left messages for several different people, and I hope that I can see someone soon. Please call me as soon as you can.”

Making multiple calls to practitioners suggests that Tanya is ready for a change. There is urgency in her efforts, and we don’t know yet what the problem is or what she has tried. Clearly, though, she is ready to have something be different. Our questions, predicated on this assessment, would inquire about what had been happening, how she’d like her situation to be different, and what she’d thought about or tried already. The following conversation skips over the introductions and begins with the practitioner.

“Your message started with ‘I’ve been doing my best, but I am at the end of my rope.’ What’s been happening?”

“It started when I injured my back at work. I fell off a shelf when I was picking parts for this company. I wasn’t supposed to be climbing, but it’s what everybody does to meet the quotas. You’re supposed to get a ladder, but if I did that for every item, it would be impossible to keep up. The company knows this and just ignores it, until something happens. Then they say it’s your fault. Anyway, I fell, hurt my back, and haven’t been able to work because I’m in constant pain. Normally, I’m really active. I played on a soccer team every week, went to all my kids’ sports events, and did things like backpacking and hiking. Now I can’t even sleep because I can’t get comfortable. I can’t lift anything. It’s hard to walk more than a block. I’m miserable, and it’s impacting my mood, my kids, and my husband. Oh, yeah, in the middle of all of this, we—my husband and I—we’re remodeling the kitchen. The house is torn apart. We were doing it together. In fact, don’t tell him I said this, but I’m a better
carpenter then he is. Now he has to do it all himself. He has to get the kids ready for school, get them to places, and make meals—all the stuff I used to do. You get the picture?"

Our guesses about readiness seem on target. Tanya appears highly motivated to feel better. But now we need to help her translate this desire into specific behaviors or situations to target and secure commitment to plans for changing those things. How best to do that? Where would you go next? What question(s) might you ask to get there?

**A Deeper Look**

As we’ve moved through the prior chapters, the goal has been to sharpen awareness of and enhance skills to move clients through the three prior processes: *engaging*, *focusing*, and *evoking*. Now we arrive at the precipice of *planning*. Our eventual goal will be to aid clients in developing a change plan, strengthening their commitment to the intended change, and then supporting them as they move into the active process of changing. However, there is a time between evoking and planning when there is a window of opportunity. The client stands at the brink of a change, but has not yet made the decision to undertake it. This is the swimmer perched at the edge of the dock, deciding whether or not to jump in.

This point in the therapeutic process hinges on good timing. The practitioner must respond when the client is ready or risk having the client return to an earlier state of readiness. It is simply too uncomfortable psychologically to remain aware of a motivating discrepancy and fail to act on it. An individual who is in this situation for too long will engage in strategies to reduce the perception of risk. The swimmer will decide it’s too cold, too deep, or not the right time and head back to the shore. Thus the practitioner must be attuned to when the person is ready and assist with that initial jump into the water.

**Signs of Readiness**

There are signs we’ve entered into a period of transition with a client. There is no evidence to suggest which of these signs are the most essential or in which combination they must occur. However, as a practice, the initial two seem the most common, and it is the trend lines between the two that seems particularly important (Miller & Rollnick, 2013). That is, change talk should be increasing and sustain talk decreasing, ideally with change talk moving upward past sustain talk if the latter started at a higher point.

1. **Increased change talk.** There is an upward trajectory in which clients talk about the possibility of change. Although this talk might remain primarily preparatory in nature (i.e., desire, ability, reason, and need), we also might begin to hear forms of mobilizing talk (commitment, activation, and taking steps). As we noted in Chapter 9, the absolute strength of the motivation appears to be important, but so is the trajectory. We worry less that the motivation is weak to begin than that it is moving in an upward direction to end.
2. Decreased sustain talk. There is less defense of the status quo. If there has been discord, it’s as if the wind has gone out of those sails. The client seems to have talked enough about the area of concern and begins to move to what is next.

3. Taking steps. As the client tips the balance in favor of making some change, experimentation with new behavior might begin. It’s as if the client is trying things on for size before making the decision to buy. The purchase is not yet made, but it certainly comes closer as the client gathers experience on what the change will be like. A clear example of this trying-on-for-size strategy is the health club membership, purchased following a New Year’s resolution to exercise more and lose some weight. The membership is clearly a step in the direction of the person’s goals, but it’s not the same as exercising regularly; still, it provides a context in which the exercise could occur.

4. Resolve. The client appears to have reached some resolution and may seem more peaceful, relaxed, calm, unburdened, or settled. A kind of quietness settles on the client that may also have a tone of loss, tearfulness, or resignation.

5. Questions about change. Clients may begin to ask what they could do about the problem, how people make these sorts of changes, and the like. They’re beginning to gather information about how to change.

6. Envisioning. The client begins to talk about how life might be after a change and what might be challenging in getting there. Although this talk has both a change and sustain quality to it, there is also an imaginative element to this process that takes it beyond pure change and sustain talk. This envisioning talk reveals that clients are really seeing what it might mean if they were to make those changes.

These six signs are cues that a client may be ready to shift from considering a change to actually making it. The practitioner, on recognizing these signs, continues to use the core skills and the guiding style, but also tests the waters for clients’ readiness to move into change planning. Miller and Rollnick (2013) suggest three strategies: the use of recapitulations, key questions, and the pregnant pause.

Recapitulation

The recapitulation strategy typically begins with a transitional summary that bridges the ending of evoking and leads into the key question. Remembering that summaries help organize clients’ experiences, the aim is to include the elements necessary without overwhelming clients with information. Brevity remains important, though transitional summaries tend to be slightly longer than regular summaries. Miller and Rollnick (2013) refer to this kind of summary as “a big bouquet, a bunching together of all the change talk ‘flowers’ you’ve collected” (p. 264).

To what degree sustain talk should be included in this recapitulation is a matter of some debate in the MI field. What seems clear is that we don’t want to ignore it, and we also do not wish to emphasize it either. I recommend noting it but spending little time on it. So, the order of this summary might look something like this:
1. A statement indicating that we’re about to pull together what the client has said.
2. A brief statement of the client’s ambivalence, especially to begin this process.
3. Where the client is now and the change talk that has emerged.
4. A question about what happens next.

The goal is for clients to arrive at that last element aware of where they began, while also being attuned to their motivations for change and how things have shifted during the course of their discussion.

**Key Questions**

Did you notice the plural in the heading? *Key questions* are something we use multiple times, not just once. Key questions ask clients if they’re ready to move into the next part of the change process, into the next section of the river of change. This strategy is another opportunity for us to be directional while maintaining our partnership with clients.

There is a temptation to ask for commitment at this juncture, but doing so can be premature and may induce the client to backtrack. Instead of asking them to commit to change, we’re instead asking if they might be interested in testing the water. That is, “Where might you be in thinking about planning for a change?”

There are some things to keep in mind about this sort of question. A closed question at this point increases pressure on the client to commit, which might backfire. An open question will reduce this pressure. However, not all open questions are the same. Asking “What are you willing to do?” also adds significant pressure. Notice the difference between that question and this one: “What might you do now?” These differences are subtle, but important.

In essence, a key question asks “What next?” and thereby evokes the client’s own thoughts about change rather than imposing the practitioner’s. Examples of key questions include:

“Given what you’ve told me, what do you think you will do next?”

“Where do you think you would like to go from here?”

“What’s your next step?”

**The Pregnant Pause**

The pregnant pause is a concept well known to the psychotherapy community, but it has received less attention in MI writing. The term refers to a slowing down of the practitioner’s tendency to fill in quiet moments while clients consider what has transpired and where they are at that moment. It is a time rich with potential for clients to explore innermost thoughts, feelings, values, and motivation. Our tendency is to fill in that silence, often because of our own discomfort. Allowing pregnant pauses requires discipline from the practitioner to sit quietly. How long to wait is a matter of discernment, as each client will differ in how he or she processes information. Here’s a general guideline: After your first impulse to jump in, *wait another 10 seconds*, counting silently to yourself if necessary. Think of this time of silence as creating an oasis in the desert for a thirsty client. Permit him or her the time needed to drink deeply before saying anything more.
This pregnant pause is especially helpful following the key question. It gives clients time to review internally where they’ve been and where they want to go. This is a time of silent reckoning about where life goes next. Although we might wish to pile on the reasons for why it makes sense to move forward with change, remember it is the client’s own arguments for change that will be most persuasive.

This is also an opportunity to practice the “uncluttered mind.” We divest ourselves of what we think is best for this person and instead sit in quiet curiosity about where the next step will lead. It is, in this sense, a time ripe for opportunity for the client but also for ourselves as we practice this discipline of not assuming we know what is best for the client. Instead we sit with our discomfort of not being in control and watch the client’s emancipation from his or her internal struggle. If it sounds like there is a Zen quality to this moment, it’s because there is.

As evident with Tanya, the key question and pregnant pause might lead into the planning process. However, it could also be that the client is not ready. In the next chapter, the discussion addresses how to respond to each of those directions. For now, the focus remains the movement into and through this transitional phase.

**Concept Quiz—Test Yourself!**

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Answers

1. T This is a time to look back at the distance traveled to the present point and to then turn forward and to see if the time is right for planning.

2. T This is an area where the practitioner should avoid getting too far ahead or behind. Indeed, when there is research in which MI does not work as well (e.g., Project MATCH Research Group, 1997b, 1998b), it seems to be with clients who were already primed for a change. In that situation, continuing to either explore ambivalence or build motivation can get in the way of change. In that situation, if we do not transition into planning soon enough, clients may slip into defensive responding.

3. T Clients’ questions about mechanisms for change often signal increased readiness for change. This situation is especially true when these queries occur in combination with other signals, such as a lessening of sustain talk and increased change talk.

4. F Envisioning is a process that clients use to anticipate what the future might look like after a change occurs. This process may include some of the difficulties that change creates. Remember back in Chapter 2 when the concept of ambivalence was first raised? Difficult changes almost always include ambivalence, and it is not surprising to hear it at this critical juncture. However, if this ambivalence occurs in combination with a tepid commitment to change, then the practitioner may need to return to further exploration of ambivalence and motivation, before moving into planning.

5. F Although a key question is usually part of the transition, the process typically begins with a transitional summary that assists clients with organizing their thoughts about the change. It primes the pump for the key question. The transition is completed when the client decides it is time to test the water.

6. F Okay, no shoves. Agreed? And even as tempting as it might be to nudge people into the water, this is not a recommended strategy.

7. F This is not a time to plan our next step. Instead, it is a time for us to clear that clutter from our minds and to be curious about what steps clients see ahead.

8. F In a word, no. The guiding style and curious mindset remain in the forefront. To not do so would undermine the MI spirit elements of acceptance and evocation.

9. T To paraphrase Miller and Rollnick, it may feel as though the wind has gone out of their discord/sustain talk sails. There may be a quieting that occurs, as well as a new sense of resolve.

10. F Back to our mantra: Ambivalence is normal, though its intensity will typically have diminished, even as people move actively into the planning and change process. Conversely, strong sustain talk may indicate that more work is needed on resolving the ambivalence, rather than moving into planning and strengthening commitment.
In Practice

Let’s pick up the interchange with Tanya. She had just described the range of difficulties in her life. We’ll start with the practitioner’s last statement. As noted before, this is an instance in which general motivation seems high, so we might not need to spend as much time in the other processes. As such, the transition to planning could be relatively brief.

**Statement**

P: It sounds like the year from hell. You’re hurt, and you can’t do the things you enjoy, let alone the things you must do. It’s affected almost every aspect of your life. It just feels overwhelming.

C: Exactly. I’m tired of being in pain. I did physical therapy—was religious about doing my exercises—and it helped a little but not much. My doctor sent me to a consultant for back surgery; I’d just as soon not go there if I don’t have to—but I may have to. I take Oxycontin for the pain, and it helps, but it also makes me spacey. I don’t like the way I feel on it. I’ve been pushing for some cortisone injections, but my doctor hasn’t been too enthusiastic. He doesn’t think it will help. I’m desperate and getting depressed, so I figured I would see what you folks could do to help.

P: You sound like you are ready to do something, though you aren’t quite sure what would be helpful here.

C: Exactly. What do you suggest?

P: I have some ideas, based on what other people like yourself have done, but I also want to find out what area feels most important to you. Where would you like to begin?

**Commentary**

Start of transitional summary.

Client provides more information.

This response is not a question, but notice how the statement acts as a key question. The second half of the statement is a natural lead in to planning. Although this response works, it does not provide an opportunity for that pregnant pause.

Client asks for information.

Practitioner will respond to her request, but first wants to check for the client’s priorities; this leads to a key question.
C: Well, if we could begin with the pain, that would be great.
P: The pain feels like it is driving this bus.

This excerpt is an example of a discussion in which the client is ready to move into planning. For her it’s not a matter of if but rather of how. As a result, the transition into planning occurs relatively quickly. As noted previously, we don’t want to lag behind the client’s readiness to change. As the session moves forward, we might discover more ambivalence that needs to be addressed. Also, although Tanya indicates a readiness to change, no specific target behaviors are mentioned. As a result, her commitment to change remains diffuse. As we negotiate a plan, this discussion and the strengthening of a commitment to a specific action will become more focused.

Try This!

Here are some exercises to hone your skills in identifying commitment language, practicing transitional summaries, and asking key questions. Working with a partner will allow some practice in the interactive aspects. However, as in the last few chapters, it is important to begin inserting these skills into your clinical encounters. If you are finding that this is still difficult, then it’s time to seek out additional training and/or supervision and coaching. Even if practicing in your setting is not difficult for you, the research data about the importance of supervision and coaching to skill acquisition and maintenance are clear, as we will discuss in Chapter 14.

Exercise 12.1. Are They Ready?

In this exercise you read client statements and then decide—using the six signs of readiness—if the client is ready to move into planning. The activity also asks you to describe the reasoning for your choice.

Exercise 12.2. Stuck in the Middle with You . . .

Having worked at identifying readiness for the transition, this next exercise asks you to practice developing transitional summaries.

Exercise 12.3. So, What’s Next?

Adept at identifying readiness for planning and constructing transitional summaries, now you have an opportunity to practice asking key questions. This is a straightforward activity that asks you to develop at least five different forms of key questions for moving into planning.
**Exercise 12.4. Practicing the Pregnant Pause**

This activity is one you will need to do with others, and it might feel a little awkward because there are social norms on how we typically talk to each other. Here's the idea. Decide ahead of time to practice being patient in waiting for answers and allowing people ample time to fully finish their thoughts. Then put it into practice in your life. Afterward complete the form.

**Partner Work**

Exercises 12.1, 12.2, and 12.4 all work well as shared exercises. Here are some modified instructions for each. You might also brainstorm key questions together for Exercise 12.3.

**Exercise 12.1. Are They Ready?**

Read the client statements and then decide independently—using the six signs of readiness—if the client is ready to move into planning. Describe your reasoning. If you have a discrepancy, then talk it through until you reach an agreement (or agree to disagree).

**Exercise 12.2. Stuck in the Middle with You . . .**

This exercise asks you to practice developing transitional summaries. Try to generate two different summaries to each statement. Talk about which approach seems to fit your style best or helps you organize the materials most effectively.

**Exercise 12.4. Practicing the Pregnant Pause**

Take turns having a conversation about something that matters to you and your partner. Periodically, allow a pause to happen so your partner has an opportunity to think more deeply. To help prompt these pauses, consider asking about (a) times when your partner was at her best as a person; (b) a time he overcame adversity; (c) a memorable story from her childhood; and/or (d) a significant achievement. Afterward, talk through the activity form.

**Other Thoughts . . .**

There are challenges in the transition to the planning phase. In addition to missteps in the three strategies noted, it is also easy to underestimate ambivalence.

It can be a long, hard struggle getting to the summit of motivation. As noted previously, Miller and Rollnick liken the first three processes as an upward struggle to get to that point. Once at that summit, we may find it dismaying to suddenly encounter a resurgence of ambivalence within the client. Although we've talked about change as a process and not typically a transformative event (cf. Miller & C’de Baca, 2001), where suddenly the client knows and must act upon change intentions, still the reappearance of ambivalence can lead
the best of us to want to nudge that client over the edge and into change. It is as if we have abandoned our MI spirit and given in to what we “know” will be “good” for him or her. Unfortunately, this shift seems to engender the same sort of reactive pattern from clients discussed in Chapter 11. Indeed, Miller has described data (Amrhein et al., 2003; Miller et al., 2003) indicating motivation diminished among some drug-addicted clients during the last moments of an MI session, when the standardized treatment required therapists to complete a change plan. It is important to normalize this ambivalence, address it, and, if the client is ready, to move forward. However, if the client is still contemplating change and not ready to act, then it is time to shift back into strategies better suited to individuals who need assistance in resolving ambivalence. Listening is your ally at this moment.

In considering this information, we may find ourselves recalling exceptions to it. Indeed, we may have experience where a nudge at the summit either helped us or our clients to go forward with a change. This does indeed happen and, on balance, most people respond with discord when nudged. So, my counsel is to avoid this tendency, unless you have a clear sense that a nudge is needed. To return to hesitant swimmers, they are typically much better served if we clasp their hands and offer to jump in together than if we give them a shove.
EXERCISE 12.1. Are They Ready?

Read the client statements and then decide—using the seven signs of readiness—if the client is ready to move into Phase II. Describe your reasoning.

Signs of Readiness for Change

- **Increased change talk.** There is an upward trajectory of clients talking about the possibility of change. Although this talk might remain primarily preparatory in nature (i.e., desire, ability, reason, and need), we also might begin to hear forms of mobilizing talk (commitment, activation, and taking steps). We worry less that the motivation is weak, but rather support that it is moving in an upward direction to begin.

- **Decreased sustain talk.** There is less defense of the status quo. If there has been discord, it’s as if the wind has gone out of the discord sails. The client seems to have talked enough about the area of concern and begins to move to what is next.

- **Taking steps.** As the client tips the balance of change to sustain talk in favor of making some change, experimentation with new behavior might begin. It’s as if the client were trying things on for size before making the decision to buy a garment. The purchase is not yet made, but it certainly comes closer as the client gathers experience on what the change will be like.

- **Resolve.** The client appears to have reached some resolution and may seem more peaceful, relaxed, calm, unburdened, or settled. A kind of quietness settles on the client that may also have a tone of loss, tearfulness, or resignation.

- **Questions about change.** Clients may begin to ask what they could do about the problem, how people make these changes, and the like. They’re beginning to gather information about how to change.

- **Envisioning.** The client begins to talk about how life might be after a change and what might be challenging in getting there. Although this talk has both a change and sustain quality to it, there is also an imaginative element to this process that takes it beyond pure change and sustain talk. This envisioning talk reveals that clients are really seeing what it might mean if they’re to make these changes.

Sample

This is not what I expected. I thought you would be more in my face about the DUI. It’s been more like a workshop than a jail term. It’s made me really think about some things, and I wasn’t expecting to do that.

Do these statements signal a possible readiness to shift phases?  
No ______ Yes  

If yes, what kind?

- [ ] Increased change talk
- [x] Decreased sustain talk
- [ ] Taking steps
- [ ] Resolve
- [ ] Questions about change
- [ ] Envisioning

(cont.)
**Reasoning for your choice?**

_The client is clearly talking about how expectations were not met and how this caused a shift. Whether or not he is ready to shift is not clear, but the response indicates it is possible._

**Statement 1**

_So, what do your other clients say about this?_

Does this statement signal a possible readiness to shift phases?  
No ______  Yes ______

If yes, what kind?

____Increased change talk  ______Resolve

____Decreased sustain talk  ______Questions about change

____Taking steps  ______Envisioning

**Reasoning for your choice?**

**Statement 2**

_I agree it would be good to make some low-risk choices, but I also like to have fun with my friends. I have too much fun with them._

Does this statement signal a possible readiness to shift phases?  
No ______  Yes ______

If yes, what kind?

____Increased change talk  ______Resolve

____Decreased sustain talk  ______Questions about change

____Taking steps  ______Envisioning

**Reasoning for your choice?**
Statement 3

You don’t understand. These women aren’t going to take “No, thanks” for an answer. They’re going to hound me. I’ve got to come back with something stronger.

Does this statement signal a possible readiness to shift phases?  No ______  Yes ______

If yes, what kind?

___ Increased change talk  ___ Resolve
___ Decreased sustain talk  ___ Questions about change
___ Taking steps  ___ Envisioning

Reasoning for your choice?

Statement 4

I won’t be in this situation again. It sucks. I’m so embarrassed.

Does this statement signal a possible readiness to shift phases?  No ______  Yes ______

If yes, what kind?

___ Increased change talk  ___ Resolve
___ Decreased sustain talk  ___ Questions about change
___ Taking steps  ___ Envisioning

Reasoning for your choice?
**Statement 5**

You know I am not very social, but I have been trying to speak up here.

Does this statement signal a possible readiness to shift phases?  No ______ Yes ______

If yes, what kind?

___ Increased change talk  ___ Resolve
___ Decreased sustain talk ___ Questions about change
___ Taking steps ___ Envisioning

Reasoning for your choice?

**Statement 6**

I don’t see any point in talking about it.

Does this statement signal a possible readiness to shift phases?  No ______ Yes ______

If yes, what kind?

___ Increased change talk  ___ Resolve
___ Decreased sustain talk ___ Questions about change
___ Taking steps ___ Envisioning

Reasoning for your choice?
Key for Exercises 12.1

Statement 1
So, what do your other clients say about this?
Yes, question about change.
Although we don’t know the entire context, the question implies a curiosity about the issue and an interest in hearing others’ views.

Statement 2
I agree it would be good to make some low-risk choices, but I also like to have fun with my friends. I have too much fun with them.
Yes.
No.
This statement has some change talk in the first part; the but then negates it. The “yes, but . . .” suggests that ambivalence remains strong.

Statement 3
You don’t understand. These women aren’t going to take “No, thanks” for an answer. They’re going to hound me. I’ve got to come back with something stronger.
Yes, envisioning.
This woman seems to be thinking about what it would be like to make a change, especially in relation to the challenges she might encounter. She is thinking about what she must “come back with” if she’s to be successful.

Statement 4
I won’t be in this situation again. It sucks. I’m so embarrassed.
Yes, change talk and apparent resolve.
The client is very clear in her statement and provides the rationale for why.

Statement 5
You know I am not very social, but I have been trying to speak up here.
Yes, taking steps.
The client is trying out new behaviors. Of course, we don’t know the target behavior, and this statement may be unrelated to the issue for which the client has sought help. However, there is an effort at change embedded in this statement.

Statement 6
I don’t see any point in talking about it.
No.
Although this client may be indicating a decreased need to talk about the situation, there is not enough information to know. As it stands, it appears to be either discord or sustain talk.
EXERCISE 12.2. Stuck in the Middle with You . . .

Having worked at identifying readiness for the transition, this next exercise asks you to practice developing transitional summaries. There are four elements I suggest you include:

1. Indicate that this is a summary.
2. Acknowledge where the client began and/or any ambivalence that remains.
3. Include a big bouquet of the most important change talk.
4. Ask about readiness to move into planning (aka, the “next step”).

Client Statement 1

Target Behavior: Studying for School

“I don’t want my mother brought into this. I don’t see why she would need to be. I know some things need to change, and I have been talking about this with my dad. I live with him and he pays the bills, so I think it makes sense to talk with him. I know I need to get some things going, if I’m going to graduate. I’ve been talking with my teachers—more or less—and I know what I need to do. It’s just a lot of stuff between now and the end of the year.”

Client Statement 2

Target Behavior: Writing

“I wasted another evening last night. I sat down to write and then I started fiddling with transferring files from my old computer to my new one. Then I checked my work email because I realized that I’d forgotten to send an email I promised to take care of. I also checked my personal email and responded to a few things there. Then my computer froze. Next thing I knew, it was nine o’clock and I was still on the first page. The last few weeks just haven’t been productive because ‘things’ come up, but I am running out of time to get this done. I have to do it or I’m toast!”
Client Statement 3

Target Behavior: Improving Intimate Relationship

“I am willing to apologize, but he has to admit that he was wrong, too. I admit that what I did was wrong. I shouldn’t have said it. But he also said some things that were pretty mean and won’t acknowledge it. There was a context, and now all of our friends have turned against me. Still, I know it’s not doing me any good staying angry. I just feel worse and more depressed. So, I know that I should let go, but it’s hard.”

Client Statement 4

Target Behavior: Consideration of Medications

“I didn’t like the way I felt on the medications. There were just too many side effects. So, I stopped. I haven’t taken anything since I was 18. But I think I need to do something. Nothing feels good. I’m always anxious. I can never get comfortable. Sometimes I just sit at home because it just feels like too much of an effort to go out. But then I start getting depressed and nothing feels good. That’s where I’m at now. Basically, I haven’t been out of the house in 3 weeks.”
Client Statement 5

Target Behavior: Eating Healthier

“I have made a decision to eat healthier. I just think it would be better for my health if I did that. My follow-through isn’t nearly as good as my intentions, and I do have a sweet tooth. But I’ve tried to do better eating those sweet things generally. I would like to eat more salads. I really do like salad for lunch. Breakfast and lunch, and even dinner, for that matter, are generally okay. Really, I have one problem area: snacking at night. I like ice cream, and that is a problem. I know if I’m going to eat, I should eat fruit instead, because it would be better for me. Truthfully, I can manage those other areas, but that nighttime stuff needs some work.”

Client Statement 6

Target Behavior: Drinking

“Here is the deal. I came in here thinking it was just bad luck I got caught. I mean, my BAC [blood alcohol content] was only 1.0 when the cop pulled me over. I really hadn’t drunk that much, but I was tired, and you’ve taught me about how fatigue can interact with the alcohol. I guess now I feel lucky that nobody got hurt. I’m not ready to stop drinking entirely, but I am thinking hard about making low-risk drinking choices. It’s just not worth it. I don’t want to be here doing this again.”
Sample Responses for Exercise 12.2

**Client Statement 1. Target Behavior: Studying for School**

“I don’t want my mother brought into this [etc.].”

“Let me see if I understand all of this. You’ve filled in your dad on the situation, but you’re not so sure you want to bring your mom into the discussion. You want to graduate and are worried about getting everything done. You know things need to change. What do you think you’ll do?”

**Client Statement 2. Target Behavior: Writing**

“I wasted another evening last night [etc.].”

“Let me see if I’ve got it. You’re feeling the heat. There’s a deadline approaching, and you have tasks to do. You try to do these things, but other tasks seem to jump ahead in priority when you have time to do the work. The lack of productivity is a real concern. You’re ready to do something and not quite clear what. What happens now?”

**Client Statement 3. Target Behavior: Improving Intimate Relationship**

“I am willing to apologize, but he has to admit that he was wrong, too [etc.].”

“I think I’ve got it, but let me check. You’re feeling stuck because you can’t put your anger down. From your vantage point, it feels like his unwillingness to admit his part keeps you stuck, though there is also some recognition that hanging onto this view may be costing you. Where do you think you want to go from here with waiting for his apology?”

**Client Statement 4. Target Behavior: Consideration of Medications**

“I didn’t like the way I felt on the medications [etc.].”

“Let me see if I’ve understood what you’ve told me. Nothing feels good to you right now. You’re uncomfortable at home and when you go out. And although you want to feel better, you’re also worried about medications. Still, you’ve been so immobilized that this is your first time out in 3 weeks. You think you need to do something. Given what you’ve told me, it does seem like at least talking about medications makes sense. Where do you stand on that discussion?”

**Client Statement 5. Target Behavior: Eating Healthier**

“I have made a decision to eat healthier [etc.].”

“There are a couple of different pieces here. You’ve made a decision to eat better and be healthier, and then followed this up with changes to your meals. A sweet tooth and the evenings are your trouble spots. Fruit is a good idea in theory, but making that shift just hasn’t worked for you. Still, you’re committed. You want to be healthier and to experience some success toward that goal. What do you think your next step will be?”

(cont.)
Sample Responses for Exercise 12.2  (cont.)

*Client Statement 6. Target Behavior: Drinking*

“Here is the deal. I came in here thinking it was just bad luck I got caught [etc.].”

“That’s a lot of change in a short period of time. You came in with one idea about what happened, and your thinking has really shifted. You feel lucky now instead of unlucky. You’re not sure that stopping entirely is what you want to do, but you’re pretty clear that low-risk drinking has some merit. And, of course, another DUI would likely be even more problematic for you, and you’re clear that’s not what you want. This is a big shift, and it seems like quite a powerful one for you. What happens next?”
EXERCISE 12.3. So, What’s Next?

Here is an opportunity to practice asking key questions. Try to generate at least five key questions that ask about readiness to move into planning.

Sample response: *Where does this leave you now?*

1.

2.

3.

4.

5.
Sample Responses for Exercise 12.3

Key questions about readiness to move into planning:

1. What happens now?
2. What do you think you’ll do?
3. Where do you go from here?
4. So, what now?
5. What might you do now?
6. How do you see yourself proceeding from here?
7. What do you think about moving into some planning?
8. You seem ready to do something different. (Not really a question, but it serves the purpose of a key question.)
9. What does the next chapter hold for you?
10. What might be your next step?
EXERCISE 12.4. Practicing the Pregnant Pause

This activity is one you will need to do with others, and it might feel a little awkward because there are social norms on how we typically talk to each other. Here’s the idea. Decide ahead of time to practice being patient in waiting for answers and allowing people ample time to fully finish their thoughts. Then put it into practice in your life. Afterward complete this form.

This exercise typically works best in a situation where you have some relationship with the person and you’re talking about something for which there is some depth of either feeling or thought. Thus, a discussion about the weather is unlikely to yield an opportunity for a pregnant pause, but a question about climate change might. Considering some possible questions ahead of time, realize that knowing this person and this person’s life context will help drive what those questions might be. You might also ask about areas where this type of pausing is more likely, such as times when he or she was at their best, was most resilient, or achieved something of significance to them. Asking about memorable events from childhood is another staple for this kind of interaction.

What was the context of the conversation?

What question did you decide to ask?

What happened with the other person when you paused? Be specific.

What happened inside of you? Be specific about what you were thinking and feeling, and what was happening in your body.

What did you discover (or rediscover) in this process?
I’ve been doing my best, but I’m at the end of my rope. It’s been the year from hell, and things just aren’t getting any better. Normally, I don’t believe in this kind of thing, but I gotta do something. I’ve left messages for several different people, and I hope that I can see someone soon. Please call me as soon as you can.”

This was Tanya leaving a message on the answering service. In Chapter 12, we observed a practitioner guiding her through the transition to planning. Let’s return to the end of that process. Recall that Tanya had decided to focus on planning how to manage her pain. At this point the conversation remained general. Here is the end of that interchange, repeated from Chapter 12. We’ll begin with the practitioner offering some information about anti-depressants.

“Well, if we could begin with the pain, that would be great.”

“You seem pretty clear about how this works for you. Tell me a little more about what you know about how emotions—especially depression—and pain work together.”
“When I’m in pain, I don’t do things, and I don’t feel well. I don’t see my friends. I get angry more easily. I snap at my kids and my husband. Then I feel crappy and get depressed.”

“You see how being down starts with the pain and the things that happen around the pain. The other part—and you may already know this—is that feeling down can then intensify the pain. What do you think about that?”

“It makes sense. When I’m depressed, everything feels worse.”

“So, one of the things other people have found is that, if they can start to get a handle on the depression side, then other things—including the pain—can feel a little easier. It won’t cure the pain, but it may help it feel more manageable. How does that seem to you?”

“It seems like a good place to start.”

“You have probably tried some things to manage your feeling down. Tell me about what you’ve been doing already or about what has worked in the past.”

“Well . . . I talked with my doc about it, and he suggested some antidepressants, but I’m not sure I want to use those. It feels like it would be a crutch.”

“You’ve thought about antidepressants.”

“Before I hurt my back, I used to exercise, and that really helped when I felt down.”

“Getting out and being active helped.”

“But I can’t do that now.”

“Not in the way you did before. What else?”

“I tried counseling once before—when I hit a rough patch—and that sorta helped, to have a place where I could talk about things.”

“A place where you could sort through some of the struggles. Anything else?”

“That’s about it.”

“You know some things that have helped or may help, but you’ve also got some concerns about how things might work now. Would it be okay if I shared some information about a couple of those things?”

“That’s why I’m here.”

“Okay. It’s not uncommon for people to have mixed feelings about antidepressants. There is great concern about these medicines being overprescribed, especially for people who may not need them. Given what you’ve told me so far, though, I think these may be appropriate for you, but you would need to talk with a physician to be sure. I can say there is reason to be hopeful. First, medication often helps with depression. Second, certain kinds of counseling can help with depression. Third, the two together seem to have the best success rate. What do you think about that?”

“I guess it makes sense. I just don’t want to get addicted to those things and feel like I would have to take them. I want to be myself.”

“And that’s your worry . . . that somehow you would lose your ability to control that decision making.”

“Yeah. That’s right—I know it’s not really true, but that’s what I’m afraid of.”

“There’s a part of you that has this fear, but another part knows this is not likely to be the case, and it could be helpful.”

“I think it would be helpful. I guess I just needed to say that out loud. But, I won’t get addicted, right?”
“That’s not how these medicines work. It’s not the same as when people become dependent on alcohol or heroin—where they crave the medications and feel as though they cannot live without them.”

“I knew that. Some of my friends have used them at times, and they said they really helped.”

“There are a couple of reasons to think it might be helpful for you, though it will ultimately be up to you decide whether or not medication makes sense in your situation. What some docs have told me is that antidepressants not only help alleviate the depression, but because of their action in the brain, they may also have some direct impact on the experience of pain. So, I do think in your situation there is some reason to consider using an antidepressant medication. What do you think?”

“Yeah. Maybe I should.”

“It sounds like you are thinking it might help. Now, I do have a bias in this area. I think it’s important for people to talk with a psychiatrist, not just a family physician, about these types of medications. These medications are not like antibiotics. There is a certain amount of fiddling around that goes into finding the right medications at the right dose. So I prefer people talking to the experts. What do you think?”

“It makes sense to me.”

“Where do you stand on this medication idea?”

“I guess I will . . . ”

“You’re not crazy about it, and you are willing to move forward with it.”

Through this dialogue, Tanya moved. Her ambivalence tipped in the favor of change. It might not be completely resolved—indeed, she is still hesitant—but her ambivalence has shifted, and she is on the precipice of seeking medication. Yet, there is no plan for how to proceed. Now we need to help her translate this commitment into specific behaviors for change. Where would you go next? What question(s) might you ask to get there?

A Deeper Look

Although the processes of engaging, focusing, evoking, and planning are presented separately, it is also clear that there are no distinct boundaries between these areas. Our river metaphor notes that it is the same water that is intermixing continuously. It is not surprising, then, there is an ongoing and dynamic interplay among the processes. Even as the client moves into planning, we will return to elements associated with the other three.

Returning to the river metaphor, we note that the river might be moving more easily and with less whitewater, but practitioners still remain active guides. They don’t just hop out of the raft and shout “Good luck!” as the rapids are cleared. As was illustrated in this example, the sharing of information can be particularly helpful at this point. This is where our knowledge of resources and our understanding of how change happens can aid our clients. But, notice the term—aid. This work remains a partnership, and clients remain the people who will decide the plan that will work best for them. We retain our guiding style and assist clients in coming to the plan that will work for them.
Maintaining a guiding style requires a delicate balance; at times we will have opinions about plans that we think have a greater likelihood of success. Articulating these opinions, as we’ve noted throughout the book, isn’t the issue. The critical issue is how we share these thoughts while also keeping in mind our MI belief that the client will need to decide ultimately. The MI spirit and core skills remain central to the planning process; the process itself can be broken down into five steps, which are captured in the acronym SOARS: Set goals, sort Options, Arrive at a plan, Reaffirm and strengthen commitment, and Support change.

**Set Goals**

With regard to setting goals, the literature suggests a host of factors can be important, from goal specificity (Locke & Latham, 2013), to goal desirability and feasibility (Gollwitzer 1990, 1993, 2014), to the nature of the goal itself (Dweck & Leggett, 1988; Higgins, 1997; Ryan & Deci, 2000). An exploration of these factors is beyond the scope of this book, but it is important to hold a few principles in mind. First, it’s important to differentiate between the general goal and the specific subgoals (or achievable aims). The greater the specificity, the better for both types of goals, but especially for the subgoals. Second, goals should be endorsed by clients as important and regarded as attainable. Third, goals that focus on things like autonomy, promotion rather than prevention (moving toward something rather than avoiding the occurrence of something), and learning appear to have greater power to motivate goal-striving behavior (Gollwitzer, 2014). In regard to addressing these goal-related principles within an MI planning process, we remain consistent with the MI spirit of helping clients decide which goals are important to them and then helping them shape these goals. For example, a teen’s goal of “getting my parents off my back” might be shaped by a discussion about specific goals such as “I will have greater control of my weekend by negotiating on Friday afternoon to set when I will do my chores.” Notice the autonomy and promotion elements in this goal.

Again, the righting reflex can come into play in this circumstance. Our concerns or desires for clients may not match their needs or situations. We need to be attentive to this tendency on our part. In addition to awareness, we can respond to this tendency by focusing on clients’ hopes and expectations and then narrowing these to specific goals. Questions are a good way to access this information. For example:

“How would you like your life to be different?”
“What would you like to see change?”
“If things were better, what would be different?”
“What would you like to have more of? Less of?”

You would follow up these queries with the other core skills, especially reflections and summaries. The focus might be kept broad initially, so as to not miss other important aspects of the client’s life. However, once goals are identified, it is helpful to prune these down to achievable aims and then to consider options for making changes.
**Sort Options**

This is an area in which practitioner expertise can be particularly beneficial to clients. Still, we proceed with caution to avoid becoming overly directive. The elicit–provide–elicit (E-P-E) model can be very helpful throughout this task. Find out what the client has considered doing and then add ideas to it.

As with many problem-solving approaches, it is helpful to have the client brainstorm a range of ideas, including some that may seem unreasonable. This approach may provide a broader palate for clients' consideration as they develop a plan. If clients are unable to come up with ideas on their own, provide a menu of options with some extreme elements added. As always, clients will choose the alternatives that fit best for them.

**Arrive at a Plan**

Planning is an active process in MI. That is, practitioners do not sit by idly as clients develop overly elaborate or underdeveloped plans. Instead, like any good guide, they assist clients in thinking through the steps of an option, the difficulties they might encounter, how they might address these challenges, what resources they might bring to this process, and how they will evaluate the outcome. This process is typically begun with an open-ended question. For example:

"What will you do first?"
"What specific steps will need to be taken?"
"What's your plan?"

For some clients, a written document can be very helpful. For others, such a task will feel artificial, intimidating, or unnecessary. The client should take the lead in determining whether the writing aspect is included, but the practitioner can provide information about why some clients find this method helpful (e.g., adds clarity, serves as a memory aid, reinforces commitment to oneself). Practitioners might also provide a form that matches their work environments and clients' needs. A sample change plan worksheet, based on the Project MATCH (Miller et al., 1992) and Miller and Rollnick (2002) forms, is included in Exercise 13.2. Your introduction to this form might go like this:

"We've been talking about what you might do. Some clients find it very helpful to write down possible options, so they can have a tangible reference. Posting it in a public place can also aid in maintaining commitment. There are data indicating that people who state their intentions to act on their plan and make this known to others are more successful in making the change they desire. The written document also serves as a visual reminder of their decision. Still, this is your decision, and some people choose not to do it. What makes sense to you?"

It is important the practitioner express concern if something about the plan appears unworkable. This feedback should be given in the manner described in Chapter 8. Here is an example of practitioner feedback regarding an overly elaborate plan:
“It’s clear you would very much like to get this change moving, and there are many pieces you’ve chosen to work on all at once. I do have a concern about that. May I share my concern with you?

“My clients’ experiences have been that if they spread themselves thin on too many tasks, then they begin to have trouble meeting all their goals. As a result, they start to see themselves as slipping, which can undermine their commitment. What they’ve often found helpful is to narrow their focus and start to experience success in one area and then begin to expand that outward to other areas. How does that sound to you?”

Alternatively, if a client has an underdeveloped plan, the practitioner might offer something like this:

“You’ve told me that you are someone who doesn’t like to spend lots of time thinking about things but rather doing them. Once you’ve made the decision to go, you want to go now. That eagerness to act can work in your favor, and I also want to make sure we are helping you put enough structure into your action so that it can succeed. My concern at this moment is you might not have given yourself the best chance at success. May I share with you why?”

Presuming the client agrees, the practitioner would note his or her concerns and end with an invitation to hear the client’s view. Given it will be the client’s job to implement and monitor the plan, he or she might choose to ignore the practitioner’s advice. In this situation it can be helpful to offer an alternative to a client’s flat “No.” The practitioner might say something like this:

“You’re not so worried about those things. You feel like you can improvise as needed, and it often seems to you, when the plan is left more open, it frees you to make the choices that best fit the particular situation. I wonder if it would be okay if we just checked back on that decision the next time you come in. We would see how it’s working, as well as talk about the other parts of your plan. How does that sound?”

Reaffirm and Strengthen Commitment

The next task is reaffirming and strengthening the client’s commitment to the plan. In some cases, this commitment is already evident, and it would be redundant and perhaps patronizing to ask for a specific commitment. In others, though, especially after significant discussion, it may be useful to review the plan and then ask a simple closed question: “Is that what you plan to do?”

This is also a time for the practitioner to be alert to hesitation on the part of the client. It is a natural point for ambivalence to arise. Note that it may appear in the use of less active verbs such as “hope,” “try,” or “consider.” This is not necessarily a problem, but it does require that the practitioner respond. If the client is uncertain, then the practitioner either helps reaffirm commitment or explores the root of the ambivalence and helps the client address this situation. Sometimes this exploration can be accomplished by simply using a double-sided reflection. For example:
“It worries you to think about what you would have to give up to start this plan. At the same time, you are clear that you can’t continue things as they are.”

Additionally, research suggests this topic of planning and goal setting might be more nuanced than we typically think. Researcher Peter Gollwitzer has been a pioneer in this area. For example, he and colleagues (Gollwitzer, Sheeran, Michalski, & Seifert, 2009) found that articulating aloud plans to change—something we typically think helpful—might undermine people’s intentions to act. What has emerged from this evolving field is general intentions to act might be helpful when the change is relatively uncomplicated, the desire to change is strong, and the context is not particularly challenging. However, for many behavior changes, this lineup of helpful elements is not the case and so something called “implementation intentions” becomes particularly important (Gollwitzer, 2014). These intentions indicate when, where, and how people will strive toward their goals. In particular, such intentions articulate specific “if–then” relationships for handling particular situations when they arise. Implementation intentions help people get started with goals, stay on track with those goals, disengage from problematic strategies, and avoid fatigue in pursuing the goals. Again, the richness of this area is beyond the scope of this discussion. For additional information, consult Gollwitzer (2014) for a review of these factors.

For our purposes, we will simply say three elements are important. First, there is a specific plan of action. Second, the person articulates intention to act on the plan. Third, the person has considered obstacles or challenges that might arise (“If . . .”) and the corresponding response (“then I will . . .”). Returning to Tanya, this might format look like this:

- **Plan:** “I will contact a psychiatrist to set up an appointment to find an antidepressant medication that will work for me.”
- **Intention:** “I will call tomorrow morning and ask for the first available appointment.”
- **If . . . then:** “If this person does not have an available appointment in the next week, then I will ask for names of other psychiatrists.”

The use of core skills is essential in reaching this level of specificity. For example, we might use any of these question/statement skills:

- “How do you intend to find a psychiatrist?”
- “I have the names of some psychiatrists, if you’d be interested.”
- “You’ve already demonstrated in calling me that you know how and are willing to call a mental health professional. What do you think might be hard or get in the way of that happening?”

**Support Change**

We are now at a point with two primary directions of travel: either the client is ready to act on a plan or the client is not. Let’s begin with the client who isn’t ready to commit.
If the client is not ready to choose commitment, then avoid the trap of pressing for it. This can be an especially trying moment for us as practitioners, because we’ve worked hard to help get the client to the top of the mountain, only to see him or her turning back in the direction just traveled. Our tendency at such times is to press harder to “close the deal,” yet doing so is likely to undermine the client’s commitment and lead to either active or passive resistance. As tough as it may be, this is a time to switch back to OARS and make sure the door is left open for the client to revisit this issue. One technique is “setting the alarm”—as in an alarm clock to awaken one’s self in the morning, not setting the burglar alarm or sounding the warning. In this approach we simply acknowledge the client’s position:

“It sounds like you aren’t quite ready to take this on now. As you look down the road, when can you see this happening? What would need to happen for that to occur?”

This approach avoids building discord and encourages clients to take an active rather than a passive role in looking toward the future, toward events that might need to transpire to increase their readiness. It also encourages them to think about a time in the future when this change could occur. As with setting the alarm for a morning wakeup, the setting of it doesn’t ensure that we will rise, but it does increase the likelihood. Thus, we help the client set the alarm for possible future change.

It is also useful to check back with clients about a decision to forgo change—at least for now. Language is important when returning to this earlier choice. Rather than asking, “Have you made a decision?” it is more productive to ask, “Where’s your thinking now about this decision?” This wording sidesteps a closed question and opens the possibility of a discussion about this area.

With clients who are ready to change, we need to be prepared to continue to support motivation, encourage their commitment to action, and help them revise plans as conditions, needs, or results dictate. Miller and Rollnick (2013) divided this phase into four categories: replanning, reminding, refocusing, and reengaging. “Replanning” is relatively straightforward and involves using the skills already discussed. We help clients modify their plan to address changing conditions or ineffective initial attempts. Exploring the attempt and recognizing and acknowledging partial success can be important elements of this process.

“Reminding” is about calling to mind for clients the reasons for making the change they’ve articulated previously and might have allowed to slip out of mind as the challenges of change pressed upon them. Tone and manner are critical here. Miller and Rollnick (2013, p. 298) note that beginning with “Let me remind you . . .” can feel confrontational, rather than supportive. A better approach might be, “Let’s take a step back for a minute and look at the big picture and review where you are and some of the considerations that led you here.” Also useful is reminding clients of the plan they’ve previously articulated for when these types of challenges arise. For example, “Before you got started on this plan, you mentioned one of the challenges you might have would be. . . . It seems like this might be one of those situations. I wonder if the plan you articulated back then might be helpful to you now. What do you think?” Again, tone matters here.
“Refocusing” can become important for several reasons: an initial goal has been achieved, priorities have shifted, another issue has emerged, the client is avoiding the change area, etc. Here the goal would be to shift into the core skills and have a direct discussion: “It seems this goal has lost some importance to you. I’m wondering where you are with it right now?” As with reminding, tone and MI spirit matter here. If the client decides not to pursue a goal, be alert for the righting reflex to emerge (e.g., “But you’ve worked so hard to get here”). We need to be mindful of the acceptance part of the MI spirit and remember it is the client’s goal that matters, not ours. Once again, if you find yourself arguing for the goal, the wrong person is doing the arguing.

“Reengaging” essentially has two components. One is the client who has been engaged but begins to show signs of disengaging. For example, the client might fail to appear for appointments, is no longer completing between-session tasks, or seems disinterested in the session. In these situations, the practitioner would fall back into the skills discussed as part of the initial engaging process. Addressing this issue directly and with curiosity can be helpful: “It seems like something has shifted for you. I’m wondering what you’ve noticed about this in doing your take-home tasks?” The second circumstance involves following up with clients who’ve completed work with us. Since change can be difficult, we know certain periods can be critical in maintaining a change. We can simply reach out in a supportive manner. This effort does not have to be elaborate, but seemingly small things—such as personal notes—can have a powerful effect on behavior.

Concept Quiz—Test Yourself!

True or false:

1. T F Commitment is the critical, one-time event in the planning process.
2. T F “SOARS” refers to the five elements in the planning process.
3. T F Once the client indicates a readiness to move into the planning process, you two should begin brainstorming ideas for how to change.
4. T F It is helpful to funnel broad goals down to achievable aims.
5. T F We should encourage clients to consider options broadly, sometimes including extremes to help them do so.
6. T F Since clients will enact the change, ultimately the plan must be theirs, and this means that they may choose to ignore our advice.
7. T F Since these are clients’ plans, we should not interfere if they choose problematic goals.
8. T F Clients should always write down their change plans.
9. T F “Reaffirming commitment” refers to securing the client’s commitment to the change plan.
10. T F If clients balk at committing to a change plan, then “setting the alarm” can help them return to a more active process in contemplating change.
Developing a Change Plan, Commitment, and Support

Answers

1. **F** Although commitment does appear to be a crucial element, it is neither something that happens once nor the only crucial part of the planning process. Commitment will need to be revisited, strengthened, reaffirmed, and then supported throughout the change effort.

2. **T** SOARS is an acronym for the five elements to which we attend in the planning process: Set goals, sort Options, Arrive at a plan, Reaffirm and strengthen commitment, and Support change.

3. **F** Brainstorming is an important strategy, though it typically follows elicitation and discussion of clients’ goals for change. The first step after hearing a positive response to a key question is to find out what the client would like to change, then to develop strategies that target these areas. It is at this point that brainstorming is usually done.

4. **T** We start broadly when eliciting goals. This breadth allows attention to other client needs and contexts that may be more important. However, once these broad goals have been developed, honing them into more focused, achievable aims helps clients develop appropriate strategies, measure progress, and determine if alterations are needed.

5. **T** Although we don’t want clients to act recklessly, we do want them to think broadly and creatively about what will work for them. As with many problem-solving approaches, including extremes can assist people with identifying novel, or at least unconsidered paths, to success.

6. **T** Clients are responsible for the change and therefore they must be invested in the plan. They must feel that the plan is theirs and not ours. Without this sense of ownership, sustainable change will be less likely to occur.

7. **F** As good guides, we don’t let clients choose problematic goals without offering our concerns. Although clients must choose their own goals, this does not mean that we stand by quietly. Again, expressing our concern in an MI-consistent way is the essence of good MI practice.

8. **F** Although there are many reasons why writing down a plan may be helpful, this is not the only way to construct a plan, and for some people it simply does not fit. In some situations, it might even be dangerous. For example, victims of interpersonal violence are usually strongly encouraged to create a safety plan, if they return to their partner, as a step in changing their circumstance, but not typically encouraged to write down this information.

9. **T** Although the client has already indicated global commitment to a change, this step secures specific commitment to the plan that has just been negotiated. Although this step could feel redundant or patronizing in some instances, it provides the opportunity to elicit implementation intentions—which research indicates are very helpful in the initiation, sustaining, and modification of change plans when needed, as well as in avoiding fatigue in change efforts (Gollwitzer, 2014).

10. **T** Hesitation and ambivalence are normal. Some clients will realize they are not yet ready to take action. Helping them to “set the alarm” puts them into a more active mode in which they are identifying and looking for signs that indicate their readiness.
Let’s return to the interchange with Tanya. She has just decided that she will pursue antidepressant medications as a goal, but there is no plan in place. Here we see a brief but active planning process.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P:</strong> Where do you stand on this medication idea?</td>
<td>Another key question would ask if she is ready to move forward.</td>
</tr>
<tr>
<td><strong>C:</strong> I guess I will.</td>
<td>Weak commitment talk.</td>
</tr>
<tr>
<td><strong>P:</strong> You’re not crazy about it, and you’re willing to move forward with it. How might you do that?</td>
<td>Notes ambivalence, but acts directionally by reinforcing commitment. Then adds a question to elicit her ideas.</td>
</tr>
<tr>
<td><strong>C:</strong> I have a name at home. When I talked with my friend before, she gave me her psychiatrist’s name, and I still have it—I’m pretty sure I know where. She liked her, and I trust my friend.</td>
<td>She offers a specific thought about how to do it rather than a broad sorting of options. The trust in her friend likely increases her willingness to follow through.</td>
</tr>
<tr>
<td><strong>P:</strong> That feels like a good option. And if she isn’t available?</td>
<td>Reinforces and checks for how obstacles might be handled. This is a form of sorting through options.</td>
</tr>
<tr>
<td><strong>C:</strong> I guess I’ll ask for some other names from their office.</td>
<td>Client provides an option.</td>
</tr>
<tr>
<td><strong>P:</strong> You’ll ask. I could also provide some names, if that would be helpful.</td>
<td>Surface reflection, then offers resources. It may be pressing practitioner’s agenda.</td>
</tr>
<tr>
<td><strong>C:</strong> Let me start with this person and then if that doesn’t work, I’ll call.</td>
<td>Client asserts her autonomy and chooses a form that makes sense to her.</td>
</tr>
<tr>
<td><strong>P:</strong> It sounds like you have a plan. When do you think you’ll do this?</td>
<td>Reinforces plan. Asks another question about timing.</td>
</tr>
<tr>
<td><strong>C:</strong> Probably as soon as I get home.</td>
<td>Tentative statement.</td>
</tr>
<tr>
<td><strong>P:</strong> Probably . . .</td>
<td>Picks up on the weak modifier and works to reaffirm and strengthen her commitment.</td>
</tr>
<tr>
<td><strong>C:</strong> (Laughs.) OK. As soon as I get home.</td>
<td>Client is moving with provider and handles this press without problems.</td>
</tr>
<tr>
<td><strong>P:</strong> (Laughs.) Other clients have taught me that it’s good to have a firm idea about when.</td>
<td>Reinforces and uses other clients as an aid in this process.</td>
</tr>
</tbody>
</table>
Statement

C: I can see that. Today. I’ll do it today.

P: And if that doesn’t work out like you hope?

C: Then I’ll ask for other names or I’ll call you.

P: You sound clear in your plan and your decision and your ability to do it.

C: It’s funny, but I’m feeling much better now, even though nothing’s happened yet.

P: That hope feels good, and you know it’s built on your taking that next step of calling the psychiatrist when you get home.

Commentary

Firm commitment to plan.

Practitioner works on implementation intentions.

Client completes the thought.

Reinforces plan and commitment and affirms client’s ability to follow through.

Hope emerging?

Practitioner recognizes the hope, as well as the risk of a public declaration undermining the client working toward the goal, and so links it to acting on the client’s plan and not just stating the plan.

This dialogue is an example of a plan that is not written, but it includes specific elements and has a timeline in it. The practitioner checks to see that the client has the resources needed to succeed and follows the client’s lead, but also addresses ambivalence when it arises and strengthens commitment. Finally, the practitioner remains alert to implementation intentions and helps bridge the gap between public declarations and initiating action. This is an active guiding style, which includes information sharing and planning for challenges that could arise. Although other elements might be added to this planning process later, on this topic there is a clear agreement on what will be done, when it will be done, and what will happen if problems arise. It is also manageable, and the client feels capable of handling it. Notice how her mood and attitude have shifted during the course of this encounter.

Try This!

This is a good time to return to Activity V: Planning with Russell, to look at that example of the planning process. Fill out the Planning column of the activity sheet and then check it against the key.

Here are a few additional exercises to hone your skills in the planning process. This is a good time to work with a partner, as it will allow some practice in the interactive aspects. It is also important to begin inserting these skills into your clinical encounters. Again, if this approach is still feeling difficult, it’s probably time to seek out additional training and/or supervision and coaching.
Exercise 13.1. What’s Next?
Developing Additional Change Plans

In this activity we return to the interaction with Tanya and practice developing change plans for the areas that were mentioned but not addressed in the interchange.

Exercise 13.2. Developing a Change Plan Form

Here is an opportunity to develop your personal form for use with clients. Begin with the form provided in the exercise at the end of the chapter and then modify it to a format that fits your style, work context, and clients. Don’t forget to write a brief introduction that you might use with your clients. Remember, this introduction is not to be read to your clients, but just aid in organizing your thoughts. Once you’ve designed it, try the form out with a client. After this pilot test, revise it and then try it with another client. Continue this process until you feel comfortable with the introduction and use of the form.

Exercise 13.3. Targeting Questions: Planning

As in Chapters 5, 8, and 10, this is an opportunity to practice forming good questions, but this time targeting clients in planning. Once again, you will read a client statement and then form two different questions. Because planning requires a specific target behavior, and this information is not presented in these statements, you will have to infer. You may also have to use a reflection to get into your question—which is always good practice, so feel free to do so. You can use all of the different types of questions you learned in this chapter and in the prior one (“Transitioning into Planning”). Feel free to thumb back through those chapters to refresh your memory.

Exercise 13.4. Targeting Reflections: Planning

Now we turn our attention to practicing forming reflections, but this time with the aim of targeting clients in planning. Once again, you will read a client statement and then form two different reflections. Similar to change talk, we need a specific target behavior for planning purposes. We don’t have these behaviors clearly articulated in the statements, so we need to infer based on the limited information provided. Again, feel free to thumb back through these chapters to refresh your memory.

Exercise 13.5. More Useful Questions

Here is an opportunity to practice creating targeted questions. Look at the prompt and try to develop three questions that will develop the change plan and/or strengthen commitment.

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1 Adapted with permission from Miller and Rollnick (2002). Copyright © The Guilford Press.
**Exercise 13.6. The Four R’s of Supporting Change**

In this activity you will use your imagination. In particular, you will imagine a follow-up appointment with Tanya, 3 months after you’ve completed a brief treatment sequence. You’ll use what you’ve learned about Tanya to anticipate challenges she might have encountered, think through what strategy might fit this situation, and then write an approach to capitalize on this strategy.

**Partner Work**

Exercises 13.1, 13.3, 13.4, 13.5, and 13.6 can be done with a partner. Work as a team to complete this interaction with Tanya, developing change plans or anticipating how you’d support her efforts at change. You could also get some feedback from your partner on your change form. Give the partner the introduction and then work through the form together. Hear what worked and where he or she thinks there is still work to be done on the form.

**Exercise 13.7. Back to the Future**

If more practice is desired, partners could return to their completed worksheets for Exercise 12.2 and use these as launching pads for developing change plans. One partner plays the client suggested by the scenario. You’ll work to a conclusion and a confirmation of commitment (if appropriate). Then choose another scenario and switch roles. You can also play a client becoming tentative and deciding not to change. Practice setting the alarm in this scenario.

**Other Thoughts . . .**

Challenges remain in planning. We addressed one challenge in Chapter 12: underestimating ambivalence. Now we tackle overprescription and insufficient direction. “Overprescription” is a variation on the righting reflex. In this situation we fail to attend to client resources and needs in the planning process. Our expertise and experience can be significant resources to clients, but—as noted earlier—only if these fit with clients’ views of how change can occur for them. That is, they must embrace these ideas as suitable and appropriate to their situation. Otherwise we risk developing an elegant but ultimately flawed blueprint for change because we failed to attend to the most important element: the person who must enact the change. A “yes, but . . . ” response should be viewed as a cue clients feel the solutions are ours, not theirs.

Another challenge is the opposite of overprescription: insufficient direction. In this situation we have left clients entirely to their own devices. It would be as though we moved into a following style when the client needed us to continue guiding or even directing. Reflections are still intermixed in this process, especially when ambivalence appears, but
information should also be provided about options, as well as benefits and risks attendant to those. If the client develops a plan that has serious flaws, good guides would not be content—as noted earlier—to simply shrug their shoulders and say, “It’s his [her] plan.” Instead, good guides would express their concerns directly, especially when the client is making a dangerous choice. However, this is the difference between offering a concern and stating a warning. A warning is, “If you continue to drink, given the fragile health of your liver, you are likely to die.” A concern is expressed in this way: “I’m very worried about your decision to drink, given the compromised state of your liver. My fear is your liver will fail and you could die. It’s still your choice—not mine—but I am very concerned. What are your thoughts?”
## EXERCISE 13.1  What’s Next? Developing Additional Change Plans

In this activity we will return to the interaction with Tanya and practice developing additional change plans for areas that weren’t addressed initially. The dialogue, originally encountered in Chapter 12, has been reprinted, along with commentary, below.

Following this interchange are directions to focus your attention on a particular point in the dialogue where the interaction could have gone productively in another direction. After this instruction, the dialogue takes you on this new branch. The form asks you to respond to specific prompts and then imagine the client’s response. You complete the dialogue for both practitioner and client. Continue this process through the end of the form. Then you will have another opportunity to practice.

<table>
<thead>
<tr>
<th>Original dialogue</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P:</strong> You sound like you are ready to do something, though you aren’t quite sure what would be helpful here.</td>
<td>This response is not a question, but notice how the statement acts as a key question. The second half of the statement is a natural lead in to planning.</td>
</tr>
<tr>
<td><strong>C:</strong> Exactly. What do you suggest?</td>
<td>Asks for information.</td>
</tr>
<tr>
<td><strong>P:</strong> I have some ideas, based on what other people like yourself have done, but I also want to find out what area feels most important to you. Where would you like to begin?</td>
<td>Practitioner will respond to request, but first wants to check for the client’s priorities; this leads to a key question.</td>
</tr>
<tr>
<td><strong>C:</strong> Well, if we could begin with the pain, that would be great.</td>
<td>Responds directly.</td>
</tr>
<tr>
<td><strong>P:</strong> The pain feels like it is driving this bus.</td>
<td>Provides a simile/metaphor.</td>
</tr>
<tr>
<td><strong>C:</strong> Yeah. I think if I could just feel a little bit better physically, then everything else would be easier to do. You know what I mean?</td>
<td>Begins articulating a path for change.</td>
</tr>
<tr>
<td><strong>P:</strong> Like if you could just turn down the volume, then you could deal with all this other noise.</td>
<td>Offers another deeper reflection.</td>
</tr>
<tr>
<td><strong>C:</strong> Exactly.</td>
<td></td>
</tr>
<tr>
<td><strong>P:</strong> You seem pretty clear about how this works for you. <em>Tell me a little more about what you know about how emotions—especially depression—and pain work together.</em></td>
<td>Provides affirmation, then moves to the beginning of E-P-E.</td>
</tr>
<tr>
<td><strong>C:</strong> When I’m in pain, I don’t do things, and I don’t feel well. I don’t see my friends. I get angry more easily. I snap at my kids and my husband. Then I feel crappy and get depressed.</td>
<td>Draws clear connections.</td>
</tr>
</tbody>
</table>
A New Branch

Focus on this client statement: “I don’t do things, and I don’t feel well. I don’t see my friends.” Read the new dialogue and then fill in the boxes according to the prompts provided. Don’t worry if you don’t know the specifics in this area as a practitioner. Use your good sense about what might work for a person in pain. As for the client responses, try to imagine what it would be like if you were in chronic pain. Again, the goal is to negotiate a change plan.

**New dialogue**

P:  You don’t do things.

C:  Yeah. I ended up sitting home, doing nothing. Then I just focus on how bad I feel.

P:  One thing just piles on top of another, like bricks on top of bricks.

C:  And I end up buried beneath it all.

**Commentary**

Offers a simple reflection that targets an area.

Provides additional information.

Provides a little deeper reflection; the metaphor may add emotional resonance.

Agrees. There is now the start of a mutual agenda.

Elicits information on current or prior efforts at change in this area.

Provides important data.

Provides additional information.

Provides a reflection and a probe that signals a possible closing of the discussion.

Agrees.

Provides a summary and asks a key question about moving into planning.
<table>
<thead>
<tr>
<th>New dialogue</th>
<th></th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>C:</td>
<td></td>
<td>Commits to making a change, but does not specify how.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Provides a reflection and then asks a question about client goals.</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Articulates things she would like to have, or conversely, would like to avoid or not have.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Provides a reflection or two.</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Adds an additional goal or two.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Summarizes and asks a question about how she might accomplish these goals.</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Expresses uncertainty about how to proceed.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Provides some ideas in the form of a menu. (Don’t forget to ask permission.)</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Chooses all the suggestions.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Helps Tanya narrow down the possibilities. Provides an explanation as to why a more focused plan might bear more fruit.</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Agrees and articulates how she might accomplish this plan.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Adds an idea to her plan and asks her view.</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Concurs with plan.</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Asks a question regarding her commitment to the plan.</td>
</tr>
<tr>
<td>C:</td>
<td></td>
<td>Commitment!</td>
</tr>
<tr>
<td>P:</td>
<td></td>
<td>Reinforces commitment.</td>
</tr>
</tbody>
</table>
**What’s Next? Developing Additional Change Plans**  (p. 4 of 5)

Now use the same strategy for the following statements. Note that the prompts have changed slightly.

“I get angry more easily.”
“I snap at my kids and my husband.”

<table>
<thead>
<tr>
<th><strong>New dialogue</strong></th>
<th><strong>Commentary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P:</strong> You get angry more easily, and you’re responding in a way you don’t like to your family.</td>
<td>Offers a simple reflection, followed by a reframe.</td>
</tr>
<tr>
<td><strong>C:</strong> Yeah. I never used to be this way. Now little things just set me off. It’s like, who is this person?</td>
<td>Provides additional information.</td>
</tr>
<tr>
<td><strong>P:</strong> Like someone else entirely and not someone you particularly care for . . .</td>
<td>Offers a little deeper reflection.</td>
</tr>
<tr>
<td><strong>C:</strong> Sometimes they deserve it. It’s like they don’t get how uncomfortable I am.</td>
<td>Some discord to this deeper reflection.</td>
</tr>
<tr>
<td><strong>P:</strong></td>
<td>Responds to the discord and returns to her concern.</td>
</tr>
<tr>
<td><strong>C:</strong></td>
<td>Provides important data.</td>
</tr>
<tr>
<td><strong>P:</strong> Like someone else entirely and not someone you particularly care for . . .</td>
<td>Acknowledges but doesn’t jump into problem solving. Probes for more.</td>
</tr>
<tr>
<td><strong>C:</strong></td>
<td>Provides additional information.</td>
</tr>
<tr>
<td><strong>P:</strong></td>
<td>Reframes the response slightly.</td>
</tr>
<tr>
<td><strong>C:</strong></td>
<td>Provides additional information, but also shows ambivalence.</td>
</tr>
<tr>
<td><strong>P:</strong></td>
<td>Summarizes, taking care to acknowledge the ambivalence. Asks a key question.</td>
</tr>
<tr>
<td><strong>C:</strong></td>
<td>Commits to making a change, but does not specify how.</td>
</tr>
<tr>
<td><strong>P:</strong></td>
<td>Provides reflection, then asks a question about her goals.</td>
</tr>
<tr>
<td><strong>C:</strong></td>
<td>Articulates things she would like to have, or conversely, she would like to avoid or not have.</td>
</tr>
</tbody>
</table>
### What’s Next? Developing Additional Change Plans

<table>
<thead>
<tr>
<th>New dialogue</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>Provides a reflection or two.</td>
</tr>
<tr>
<td>P:</td>
<td>Agrees but again notes her ambivalence.</td>
</tr>
<tr>
<td>C:</td>
<td>Summarizes, with attention to ambivalence. Asks a question about how she might accomplish these goals.</td>
</tr>
<tr>
<td>C:</td>
<td>Expresses uncertainty about how to proceed.</td>
</tr>
<tr>
<td>P:</td>
<td>Provides some ideas in the form of a menu. (Don’t forget to ask permission.)</td>
</tr>
<tr>
<td>C:</td>
<td>Expresses uncertainty about these options.</td>
</tr>
<tr>
<td>P:</td>
<td>Finds out more about what concerns her.</td>
</tr>
<tr>
<td>C:</td>
<td>Describes concerns and articulates how she might accomplish this goal.</td>
</tr>
<tr>
<td>P:</td>
<td>Suggests an addition to her plan and asks her view.</td>
</tr>
<tr>
<td>C:</td>
<td>Concurs with plan.</td>
</tr>
<tr>
<td>P:</td>
<td>Asks a question eliciting commitment to plan (implementation intentions).</td>
</tr>
<tr>
<td>C:</td>
<td>Commitment language is weak.</td>
</tr>
<tr>
<td>P:</td>
<td>Explores her uncertainty.</td>
</tr>
<tr>
<td>C:</td>
<td>Isn’t ready to commit.</td>
</tr>
<tr>
<td>P:</td>
<td>Sets the alarm for when she might be ready.</td>
</tr>
<tr>
<td>C:</td>
<td>Articulates when she might be ready.</td>
</tr>
<tr>
<td>P:</td>
<td>Provides a summary.</td>
</tr>
</tbody>
</table>
Sample Responses for Exercise 13.1

Note: In both of these examples we might like to round out these plans more. However, the structure of the prompts limits our ability to do so. When you do this with your clients, it is likely that the dialogues would be longer and more involved.

This sample focuses on this client statement: “I don’t do things, and I don’t feel well. I don’t see my friends.”

<table>
<thead>
<tr>
<th>New dialogue</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>P: You don’t do things.</td>
<td>Provides a simple reflection that targets an area.</td>
</tr>
<tr>
<td>C: Yeah. I ended up sitting home, doing nothing. Then I just focus on how bad I feel.</td>
<td>Provides additional information.</td>
</tr>
<tr>
<td>P: One thing just piles on top of another, like bricks on top of bricks.</td>
<td>Offers a little deeper reflection; the metaphor may add emotional resonance.</td>
</tr>
<tr>
<td>C: And I end up buried beneath it all.</td>
<td>Agrees. There is now the start of a mutual agenda.</td>
</tr>
<tr>
<td>P: My guess is you’ve probably tried some things to get yourself out of that spot.</td>
<td>Elicits information on current or prior efforts at change in this area.</td>
</tr>
<tr>
<td>C: I have. I’ve tried reaching out to my friends.</td>
<td>Provides important data.</td>
</tr>
<tr>
<td>P: You’ve called them.</td>
<td>Acknowledges but doesn’t jump into problem solving. Probes for more.</td>
</tr>
<tr>
<td>C: And sometimes texted or emailed, but it always seems hard to make it work.</td>
<td>Provides additional information.</td>
</tr>
<tr>
<td>P: You’ve actually been quite active, reaching out in multiple ways and persisting when it didn’t quite happen.</td>
<td>Reframes the response slightly.</td>
</tr>
<tr>
<td>C: Yeah. I guess so. And sometimes it does happen, just not always.</td>
<td>Provides additional information.</td>
</tr>
<tr>
<td>P: Not a 100% of the time. . . . Anything else about how you’ve been reaching out to friends?</td>
<td>Provides a reflection and a probe that signals a possible closing of the discussion.</td>
</tr>
<tr>
<td>C: I don’t know, but it’s time to do something different.</td>
<td>Agrees.</td>
</tr>
<tr>
<td>P: You’re ready to try something. What would it look like if it were happening more?</td>
<td>Summarizes and asks a key question about moving into planning.</td>
</tr>
</tbody>
</table>

(continues)
Sample Responses for Exercise 13.1 (cont.)

**New dialogue**

C: I’d like to be getting out of the house at least once a week and maybe twice—maybe spread it out over the week so I had something to look forward to. It also takes it out of me, so I should probably have some down time afterward.

P: You’ve got a couple of numbers in mind for how often, as well as a bit of internal schedule for when.

C: It might be nice if one of these was a lunch or brunch with a friend.

P: As you think about it, some things are clear for you. You’d like to have things you know are going to happen, which you can look forward to. Although you said one, you also noted two times a week is what you’d really like, and that one of these would include a meal. How might you make that happen with your friends?

C: That’s the hard part. They’re just so busy.

P: And that’s been a stumbling block. I have a few thoughts. Would you be interested in hearing them? [Yes.] One idea is to schedule a time when you get all your friends together and talk about your desire to see them, and need to get out, and have them all troubleshoot creating a schedule that is workable for all of you. Another is to create a schedule with regularly identified time slots, but asks people to choose only a time or two a month—depending on how many friends you have available—to fill in those slots. The last one would be to choose an activity or activities that are regularly scheduled—like a book club, civic group, etc.—where you could be out socializing with a new group that already exists and then have a lighter schedule with friends. Which, if any, of those make sense to you?

C: I think they all sound great. I think I should combine all of them.

P: All three sound good to you. Here is one thing clients have taught me. If they start smaller and experience success right off the bat, it is a lot easier to feel encouraged and build on that, then if they start big and don’t quite make it happen, in which case they feel discouraged.

C: Makes sense to me. Okay, I’d like to get everyone together, but I know that will be hard, so how about if I send out an email to everyone that lets them know what I am asking for and see if they can fill a slot or two?

P: This may or may not be helpful to you. I wonder if it would be good to limit the number of slots to begin so you don’t feel disappointed if some go unfilled. What do you think?

**Commentary**

Articulates things she would like to have, or conversely, would like to avoid or not have.

Provides a reflection or two.

Adds an additional goal or two.

Summarizes and asks a question about how she might accomplish these goals.

Expresses uncertainty about how to proceed.

Provides some ideas in the form of a menu. (Don’t forget to ask permission.)

Chooses all the suggestions.

Helps Tanya narrow down the possibilities. Provides an explanation as to why a more focused plan might bear more fruit.

Agrees and articulates how she might accomplish this plan.

Adds an idea to her plan and asks her view.
**Sample Responses for Exercise 13.1**  (cont.)

<table>
<thead>
<tr>
<th>New dialogue</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>C:</em> Yeah, that’s probably smart. I don’t want to get my feelings hurt because people are busy.</td>
<td>Concurs with plan.</td>
</tr>
<tr>
<td><em>P:</em> It seems like starting this plan—of contacting friends by email, explaining what you’re doing and why, and asking them to choose a time slot—will help you achieve your goal of getting out and having more contact with friends. When will you send out your email?</td>
<td>Asks a question regarding her commitment to plan.</td>
</tr>
<tr>
<td><em>C:</em> I’ll send it today, after I get home from the store.</td>
<td>Commitment!</td>
</tr>
<tr>
<td><em>P:</em> You’re ready to get this plan rolling.</td>
<td>Reinforces commitment.</td>
</tr>
</tbody>
</table>

Here are sample responses for these statements:

“I get angry more easily.”

“I snap at my kids and my husband.”

**New dialogue**

<table>
<thead>
<tr>
<th>P: You get angry more easily, and you’re responding in a way you don’t like to your family.</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers a simple reflection, followed by a reframe.</td>
<td></td>
</tr>
</tbody>
</table>

| C: Yeah. I never used to be this way. Now little things just set me off. It’s like, who is this person? | Provides additional information. |

<table>
<thead>
<tr>
<th>P: Like someone else entirely and not someone you particularly care for . . .</th>
<th>Offers a little deeper reflection.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C: Sometimes they deserve it. It’s like they don’t get how uncomfortable I am.</th>
<th>Responds to the discord and returns to her concern.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>P: They don’t understand what a real struggle it is for you and how the pain leads you to respond in a way that you’re not happy with.</th>
<th>Provides important data.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C: Like I have a really short fuse. I just can’t tolerate things as well.</th>
<th>Acknowledges but doesn’t jump into problem solving. Probes for more.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>P: Things you might have allowed to roll off your back—like a duck in water—just don’t slide off any more.</th>
<th>Reframes the response slightly.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C: Then I say things I don’t really mean or at least not in the way I want to.</th>
<th>Provides additional information, but also shows ambivalence.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>P: You know how you want to be in relationship with your family.</th>
<th>Summarizes, taking care to acknowledge the ambivalence. Asks a key question.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C: I do. I want to be supportive and nurturing, but instead I feel so uncomfortable, I’m grumpy and sarcastic.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>P: Let me see if I have the big picture here. You feel stuck at times. The pain is real and it gets in your way of taking a step back when things happen. You know how you want to be in relationship to your family, and you’re not there now, but you want to get there. What now?</th>
<th></th>
</tr>
</thead>
</table>

(continued)
Sample Responses for Exercise 13.1 (cont.)

New dialogue

C: 
I don’t know, but I can’t keep doing what I’ve been doing. It’s time.

P: 
Time to find a new way. How would it look different at home, if you found this new way?

C: 
I’d be more patient. I’d enjoy my husband and kids more instead of biting off their heads for the little things that are always gonna happen.

P: 
You’d spend time doing things you like with your family, and you’d be able to slow down your reaction when the everyday stuff happens.

C: 
I try to do that now—slow things down—and sometimes it works, but not always.

P: 
Not always, but sometimes it does and then you feel successful. You’d like to have that positive feeling more often. And you’d like to have it more generally with your family. How might you help yourself take that step back?

C: 
I don’t know. If I knew, I would be doing it.

P: 
I have a few ideas, based on what other clients who’ve struggled with their anger have tried. Might you be interested in hearing about those? [Sure.] One thing people have tried is to sometimes turn the stove down on that pot of boiling water. By that, I mean they work at relaxing their bodies and minds by doing something like meditation, deep breathing, or progressive relaxation. This won’t make all the pain go away, but it might help relax the tension enough to slow down that reaction time. Another thing people try is giving themselves permission to say to the person or persons “I’m angry, but I need to calm down before I respond.” They then give themselves a time out until they’re ready to respond. A third approach people sometimes use is to learn to notice and respond to the automatic thoughts that often accompany anger and to intervene with those, before responding. Which of these feel the most helpful to you?

C: 
I’m not sure any of them really do.

P: 
They don’t feel like they really fit for you.

Commentary

Commits to making a change, but does not specify how.

Provides a reflection, then asks a question about her goals.

Articulates things she would like to have, or conversely, she would like to avoid or not have.

Provides a reflection or two.

Agrees but again notes her ambivalence.

Summarizes with attention to ambivalence. Asks a question about how she might accomplish these goals.

Expresses uncertainty about how to proceed.

Provides some ideas in the form of a menu. (Don’t forget to ask permission.)

Expresses uncertainty about options.

Finds out more about what concerns her.

(cont.)
<table>
<thead>
<tr>
<th>New dialogue</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>C: I've tried meditation and I just don’t seem to be able to make it work. I’d feel a little silly timing myself out. I don’t think I quite understand how checking my thoughts would change how I respond. I think what I probably need to do is what’s worked before and that is tell myself “Stop. Take a deep breath. Hold it to the count of 10. Breathe.” Then I respond.</td>
<td>Describes concerns and articulates how she might accomplish this goal.</td>
</tr>
<tr>
<td>P: And it sounds like that has been pretty successful for you before. I wonder if you might be open to a suggestion? [Sure.] I wonder what might happen if while you were holding your breath and then exhaling, if you said to yourself, “Be peaceful”? What do you think about adding that?</td>
<td>Suggests an addition to her plan and asks her view.</td>
</tr>
<tr>
<td>C: Yeah. I think that would be good, and I could do it again if I don’t feel peaceful quite yet after the breath.</td>
<td>Concurs with plan.</td>
</tr>
<tr>
<td>P: You already had a pretty good idea of what would work for you. It’s a matter of recommitting to enacting that plan and perhaps adding a little something to it. Is this what you intend to do?</td>
<td>Asks a question regarding her commitment to plan (implementation intentions).</td>
</tr>
<tr>
<td>C: It’s what I need to do.</td>
<td>Commitment language is weak.</td>
</tr>
<tr>
<td>P: You sound unsure.</td>
<td>Explores her uncertainty.</td>
</tr>
<tr>
<td>C: I know I should do that. It’s just easy for me to react sometimes—and sometimes, like I said, they deserve it.</td>
<td>Isn’t ready to commit.</td>
</tr>
<tr>
<td>P: It sounds like you’re okay with doing the plan some of the time, but not quite sure you want to commit to doing it when you feel in the right. What would need to happen for you to feel like I really need to do something different, even when they’re wrong and I’m right?</td>
<td>Sets the alarm for when she might be ready.</td>
</tr>
<tr>
<td>C: That’s a really good question, and I don’t really know. I certainly don’t want to be someone who sacrifices her family just so she can be right. I need to think about that.</td>
<td>Articulates when she might be ready.</td>
</tr>
<tr>
<td>P: It does sound like it’s complicated. You know yourself and the kind of person you want to be in relationship to your family. You’re also honest with yourself, and you’re not going to try to fool yourself. It seems like you’re ready to do this plan some of the time as a way to reduce your anger with your family, but you want to do some more thinking about what it would take to commit to it every time.</td>
<td>Provides a summary.</td>
</tr>
</tbody>
</table>
EXERCISE 13.2. Developing a Change Plan Form

Here is an opportunity to develop your personal form for use with clients. Begin with the worksheet form on page 454, and then modify it to a format that fits your style, work context, and clients. Don’t forget to write a brief introduction that you might use with your clients. Once you’ve designed it, try out the form with a client. After this pilot test, revise it and then try it with another client. Continue this process until you feel comfortable with the introduction and use of the form.

Sample introduction:

“We’ve been talking about what you might do. Some clients find it very helpful to write down possible options, so they can have a tangible reference. Posting it in a public place can also aid in maintaining commitment. There are data indicating that people who state their intentions and make them known to others are more successful in making the change they want, if they view this statement as in indication of their commitment to making the change. The written document also serves as a visual reminder of their decision. Still, this is your decision, and some people choose not to do it. What makes sense to you?”

Your introduction:
Change Plan Worksheet

My reasons for making this change are:

Here are my goals in making this change:

Here is how I am going to do it:

<table>
<thead>
<tr>
<th>Specific action</th>
<th>When?</th>
<th>How?</th>
</tr>
</thead>
</table>

Here are some ways others can support my change:

Three people who support my change

1.

2.

3.

Two people who’ve made a similar change

1.

2.

One person I can count on for immediate help

1.

What are some challenges I might encounter and how I might handle them?

If this challenge . . .

Then I will . . .

I will know my plan is working when I see these results:

EXERCISE 13.3. Targeting Questions: Planning

As in Chapters 5, 8, and 10, this is an opportunity to practice forming good questions, but this time targeting clients in the planning process. Once again, you will read a client statement and then form two different questions. Because planning requires a specific target behavior, and this information is not presented in these statements, you will have to infer. You may also have to use a reflection to get into your question—which is always good practice, so feel free to do so. You can use all the different types of question you learned in this chapter and in the prior one (“Transitioning into Planning”). Feel free to thumb back through those chapters to refresh your memory.

1.  
   I think the child needs to understand that you're the parent and he or she needs to mind you. Too often I see kids acting sassy, and I won't put up with that disrespect.
   Question A:

   Question B:

2.  
   I don't get what we are supposed to be doing here.
   Question A:

   Question B:

3.  
   I love my kids, but sometimes they push me to the edge, and then I do things I shouldn't.
   Question A:

   Question B:
4. I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.

Question A:

Question B:

5. My problem is my wife and her constant complaints.

Question A:

Question B:

**BONUS**

6. Here we go again: same old stuff, just a new version.

Question A:

Question B:
Sample Responses for Exercise 13.3

In some of these situations a reflection seems appropriate (and needed) before the question. You might have found this to be true as well. Similar to change talk, we need a specific target behavior for planning purposes. We don’t have this clearly articulated so we need to infer based on the limited information we have. As a reminder, MI coders put open statements, which often begin with “Tell me about . . .,” into the open question category.

1. I think the child needs to understand that you’re the parent and he or she needs to mind you. Too often I see kids acting sassy, and I won’t put up with that disrespect.

   Engaging:
   Sample Question A: Tell me a little more about what being a parent means to you.
   Sample Question B: How does parenting fit into the big picture of your life?

   Focusing:
   Sample Question A: When you’re at your best as a parent, what are you like?
   Sample Question B: What do you wish to have more of in your relationship with your child?

   Evoking:
   Sample Question A: What concerns you about how that’s been going for you and your child?
   Sample Question B: Where do you see this headed, if nothing changes, for you and your child?

   Planning:
   Sample Question A: You want to see it done differently. How might you go about doing that in your life?
   Sample Question B: Where might you begin?

2. I don’t get what we are supposed to be doing here.

   Engaging:
   Sample Question A: What’s your understanding of why you are here?
   Sample Question B: What information would be useful for you?

   Focusing:
   Sample Question A: It’s confusing to you. What would be a useful way for us to spend our time together?
   Sample Question B: The priorities seem unclear. What seems most important to focus on as you consider the big picture of your life?

   Evoking:
   Sample Question A: It’s confusing to you. A place to begin might be, what would you like to be different?
   Sample Question B: This doesn’t feel productive. Where would you like to put your energy toward making things different?

(cont.)
Sample Responses for Exercise 13.3  (cont.)

Planning:
Sample Question A: You’d like to have a plan. What might a first step look like?
Sample Question B: What are your ideas about how to proceed?

3. I love my kids, but sometimes they push me to the edge, and then I do things I shouldn’t.

Engaging:
Sample Question A: What are the feelings like after one of these episodes when you’ve felt pushed and then reacted in a way you didn’t like?
Sample Question B: What are those times like when you are not pushed to the edge?

Focusing:
Sample Question A: What is a typical day like with your kids?
Sample Question B: I have concerns when parents feel pushed to the edge. Would it be okay if I shared those concerns with you and then heard your thoughts?

Evoking:
Sample Question A: What do you wish you had done differently?
Sample Question B: What makes you feel like you could do it differently?

Planning:
Sample Question A: What have you thought about doing instead?
Sample Question B: How might you make a change in this area?

4. I am really tired of dealing with all of this crap. I just can’t do it anymore. Something has to change.

Engaging:
Sample Question A: What sorts of crap have you been dealing with?
Sample Question B: Tell me about the big picture of your life and how this crap fits into that picture.

Focusing:
Sample Question A: As you look around at all of this crap, what feels the most important for you to take on at this point?
Sample Question B: My guess is you’ve already tried changing some of these things. Tell me a little about what you know works better for you.

Evoking:
Sample Question A: What has to change?
Sample Question B: What do you want it to change to?

Planning:
Sample Question A: Where do you stand with making that change?
Sample Question B: What have you thought about doing instead?
Sample Responses for Exercise 13.3 (cont.)

5. My problem is my wife and her constant complaints.

Engaging:
Sample Question A: What would need to happen for your wife to quit complaining?
Sample Question B: So, your wife is unhappy with some things—how about you?

Focusing:
Sample Question A: What are some of the areas that feel most important in this ongoing dialogue you have with your wife?
Sample Question B: You’re not happy with how you and your wife are interacting. What are some the areas that are most troublesome for you?

Evoking:
Sample Question A: In what ways would you like to see your relationship with her be better?
Sample Question B: What’s your sense of what needs to change on your side for this to be better?

Planning:
Sample Question A: If you were to make a change, where do you think about starting?
Sample Question B: What have you thought about doing?

6. Here we go again: same old stuff, just a new version.

Engaging:
Sample Question A: What does this pattern look like to you?
Sample Question B: This is one part of your life you don’t like. What are some of the other parts you do like?

Focusing:
Sample Question A: It seems like there are lots of areas where we could spend our time today. Is this the area that feels the most productive, or is there another area you’d like to spend our time on?
Sample Question B: It sounds like you might like to put your energy into something else. What might that be?

Evoking:
Sample Question A: If you were 6 months down the road and a better version were here, what would that look like?
Sample Question B: On a scale of 1 to 10, how important is it to you for some new, different stuff to happen, with 1 being not at all important and 10 being extremely important?

Planning:
Sample Question A: You’re done with that old version. What now?
Sample Question B: What have you found worked before, when you tried to make it come out differently?
EXERCISE 13.4. **Targeting Reflections: Planning**

Now we turn our attention to practicing forming reflections, but this time targeting clients in the *planning* process. Once again, you will read a client statement and then form two different reflections. Similar to change talk, we need specific target behaviors for planning purposes. We don’t have these clearly articulated in the statements, so we need to infer based on the limited information provided. Feel free to thumb back through these chapters to refresh your memory.

1. *I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.*
   
   Reflection A:  
   
   Reflection B:  

2. *Marijuana is legal in lots of places now, and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke, and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.*
   
   Reflection A:  
   
   Reflection B:
3. My family think I work too much and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and it takes me away from the family, which I don’t like.

Reflection A:

Reflection B:

4. I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.

Reflection A:

Reflection B:
Sample Responses for Exercise 13.4

Similar to change talk, we need specific target behaviors for planning purposes. We don’t have these clearly articulated, so we need to infer based on the limited information provided.

1. I want my daughter to eat a healthier diet. I am concerned that she’ll be at risk for health problems if things don’t change. She’s reluctant, as you might guess, and I just can’t seem to get consistent.

   Engaging:
   
   Sample Reflection A: You really want to help your daughter.
   Sample Reflection B: You’re concerned for her health.

   Focusing:
   
   Sample Reflection A: Finding ways to engage with her on this issue is important to you.
   Sample Reflection B: Part of what you’re looking for are methods to be more consistent methods in approaching this issue.

   Evoking:
   
   Sample Reflection A: You’re concerned about how things have been going for you and your child around this issue.
   Sample Reflection B: Your aim is to be able to talk to your daughter in a way that helps draw out her motivation.

   Planning:
   
   Sample Reflection A: You’re thinking it might be time to try some new ways to be more consistent.
   Sample Reflection B: You have some ideas about how to help her.

2. Marijuana is legal in lots of places now, and so I feel like some of the old arguments don’t make sense. Sure, if you do anything too much it can be a problem, but that’s not how I smoke, and alcohol causes way worse problems. Sure, my wife’s not happy about it, and she’s worried about the kids finding out, but I still go to work and do chores around the house.

   Engaging:
   
   Sample Reflection A: It feels like marijuana gets treated unfairly.
   Sample Reflection B: Things are a bit bumpy around the house because of the marijuana.

   Focusing:
   
   Sample Reflection A: Marijuana is pretty important to you.
   Sample Reflection B: Your relationship with your wife is pretty important to you.

   (cont.)
Sample Responses for Exercise 13.4 (cont.)

Evoking:

Sample Reflection A: You’re pretty certain the marijuana isn’t causing any problems. (Attitude matters here.)
Sample Reflection B: Marijuana is important enough to you that it feels worth it to put up with your wife’s concerns and the risk of the kids finding out.

Planning:

Sample Reflection A: You’re not ready to make any changes now, but you could foresee a time down the road where if something changed, you would want to.
Sample Reflection B: You seem to know what kinds of issues with work, kids, or at home would make you rethink your use.

3. My family think I work too much and they give me a hard time sometimes. I think it’s because they don’t see my frame of reference. I love what I do and I feel like it makes a difference for people. They see it as burdensome because they don’t experience work the same way. On the other hand, I do know it wears me out at times, and takes me away from the family, which I don’t like.

Engaging:

Sample Reflection A: You love what you do.
Sample Reflection B: Your family is concerned about you.

Focusing:

Sample Reflection A: You want to have a work–home balance that feels right.
Sample Reflection B: Both of these—family and work—are priorities for you.

Evoking:

Sample Reflection A: You want to have a work–home balance that feels right, and you’re not sure you’re there.
Sample Reflection B: So, you feel caught in between, but know that something needs to change.

Planning:

Sample Reflection A: You have thoughts about what a better work–home balance would look like.
Sample Reflection B: There are some things you want to communicate to your family, even as you work toward a better balance.

(cont.)
4. I want to have faith and I do feel spiritual, but I just have trouble with some of the hypocrisy I see in people who attend religious services. They say one thing and do another, and that really turns me off. I also have a hard time believing in some of the things organized religion claims. These seem goofy to me.

*Engaging:*
  
  Sample Reflection A: You feel spiritual.
  
  Sample Reflection B: You keep trying to embrace organized religion.

*Focusing:*
  
  Sample Reflection A: Finding faith feels important to you.
  
  Sample Reflection B: Exploring how you might make religion work for you continues to feel vital. It’s not something you can just walk away from.

*Evoking:*
  
  Sample Reflection A: Something is missing.
  
  Sample Reflection B: You want to tap into something that transcends yourself and connects you with others.

*Planning:*
  
  Sample Reflection A: You’ve been looking for and thinking about ways to get back involved.
  
  Sample Reflection B: There are some ways you’d like to see your life be different in this area.
EXERCISE 13.5. More Useful Questions

Here is an opportunity to practice creating even more targeted questions. Look at the prompt and try to think of three questions that will develop the plan and/or strengthen commitment.

When you are asking for . . . narrowing of goals . . .

Sample response: What would you like to be different?

1. 

2. 

3. 

When you are asking for . . . sorting options . . .

Sample response: How might you go about doing this?

1. 

2. 

3. 

When you are working to . . . arrive at a plan . . .

Sample response: What might get in the way?

1. 

2. 

3.
When you are asking for . . . commitment to the plan . . .

Sample response: *Now that you have a plan, where do you stand with doing it?*

1.

2.

3.

When you are asking for . . . setting the alarm . . .

Sample response: *Since now might not be the right time, what will need to happen for it to be the right time?*

1.

2.

3.

When you are asking for . . . a follow-up discussion, after the client did not commit . . .

Sample response: *When last we talked, you weren’t quite ready to jump in. I’m wondering where that is sitting for you now.*

1.

2.

3.
Sample Responses for Exercise 13.5

When you are asking for . . . setting narrowing of goals . . .

1. *How would you like things to be better?*
2. *What specifically are you hoping will change?*
3. *What do you see as the first change?*

When you are asking for . . . sorting options . . .

1. *What have you considered doing?*
2. *What’s worked for you before?*
3. *What have you heard other people do?*

When you are working to . . . arrive at a plan . . .

1. *What’s the first step?*
2. *How will you know it’s time to implement this strategy?*
3. *Who might support you in this process?*

When you are asking for . . . commitment to the plan . . .

1. *When do you start doing this?*
2. *What do you think about doing this plan?*
3. *If you run into trouble, then what will you do?*

When you are asking for . . . setting the alarm . . .

1. *When could you see this changing?*
2. *What would need to change for this to feel like now is the time?*
3. *What things will you watch for to know when that time has come?*

When you are asking for . . . a follow-up discussion, after the client did not commit . . .

1. *What are your thoughts now about it?*
2. *Since we last met, what came up for you as you thought about this area?*
3. *So, what’s been going on in your head about this decision?*
EXERCISE 13.6. The Four R’s of Supporting Change

In this activity, you will use your imagination. You will imagine a follow-up appointment with Tanya, 3 months after you’ve completed a brief treatment sequence. Here’s what we learned during our eight sessions working together. Tanya has several resources with which to help her solve problems in her life. She has a history of being an active self-starter, once she knows what to do. However, her pain at times creates blinders for her and so she can become paralyzed, unable to act, and then slips into depression. This depression tends to have an irritable quality, which in turn affects her relationships with others, especially her family members.

During your work together, Tanya met with a psychiatrist and initiated antidepressant medications. These seemed to help, but they also had side effects that she didn’t like. In particular, she experienced weight gain and diminished sexual interest and pleasure. However, she felt the tradeoff was one she was willing to tolerate. She’d also begun a nearly daily practice of meditation and a more general focus on mindfulness to help her manage her tendency to worry and exacerbate her pain. Although her pain management improved in her estimation, it was also a chronic condition and so never went away entirely. Her depression diminished significantly, and she began engaging in more pleasurable activities, especially with her family. Overall, her rating of pain and discomfort had dropped from a 9.5 out of 10 (“It can always be worse,” she noted), to a 3.5 or 4.

When you completed your work together, you agreed to check in at 3 months to see how she was doing. She declined to set an appointment, but did want a follow-up phone call. You called yesterday and left a message on her cell phone. She returned the call and left the following message.

“Hi, Doc. It’s probably good you called. Things have been better overall, but I’m also struggling a bit. My pain has crept back up—nowhere near where it was—but still about a 6 or 6.5. I don’t know that I need an appointment, but it might be good to touch base. If you can call tomorrow between 8 and 12, I’ll be home and will keep my cell close by. If that doesn’t work, let me know a time that would work better. Thanks, Doc.”

What might be some of the issues you would anticipate could be causing that pain number to creep up? For example, she might have changed medications to try to diminish side effects and the new medication is either not effective or not at a therapeutic dosage presently. Think about all the issues we’ve discussed about Tanya and identify four possibilities. Write those next to the numbers and then go on to the next part, which explains what to do regarding the strategy and approach components.

1. Strategy:

Approach:
Now think about the four R’s of replanning, reminding, refocusing, and reengaging. Which of these strategies might fit with the four possibilities you’ve identified? Once you’ve identified a strategy that might address each issue, write out what you might say to Tanya that employs that strategy.

Example: *Tanya might have changed medications to try to diminish side effects, and the new medication is either not effective or not at a therapeutic dosage presently.*

Strategy: *Replanning, refocusing, reminding, and reengaging might all fit, though replanning seems to be the best fit.*

Approach: *Tanya, when we last talked you had some concerns about your antidepressant medications. I’m wondering what has happened in that area since then and if it is an area where we might spend some time looking at how things are working.*
Sample Responses for Exercise 13.6

Tanya stopped taking her medications . . .

Strategy: Replanning, reminding, reengaging—a combination of reengaging and reminding make sense.

Approach: Assuming she had already told me about stopping her medications and the reasons why, I would begin by summarizing. It might go something like this: “Initially, you had some benefits from the medications, but over time you began to feel as though the side effects were outweighing the benefits. Now you’re noticing some things are heading back in the direction you don’t want to go. I wonder if we might go back and just revisit what some of your thoughts were when you decided to try the medications. Would that be okay with you?”

Tanya had a flare-up in her pain . . .

Strategy: Replanning seems to be the strategy that makes the most sense in this circumstance.

Approach: Assuming she had already told me about the flare-up, I would begin by asking if she would like to spend some time on planning in this area (key question). It might go something like this: “Things were going along pretty well until this flare-up. Would it be helpful for us to talk through some approaches to handling that? [Yes.] Tell me a little bit about what you’ve either thought about or tried and what happened with each of those? [Provides information.] Would it be okay if we took each of those in a little more detail just so I know what you did, how you did it or what got in the way of your being able to do it, and what the outcomes were?”

Tanya had an angry verbal exchange with her husband that sent her into a downward spiral, and she stopped using the techniques we discussed . . .

Strategy: Reengaging seems to be the strategy that makes the most sense in this circumstance, though replanning, reminding, and refocusing might all be appropriate.

Approach: Assuming she told me about the incident and that she is presently safe and doesn’t feel at risk for violence, I would begin by summarizing. It might go something like this: “Things were going along pretty well and then this fight happened and it really threw you for a loop. It’s a bit like you’re a tightrope walker and you’ve been knocked off the wire. Now you’re wondering if you should get back on. I can imagine both sides might hold some attraction. Tell me about what you’ve been thinking.”

Tanya experienced improvement in her pain and has begun to try to think about returning to work, but is wondering if work is a good idea. Her inability to work in the manner she did before has caused her to revisit painful feelings about her place in the work world.

Strategy: Refocusing, given that this is a new area of attention, makes sense.

Approach: “The big picture shows there have been some areas of real change. Although this is good news, there are also some complications that we hadn’t anticipated. It makes sense, then, that we might sit down and think through how you might manage some of these new challenges. Where do you think you’d like to start?”
EXERCISE 13.7. **Back to the Future**

In this exercise, you will need the completed worksheets for Exercise 12.2. Use these scenarios as launching pads for developing change plans. One partner plays the client suggested by the scenario. Here is the process:

- The partner in the practitioner role provides the transitional summary and then asks a key question. (You should read this over and then say it in your own words, rather than reading it, to build authenticity.)
- The partner in the client role responds affirmatively to the key question and then creates the remainder of the story as the exercise unfolds.
- The practitioner works through developing a change plan. Remember to use the initial four elements of SOARS (**S**elect goals, **O**ptions, **A**rrive at a plan, **R**eaffirm and strengthen commitment). Work to a conclusion that ends with a confirmation of commitment. Pay attention to implementation intentions.
- Then choose another scenario and switch roles.
- Also, play a client becoming tentative and deciding not to change. Practice setting the alarm in this scenario.
We began this book as a journey of exploration and now we are at the point of asking, what now? Of course, at this point, this question sounds very familiar to us. It is a key question that asks how do we take these ideas and put them into practice?

As we can see in the definitions above, there are lots of ways to think about practice. The final chapter leads us further into an exploration of those ideas about practice and helps us to consider where we are in the process of learning MI, what needs to happen now, and how we might go about doing that. Here is a spoiler alert: This is an ongoing process that does not end at the completion of this book; that might be the bad news. The good news? The practice of MI changes us.
Learning MI

Opening

“Hello, there. We are a private nonprofit agency serving __________ with Head Start, WIC, Healthy Families, etc. We are interested in bringing in a dynamic trainer for 1.5 days on a Thursday and Friday in March. Please call. My number is . . .”

“I am looking for a longer intensive training in the __________ area. I have been to a 1- or 2-day workshop, but it has been a while. Is it possible to have one in my area? If I helped bring it here, would I be able to attend for a reduced fee?”

“I am the executive clinical director at __________ and would like to discuss training for our staff of 25 therapists. If you prefer to reach me by phone, please contact me at . . . Thank you.”

“I am a clinical social worker . . .”

“I’m a graduate student . . .”

“We are a group of probation officers . . .”

“The psychiatrists in our practice have read about MI and they know the studies, but aren’t sure how to translate it into practice . . .”

These are all real openings that have landed in my inbox or on my voicemail in the last few months. All are people who’ve heard something about MI and now want to learn more. Over time, the nature of these questions and subsequent training has changed, but the essence remains the same: “What is MI, and how can I [or we] learn to do it?”

A Deeper Look

To answer these two questions, I use a combination of research about training, implementation science, and opinion based on my 24+ years of experience in training practitioners from diverse fields in MI. Although it’s common to provide answers with certitude in the self-help
section of psychology, the truth is there is rarely clear truth. Research moves incrementally and as the picture becomes richer, it also becomes more nuanced. There are certain things that have become quite clear, but there are many areas where we have an incomplete picture. What follows, then, is my best interpretation of what the science says, layered with a thick covering of humility, as other scientists of goodwill might view and argue it differently.

Moreover, if I might, I would suggest a healthy dose of skepticism if someone tells you they have the seven easy steps (or something similar) for learning MI. It’s not that easy. After all, putting on a golf course is not hard, right? Just use a stick with a flat surface, line the ball up with the hole, swing softly and smoothly, and knock it in the hole. Easy, right? What’s so hard about that? If you’ve ever played golf, you know the folly of that view (and it’s part of why I don’t play). So, too, it is with MI. It may look simple, but simple is not easy. In thinking about this task, let’s start with how this workbook fits into learning MI.

This book reviews MI concepts and provides an opportunity and a means to develop greater comfort and facility with MI skills. It is not meant to supplant participation in an MI training experience. However, it may serve as a useful supplement and/or an initial “ground school” to learn the concepts and practice of MI, or, and as I have often done, it may be useful as a resource for people after an initial training to reinforce concepts, broaden and deepen skills, and to assist in maintaining proficiency.

My work as a trainer has convinced me that slowing down the training process often aids people in learning. As we just noted, MI skills can look deceptively simple at first viewing. However, Simpson (2002), in evaluating the complexity of substance abuse interventions, has placed MI at the complex end of the intervention continuum. To accommodate this complexity, a five-step process underlies my approach to training:

1. Tell—give a brief didactic or exercise designed to elicit information.
2. See—observe or recognize the skill in action.
3. Do in slow motion—often a writing task or a skill in isolation, many times done in a group situation.
4. Perform—isolate skills and do them in real time.
5. Build—work from easier to more complex and chain more complicated skills together.

The reasons for this process are fourfold:

1. Using multiple modalities permits more ways to engage learners.
2. Slowing down the learning enough to see the nuances allows people to experience the complexity of the skills.
3. Stepping people through the skill, before asking them to produce it in “real time,” builds confidence in their ability to do so.
4. Scaffolding the learning allows participants to feel readier to take on complex skills, as well as learn the nuance of each technique.

This workbook is an extension of that thinking. I arranged the exercises to work from the less complex to the more complex, as well as from recognition to production in isolation to
performance in real time. This approach works to build self-efficacy, which is an important factor in practitioners’ ability to produce a new behavior (Bandura, 1997). It is also consistent with Duckworth’s (2016) writing about deliberate practice and the focusing on small aspects, practiced with attention and repetition, until these areas are executed with great proficiency.

There appear to be essential elements to be learned in MI (Madson, Loignon, & Lane, 2009; Miller & Moyers, 2006; Morgenstern et al., 2012), though even here the research is inconsistent about which elements are most critical. There is a need for additional research on the order, timing, and manner of that learning. Even then, we might expect there is no single, optimal way to learn. Still, there are data available about learning MI, and this chapter provides a brief review of that information targeted to the needs of the individual practitioner. In that regard, the learning of MI can be divided into three basic questions:

1. “What do I need to learn the basic concepts of MI?”
2. “What do I need to reach beginning proficiency in MI?”
3. “What do I need to reach expert proficiency and maintain that level of MI skills?”

“What Do I Need to Learn the Basic Concepts of MI?”

Knowledge of MI basic principles can be transmitted through a variety of methods (Arkowitz & Miller, 2008). The evidence stretches back almost 20 years now that this can be done relatively efficiently. Handmaker, Hester, and Delaney (1999) taught basic principles and core skills for obstetricians using a 20-minute video; they also noted skill gain in expressing empathy, minimizing patient defensiveness, and supporting women’s beliefs in their ability to change. Voss and Wolf (2004) describe transmission of MI principles and skill concepts to medical residents through a 3.5-hour combination of lecture and video-based demonstrations. Martino and colleagues (2007) report findings in several areas about brief MI training. For example, they found third-year medical students can be taught a brief, MI-based intervention in a single 2-hour training episode. Later, they trained substance abuse counselors (Martino, Haeseler, Belitsky, Pantalon, & Fortin, 2011) in a small pilot study, using a stepped-base approach to learning MI and found a distance learning Web course was sufficient for some learners. However, the practitioner’s baseline skill level mattered in these findings. That is, people already displaying higher levels of core skills were more likely to meet criteria after only a Web-based introduction to the MI application of these skills. There is a general consensus among MINT members that basic MI concepts can be conveyed in one, 7- to 8-hour training day. It may be that for some people it is sufficient to read this book or another MI book (and there is a burgeoning list of excellent MI books available, as was noted at the start of this volume) or to take an online course to learn the basic concepts of MI (Carpenter, Watson, Raffety, & Chabal, 2003).

“What Do I Need to Reach Beginning Proficiency in MI Skills?”

This is a very straightforward question that deserves a direct answer. Yet, the answer is complex and nuanced. We need to know what we mean by “proficiency” and then we can begin plotting routes. It makes sense, then, to begin with proficiency.
To define “proficiency” a few things are required. We need to know what makes a difference for clients. There is a growing evidence base supporting the mechanisms of change in MI (Apodaca & Longabaugh, 2009). We can divide these into three general categories. First, MI-consistent behavior tends to increase change talk (e.g., Gaume, Gmel, Faouzi, et al., 2008; Vader et al., 2010). Second, MI-inconsistent behavior tends to increase sustain talk (e.g., Apodaca et al., 2014; Apodaca et al., 2016). Third, the ability to work in an intentional manner (i.e., carefully selecting what we respond to) influences the effectiveness of MI behavior and outcomes (e.g., Barnett, Moyers, et al., 2014; Borsari et al., 2015; Glynn & Moyers, 2010; Houck & Moyers, 2015). All three of these factors have been found to predict better outcomes for clients. Given the material in the preceding chapters, these are not terribly surprising findings.

In general, the research matches MINT trainers’ opinions that beginning proficiency can be obtained in MI training after 2 to 3 days of introductory training (Madson, Lane, & Noble, 2012). This format usually involves a 2-day workshop with a blend of didactic, observational, experiential, and practice activities. Skill practice appears important (Barwick, Bennett, Johnson, McGowan, & Moore, 2012). Many researchers (e.g., Baer et al., 2004, 2009; Brug et al., 2007) report skill gains after a 2-day workshop that includes skill practice. These skill gains are present across a range of community practitioners, including addictions providers, mental health therapists, child welfare workers, criminal justice workers, and medical and allied health personnel (cf. Schwalbe, Oh, & Zweben, 2014). It seems clear the rudimentary skills necessary to implement MI can be taught and learned in a workshop format, if practice is included.

In terms of general guidance for practitioners, a 2-day introductory skill training (or its equivalent) is a good way to learn basic skills in MI. Practitioner skills can reach preestablished criteria for emerging proficiency (Baer et al., 2009; Madson et al., 2009). However, the workshop format is not the only method. Other systems are emerging (e.g., simulation programs) that hold great promise as complementary as well as alternative means to learn MI skills. Given the rapidity with which these new programs are emerging, I encourage you to explore more by typing terms such as “motivational interviewing simulator programs” into your favorite search engine to see what is available currently.

Moving beyond research studies or formal coding systems, MI trainers often use implicit guidelines to assess skill levels. For example, at the completion of a beginning training, here are some things I look for: Practitioners produce one reflection for every question they ask. Although that might seem like a low bar, most practitioners enter training asking far more questions than they offer reflections. They can also produce deeper reflections, though they may tend to stick with more surface-level ones. On balance, they’re asking more open than closed questions. They understand the importance of affirmations and can produce these when prompted. Summaries have become briefer and more intentionally organized. Practitioners can also distinguish between change and sustain talk and respond to each with a reflection, though they tend to stay on the surface and miss subtler forms of change talk. They distinguish between preparatory change talk and commitment. There is the capacity to use E-P-E, though practitioners still tend to either hop into, or feel pressure to engage in, unsolicited advice giving. There is a more partner-oriented view of the work with clients, indicative of MI spirit, and a growing awareness in the practitioner of
how he or she must change, if the client is to work in a more autonomous manner. This can also be revealed by “light-bulb moments,” wherein the practitioner suddenly realizes how engaging clients in his or her usual manner might be at odds with an element of MI spirit. There is typically excitement at this discovery and a new sense of self-efficacy, even as they relinquish the idea of control. At a global level, there is an emerging skill set, and, as such, there is a need for additional practice and coaching for those skills to become consolidated, deepened, and extended.

Unfortunately, this is the point where training in MI ends for many practitioners—which is problematic for the reasons noted, as well as a few others. Specifically, such training might not translate into skill change in practice (Barwick et al., 2012), or it may also lead to diminished interest and confidence in using MI for practitioners who are initially less ready to learn MI (Decker & Martino, 2013). Perhaps the worse outcome is one I see too frequently, where a practitioner says, “I already know how to do that.” Then, when given an opportunity to demonstrate, the practice looks nothing like MI.

“What Do I Need to Reach Expert Proficiency and Maintain That Level of MI Skills?”

Let’s begin with a few truths. Bill Miller and Steve Rollnick learned to do MI without taking a course, doing a workshop, or reading a book in MI. Could someone be self-taught in MI and be proficient? Yes, though this would require a dedication to craft and practice that would exceed simply reading a book. Stated another way, you might learn concepts about MI from a book, but you begin to learn MI by doing it.

It may be just like with music, where some people have a natural ear for MI, so they acquire and deploy these skills more easily. Research is mixed about who might be better or less suited for learning MI. It may be folks with a natural affinity will require less training than others who find the MI approach is at odds with their natural style or change paradigm. Still, it is likely that most learners will need some type of organized activity to learn the basic skills and concepts of MI.

Those of us fortunate enough to be present for the emergence of MI also learned to do it with much less than what is presently available. It was a process of learning by doing, with some degree of coaching and feedback. It is also true that the field is no longer in that place. As the science stands now, a 2-day workshop, even though it is a primary mechanism for learning basic MI concepts and skills, is generally insufficient to make one proficient in MI skills (Schwalbe et al., 2014). You will likely need more than this initial training.

Another truth is that the science is not yet settled about what constitutes MI proficiency. However, there is clear and compelling evidence that MI-consistent behavior predicts more change talk and MI-inconsistent behavior predicts more sustain talk/discord (e.g., Barnett, Spruijt-Metz, et al., 2014; Magill, Stout, & Apodaca, 2013; Magill et al., 2014). Although the relationship between client language and client outcome is complicated, the general thrust remains evident: Practitioner behavior influences client language, which in turn predicts and influences client outcomes (e.g., Apodaca et al., 2014; Gaume et al., 2016). Proficiency matters; simply knowing about MI is not enough.
Although the final gold standard for MI proficiency needs to be determined empirically, there is evidence that some factors are clearly needed. Specifically, what has emerged is the importance of feedback and coaching in the enhancement and maintenance of skills. This finding also aligns with what has been emerging over the last decade in the area of implementation science (May, 2013), specifically around practitioner competence (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Feedback and coaching are one part of the puzzle. Miller et al. (2004) report that either feedback or coaching combined with feedback produce acquisition, improvement, and maintenance of skills. Interestingly, this study did not find that coaching alone was sufficient; only coaching and feedback together led to increased levels of client change talk. In contrast, Smith et al. (2007) note that providing “real-time” coaching did improve performance after workshop attendance. The real-time coaching, accomplished via a “bug in the ear” telephone connection, allowed the trainer to provide intervention suggestions as the session unfolded. There were also opportunities for coaching during a session break and postsession. Although some gains were modest for this very intensive training, these results did show skill gain and maintenance at 3 months posttraining. The gains were most evident in basic MI skills (e.g., ratio of reflections to questions). Taken as a whole, these findings suggest that as a practitioner, you would likely benefit from the teaching and coaching that comes from a more seasoned practitioner or trainer, particularly when it’s done in combination with structured feedback.

In all these studies a challenge was noted. Practitioners often do not take up the offer of additional feedback or coaching. Forrester, McCambridge, Waissbein, Emlyn-Jones, & Rollnick (2008) noted that although coaching improved clinician skills, very few social workers took up their offer for free coaching, and the maximum number of sessions completed was three of the five offered. Moyers et al. (2007) also reported low levels of participant compliance in completing the enriched condition in their study. Bennett et al. (2007) noted that the modal number of tape self-review, coaching calls, and submission of tapes for review was one. This finding matches the anecdotal observations of MINT trainers, which indicate the offer of follow-up coaching is rarely accessed, unless the organization either actively encourages or mandates it. The rather obvious conclusion is that if our aim is to improve, then we need to seek out and use the services provided.

Additional training in the nuances of MI skills also appears to be important. Madson, Loignon, and Lane (2009) note most training reported in the research literature fails to address the latter elements in Miller and Moyers’s (2006) list of eight tasks in learning MI. (Miller and Moyers labeled these as stages, but have since agreed these are more akin to tasks and so that is the term used here.) In surveying MINT trainers, Madson et al. (2012) note training aims are influenced by things such as the time available, professional context, and prior skill/knowledge of trainees. Although many trainers consider the eight tasks to be valuable, they use them as a guideline and do not require complete competence in one area before moving on to the next task. This approach appears to reflect a belief in interdependent skills rather than a sequential stage model as a better fit to the practices of MI trainers. This means, of course, that the skills targeted and acquired in the initial training will vary, based on the trainer. Thus, the skills needed after that training will also vary. In addition, there were changes that happened in the third edition of Motivational Interviewing that
are not reflected in this eight-tasks model. Obviously, working through this workbook is one method for adding this information and skills. Taking intermediate and advanced trainings are another way. The two in combination may serve to complement each other, but it is important the trainer be using MI-3 concepts and not working from older versions of the MI text.

With regards to continued training, generally speaking, practitioners will need to focus on deepening and broadening skills. Madson and colleagues (Madson et al., 2012; Madson et al., 2009) indicate attention in these trainings is typically focused on eliciting and strengthening change talk, developing a change plan, consolidating commitment, and switching between MI and other treatment methods. I would add the nuanced use of reflective listening is a key component to these advanced trainings.

Practically speaking, here is what I observe in advanced trainings and beyond, as people become more proficient with MI. With regard to listening, practitioners work more consistently below the waterline on the iceberg. That is, they move comfortably into deeper reflections. They literally hear more, while working less to form reflections. They instead just listen intently. As they do this, they develop a more nuanced recognition of change talk or opportunities for change talk. Their reflections go beyond just recognizing change talk, but instead seek to elicit and strengthen change talk. That is, they go beyond what is apparent to draw out what might be present for clients. Information sharing and use of affirmations happen in rhythm and keep attention to change talk at the forefront. They do not reinforce sustain talk by eliciting or reflecting more of it. Understanding and use of the four processes become more fluid. Practitioners move from a mechanistic view of moving through stages or up steps, to a more fluid use of the processes as they move adeptly in response to each interaction. In this manner, they also move from a focus on the material directly in front of them to the bigger picture of what is happening with this client and what might need to happen for him or her to move forward in the change process. At the same time, the work feels less effortful. These practitioners appear to be relaxed and be fully present rather than effortfully attempting to “do” MI.

Organizational support matters, particularly if adoption of MI skills by the agency is a goal. Miller, Sorensen, et al. (2006) note that levels of organizational readiness (Simpson, 2002) and support of new practices influence skill acquisition. If the culture or work practice does not support the use of MI, even the enthusiastic and well-trained MI practitioner will find it difficult to sustain MI practice. Our research hints that MI “champion activity” may influence skill maintenance (Hartzler, Baer, Dunn, Rosengren, & Wells, 2007). That is, the presence of someone who actively promotes the use of MI through activities within an agency leads to greater skill maintenance at short-term follow-up. These activities can vary widely. Examples of champion activities include posting signs reminding people of MI skills, apportioning times of staff meetings for MI discussion, sending out email reminders, writing MI columns in agency newsletters, and arranging for additional training review or skill practice. Still other activities include setting up learning communities, making time available for coaching and supervision of practice, and targeting assessment to assist practitioners in their work. Powell and colleagues (2015) have compiled a list of activities that can assist organizations. Large-scale implementation requires even more of the organization (Karlin & Cross, 2014) and will change how the organization works (Fixsen et al., 2005).
It’s not a surprise, then, that leadership within an organization also matters in supporting practitioner implementation.

Leadership and organization variables may feel less within practitioner control. However, there are some things individual practitioners can do to help themselves. First, talk with leadership staff about the importance of its involvement in supporting the use of evidence-based skills. Second, seek out learning communities locally or online that can assist in enhancing and maintaining skills, while troubleshooting challenges at work. Third, set up a champion team within your organization. If it’s only one individual championing MI, the MI effort ends if that person leaves, changes jobs, becomes ill, etc. A team format protects against that situation. Fourth, set up a practice where you listen to and code your work. Self-assessment can be a valuable adjunct to learning and refining skills. Coding systems can be accessed on the MINT website (www.motivationalinterviewing.org).

**Concept Quiz—Test Yourself!**

1. **T** F The model for learning MI described here is the best way to learn MI.
2. **T** F Research has identified definitively the most critical MI elements to learn.
3. **T** F Research has suggested three important mechanisms for change within MI.
4. **T** F You can learn how to do MI in seven easy steps.
5. **T** F The concepts of MI can be learned in a single day of training.
6. **T** F This book can replace doing a training to learn the skills of MI.
7. **T** F Initial MI training may vary depending on the trainer, context of training, and length of training.
8. **T** F At the end of an initial 2-day training you can expect to have learned all the elements needed to use MI.
9. **T** F Coaching and feedback are critical elements in maintaining and enhancing skills.
10. **T** F Factors outside of the practitioner’s control—such as the organization—can influence competency and the ongoing use of a skill.

**Answers**

1. **F** Although there is general agreement about what tasks are important to learn, this agreement is based more on expert opinion and consensus than on research. Studies have not identified the most critical elements to learn in MI.
3. T Research has suggested three important mechanisms: MI-consistent behavior elicits change talk; MI-inconsistent behavior elicits sustain talk; and the ability to work in an intentional manner influences the effectiveness of this behavior.

4. F MI appears simple, but that does not mean easy. There are not seven easy steps for learning MI. As Simpson (2002) noted, this is a complex skill set. Expect to spend time practicing in order to improve. Just as with diets that promise weight loss with no effort on our part, we should be skeptical of these sorts of claims.

5. T I know. After all the harrumphing about how hard MI is to learn, this answer is correct. The MINT organization suggests that a single day of training can be used to convey the general concepts of MI, and the research suggests that a variety of brief mechanisms can be effective in this regard.

6. F There are no data on this issue to date. My own experience, as well as that of others, is that a resource like this book can aid in the process of training and may help with learning MI concepts. In the absence of data, I view the book as an adjunct, not an alternative, to training.

7. T Although MINT trainers endorse a common set of beliefs about training and the value of the eight tasks of learning MI, they also have different areas of emphasis. Moreover, surveys indicate the nature of the training situation, the professional groups targeted, and the length of training all influence the selection of training elements. Outside the MINT, we can expect even more variability in what is trained.

8. F The research shows quite clearly that the eight tasks of learning MI are rarely tackled entirely in a 2-day training. Moreover, knowing the concepts (which can be achieved in a day) is not the same as having learned how to use them effectively.

9. T All the implementation science, as well as the research in efficacy of training, indicate that coaching and feedback are critical elements in maintaining and enhancing skills.

10. T Implementation science indicates practitioner competence is essential to using an evidence-based practice with high fidelity. In addition, organizational support and leadership are also critically important in people’s competency and use of a skill.

In Practice

Let’s take a look at what a coaching and feedback session looks like when coaching with Prime Solutions®. This is a program that my organization, PRI, derived from the empirical research and built with Drs. Carlo DiClemente and Terri Moyers, along with consultation from Mr. Gerald Schulman. It is a treatment curriculum developed for practitioners to use for alcohol and drug use disorders. It uses MI as a primary clinical method, and the trans-theoretical model as a blueprint for working through the change process. In this exchange, “C” designates coach and “P,” practitioner.
THE PRACTICE OF MI

Statement
C: What were your reactions to the feedback form I sent you?

P: It seemed right on. I didn’t have a chance to go back and listen to the recording yet, but I could see what you meant.

C: There were no big surprises.

P: Well actually, I was a bit surprised at how high my scores were. I thought I’d be worse.

C: So, you're pleasantly surprised. Well, I have a couple of areas that I think might be fruitful to focus on today, but I also want to know what you think would be helpful.

P: I struggled with knowing what to do at a couple of points. It seemed like we got stuck.

C: Like you were deploying these skills, but not quite sure where to go. I noticed that you seemed unsure at a couple of points, so I have some ideas where we might start, but if you had particular places in mind, we can go there.

P: No, I don’t. I just recall that it happened.

C: Okay. What else?

P: Other things will probably come to mind, but that’s the big one for me.

C: If it’s okay with you, I’d like to tell you a little bit about how I structure these encounters. Is that okay? [Yes.] I like to begin by reviewing your strengths, what you’re doing well. We’ll listen to

Commentary
Coaching focuses on the practitioner and begins with an open question.
Practitioners are encouraged to self-review recordings. Often this doesn’t happen before the initial feedback session.
MI coaches typically use the same skills as MI practitioners. Here is a reflection, perhaps with a bit of amplification.
Sometimes this goes the other way, but often practitioners are quite concerned about their performance.
Again we see coaching mirror the use of MI with clients.
Practitioners, like clients, often have insights about where they need to focus attention.
Reflection; offers a bit of information and defers to practitioner.
Again, this is a frequent response and listening to the conversation often will spark further discussion.
Asks permission and then provides a structuring statement. The feedback begins with strengths intentionally, building on the positivity ideas noted in prior chapters. Skill practice will be
Learning MI

Statement

the recording to illustrate some of those things. Then we’ll spend some time looking at areas you might like to focus on for improving your skills. Finally, we’ll end with a look at where you fall in relationship to the standards for Solutions. How does that sound to you?

Commentary

integrated into the review for areas where the practitioner might improve.

This dialogue provides a glimpse into how coaching and feedback work in one situation that uses MI. As was evident, the coach uses the same skills to coach MI as to do MI. In fact, the coaching itself should be a model for the practitioner about how to use MI. Later, I’ll offer some ideas about how to find a coach.

Try This!

These are not exercises for learning MI. Rather, they are an opportunity to do some review that might help you decide what else you might wish to do to hone your skills. These are not empirically tested assessments. Instead, they are simply offered as guides for self-assessment.

Exercise 14.1. The Nine Tasks of Learning MI

Miller and Moyers (2006) identified eight stages for learning MI. As noted early, we now refer to these as tasks instead of stages, as that term is more accurate reflection of what is entailed with each element. This exercise adds a ninth task and asks you a series of questions to assess where you are in the learning process for each task.

Exercise 14.2. MI Skill Chart

The prior assessment asks you to think about the larger tasks of learning MI. This chart provides information about proficiency level in the different skill parts of using MI, and although it uses science in some areas, its mostly opinion. Think of it like a “Cosmo Quiz”—that is, like the quizzes that Cosmopolitan magazine includes within each issue for readers to self-assess on some trait. Similarly, this chart is meant for us to self-assess, but it shouldn’t be confused with empirically tested coding systems such as the MITI (Moyers et al., 2014), MISTS (Madson et al., 2005), or YAKS (Martino, Ball, Nich, Frankforter, & Carroll, 2008). The more honest you are, the more helpful it will be in guiding your efforts to build skills.

Exercise 14.3. Finding an MI Coach

This form simply includes some thoughts about who to consider for an MI coach and then some questions you might ask this person.
**Partner Work**

At this point, partner work will depend on your partners. If you have a coach, listening and coding recordings of work samples should be an ongoing part of this process. If you have partners who’ve been fellow explorers on this journey, you might simply ask them to rate Exercises 14.1 and 14.2 for you. You could also ask them to make two marks: one where they perceived you to be at the beginning of this journey and one where they see you now. Of course, this process invites a discussion about areas for continued work. It is also predicated on your trust in partners providing honest, supportive feedback on which you can act.

**Other Thoughts . . .**

Demonstrating skill competency in the helping professions appears likely to become a reality at some point in the not-too-distant future. There are initiatives afoot that seem likely to permit large-scale and efficient evaluation of practitioner skills. For example, within MI, there has been a series of articles published over the last 5 years demonstrating that software programs have the potential to identify counselor empathy (Imel, Barco, et al., 2014), themes in therapy (Imel, Steyvers, & Atkins, 2014), and distinguish reflections from other therapist responses (Can et al., 2016). The ability to use computer scoring systems would mean evaluations could be conducted at scale across entire systems of practitioners in a much more cost-efficient manner than is available presently. This development seems likely to have important implications for skill demonstration. Although there is reason to express concern about that development, there is also an opportunity to grow and improve our skills. Of course, the aim in all of this is to help clients improve, so being mindful of this end goal is important.

And with all this practice and coaching, does this mean that things will always go well once we master these skills? No. MI is generally effective, but not always. For example, some clients are very angry and looking for reasons to be angry with practitioners; this may be the case for you. Try other MI-consistent approaches with the client, and if these are still ineffective, change what you’re doing. A former professor used to say, “If what you’re doing isn’t working, for goodness’ sake, don’t do more of it. Do something else. Stand on your head if you have to, but don’t do more of the same!”

On the other hand, if many of your clients continue to react badly, then there are probably some things that need alteration in what you are doing. Although you could practice the core skills in the workbook again, this would also be a time to seek out expert review and coaching.

Finally, consultation is almost always a good thing, even with highly trained and skilled practitioners. Indeed, at my workplace, we have a group of highly skilled trainers and practitioners, and yet we still like to say, “Feedback is the breakfast of champions.” Here is my bit of unsolicited advice, which you’ve probably heard many times before: “A good breakfast is important!” Use it as you will, just as you’ve used this book. Cheers!
EXERCISE 14.1. The Nine Tasks of Learning MI

Miller and Moyers (2006) identified eight stages for learning MI. While this article provided a useful structure to elements in learning MI, it was clear these were not “stages” but rather “tasks” in learning MI. This exercise, building on the Miller and Moyers (2006) framework, uses the term “tasks” and adds one more task to the mix. With nine tasks now, this exercise poses a series of questions to assess where you are in the learning process for each task. Answer the following questions using a 5-point scale that extends from 1 = not at all agree to 5 = completely agree.

<table>
<thead>
<tr>
<th>Task</th>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embracing and conveying the spirit of MI</td>
<td>I find the four elements of the MI spirit fit my beliefs about what clients need.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>What the client thinks about change is far more important than what I think.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Understanding and working with the four processes</td>
<td>I can describe the four processes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I feel clear about how to alter my approach within each of the four processes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Using and being intentional with OARS+I</td>
<td>I can move easily among the five core skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I use my core skills with a purpose in mind.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Recognizing and reinforcing change talk</td>
<td>I hear change talk, even when it’s not obvious.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I find it easy to respond to change talk with a reflection.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Eliciting and strengthening change talk</td>
<td>Recognizing opportunities for change talk within sustain talk and discord.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I know how to elicit change talk even if I’m not hearing it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Dancing with and moving past discord</td>
<td>I feel relaxed in the face of discord.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I know how to address discord without the client or me getting stuck in it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Developing and revising a change plan</td>
<td>I know how to develop a change plan in an MI-consistent manner, including implementation intentions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I know how to have an MI-consistent conversation when the plan doesn’t work as expected.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Consolidating and reengaging client commitment</td>
<td>I know when and how to ask for commitment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I know what to do with ambivalence in people who are already making a change.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### The Nine Tasks of Learning MI (p. 2 of 2)

<table>
<thead>
<tr>
<th>Task</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. <em>I often see opportunities to use MI in the midst of my other work.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. <em>I know how to move into other methods without losing the MI spirit.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total the two questions under each task and put it into the gray square in the far right column for that task. Scores should range from 2 to 10. Here are some scoring guidelines:

- **2–4** = low confidence.
- **5–7** = modest confidence.
- **8–10** = high confidence.

For specific areas where you are low in confidence, you might want to think about reviewing those elements in the book again. If all areas are low, then you might consider doing another introductory training or obtaining a coach. For the modest areas, you might look to see if there is a pattern, with one of the questions being higher than the other. If so, you might specifically target that area. Coaching might also be of help here. If you’re high in all areas, congratulations. Still, you might ask yourself whether this is indeed an accurate reflection of your MI skills or where you aspire to be, but aren’t quite yet. Coaching can still be useful for you, but make sure you find someone who can help with the nuances of MI.
EXERCISE 14.2. MI Skill Chart

This chart is meant to be a way for you to self-assess your development across a number of skills that have been identified as important in doing MI. Put an “X” in the column of the chart that seems to best represent your current level of proficiency with each skill. If you find that your skill levels sometimes fall under both Beginning and Advancing columns, put an “X” in the Emerging or in the Beginning column, depending on where you see the balance of skills at this point. In either case, know your skills are improving.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Beginning proficiency</th>
<th>Emerging</th>
<th>Advancing proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four processes</td>
<td>Can articulate four processes; tend to either not use them or use them mechanistically</td>
<td></td>
<td>Move fluidly between the processes; recognize and use them as an organizational tool</td>
</tr>
<tr>
<td>Open questions</td>
<td>Ask more open than closed questions</td>
<td></td>
<td>Ask open questions in a directional manner; use closed questions strategically</td>
</tr>
<tr>
<td>Affirmations</td>
<td>Notice difference between cheerleading, compliments, and affirmations; can offer affirmation when prompted</td>
<td></td>
<td>Offer spontaneous affirmations that direct clients to their resources</td>
</tr>
<tr>
<td>Reflections—ratio of reflections to questions</td>
<td>1:1</td>
<td></td>
<td>2:1</td>
</tr>
<tr>
<td>Reflections—depth</td>
<td>Mostly surface, with some deeper reflections</td>
<td>Mostly deeper, with surface level done strategically</td>
<td></td>
</tr>
<tr>
<td>Reflections—directionality</td>
<td>Tend to follow the client; respond to change talk when evident</td>
<td>Tend to guide the client’s attention; respond to subtle or possible change elements</td>
<td></td>
</tr>
<tr>
<td>Reflections—sustain talk</td>
<td>Tend to be surface level, with some deeper reflections</td>
<td>Tend to be deeper reflections that acknowledge and move beyond sustain talk toward neutral or change directions</td>
<td></td>
</tr>
<tr>
<td>Summaries</td>
<td>Are shorter and more organized than previously</td>
<td>Tend to be succinct, targeted, and strategic</td>
<td></td>
</tr>
<tr>
<td>Information sharing</td>
<td>There’s a balance between asking permission and giving unsolicited advice; some uncertainty about whether it’s okay to share your thoughts</td>
<td></td>
<td>Share thoughts comfortably and with permission, but give preference to obtaining the client’s views and wisdom</td>
</tr>
<tr>
<td>Change talk</td>
<td>Recognize differences between change and sustain talk, and preparatory and mobilizing talk; reinforce obvious change talk</td>
<td></td>
<td>Recognize and respond to subtle forms of change talk</td>
</tr>
</tbody>
</table>

(continues)
### MI Skill Chart (p. 2 of 2)

<table>
<thead>
<tr>
<th></th>
<th>Beginning</th>
<th>Emerging</th>
<th>Advancing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MI spirit</strong></td>
<td>Recognize need for partnership, but tend to slip into advice giving (persuasion without permission) in areas of expertise</td>
<td>Actively elicit aspirations and encourage clients to choose methods that seem right for them</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognize and communicate worth, but struggle when clients make choices that negatively impact either themselves or others</td>
<td>Able to communicate accurate empathy and stay engaged, even when clients make problematic choices; affirms clients’ capacity to change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognize need for compassion, but may find it hard to maintain when client makes high-risk choices</td>
<td>While recognizing harmful choices, continues to work in the best interests of clients, respecting their autonomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>May elicit a few ideas, but then tend to either move into planning quickly or start offering other alternatives</td>
<td>Continue to draw out client ideas; offer ideas only when needed and in an MI-consistent manner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feeling—engaged and anxious about doing things right; curious and feel an urgency to move the conversation forward; struggle to be fully present because of pressure to do MI</td>
<td>Feeling—relaxed and engaged; curious about the client and where the conversation will move; peaceful and calm</td>
<td></td>
</tr>
</tbody>
</table>

In practice, differentiating elements of MI spirit is a challenge. As a result, these are presented together, and the counselor is encouraged to attend to how the interaction feels, as well as the more thinking and attitudinal elements.

Areas that you identify in the beginning proficiency level would be useful topics for initial coaching and feedback. Availing yourself of learning communities, advanced training, and/or simulation programs would all be potential resources to consider as well. Of course, you can always review those areas within this book and rework the exercises here. It is rare that we squeeze all the learning available out of an activity on our first time through.
EXERCISE 14.3. Finding an MI Coach

MINT is a good resource (www.motivationalinterviewing.org) for finding a coach. There is a member listing where you can search for someone close to you and by specialty training areas. However, with the increased use of desktop sharing software, there is no longer a requirement for proximity. It is critical to have ways to record and play client contacts. The discussion of a session is not nearly as useful as listening to the session and discussing what is heard. Practicing and demonstrating skills can also be a useful part of this process. Finally, there are many skilled MI practitioners who are not part of the MINT and would make excellent coaches.

Whether it is or is not through MINT, here are some points to keep in mind. There are three qualities that tend to make for excellent coaches or mentors. First, they’re knowledgeable and passionate about the subject matter. They know their stuff and can demonstrate it, if asked. Second, they set high expectations. Of course, these expectations should not be unreasonable, but they should guide us to move beyond what we’re doing presently. Coaches/mentors expect we will continue to develop and refine our skills, and they push us to reach slightly beyond our grasp. They should also be specific and give us concrete methods for improving these skills. Although it is true that we need to find our own voices in using MI, this is not the same as giving vague instructions to improve our listening or to help us go deeper on our reflections. Third, and especially important given what I just noted, they provide high levels of support. That is, even as they encourage us to practice skills we’re not able to enact presently, they support us as we move toward these skills. As part of this last category, we should feel comfortable with our coaches/mentors and that they have our best interests in mind. The two of us should be a good fit. Without this level of comfort and trust, we expend energy in the wrong areas, including defending ourselves rather than looking at and refining our skills. This does not mean one coach is better than another, rather one coach might match our needs, interests, and personality style better. Finally, it’s important to recognize that we can outgrow a coach. We may have tapped all that this coach can offer or we may simply need a fresh perspective. Or we might simply be ready to move onto becoming a coach for someone else!

Here are some questions you might consider posing to a potential coach:

- “How did you first learn about MI?”
- “What did you do to help develop your skills?”
- “What sorts of supervision/coaching did you receive?”
- “What do you feel are the important elements a mentee should receive from a mentor?”
- “How do you keep yourself current in MI concepts and techniques?”
- “What makes for a great coach in your view?”
- “How do you like to work in coaching?”
- “What would be your expectations for me outside of the coaching session?”
- “How does the use of recordings fit into your coaching?”
- “What sort of coding or feedback system do you use with recordings/observations?”
- “What are your procedures for safekeeping these recorded materials?”
- “What are common areas for you to focus on in coaching?”
- “What do you feel like your strengths are as a coach?”
- “What do you enjoy in the coaching process?”
- “What types of mentees would not be a good fit for you?”
- “What is your fee?”
Establishing an MI Learning Community

In addition to using a partner, you might consider setting up an MI learning community. It is not necessary to be an MI expert to lead this group, but being someone who is willing to make the group happen is. In our research, we refer to this as being an MI champion. Because there is a broad array of settings in which this type of learning community might occur, the recommendations are also broad. You will need to adapt these to your setting.

Being an MI Champion

If you decide to be a champion, there are a few prerequisites to starting a learning group. First, recognize and confirm that you are enthusiastic about learning more and improving your MI skills. Your purchase of this book indicates that you may already be well on the path. Second, communicate your enthusiasm to others. Although emailing is a great way to send information en masse, we have found that it does not generate the type of response and commitment that a personal connection does. So, call or talk to your coworkers or colleagues about your idea of starting a learning community. Once they indicate interest, then you can follow up with email. Third, set up an initial meeting time with interested parties; discuss your aspirations for the community and solicit potential community members’ interests. Encourage attendance at this meeting as a chance for participants to gather information and then decide if they want to join the group. Be clear that attendance at the first meeting is not a commitment to being part of the community; it just means they want to learn more about what it will be. Fourth, establish the parameters of the meetings (e.g., when, where, how often, agenda or agenda making) and have someone take notes. Finally, send out a follow-up communication indicating the parameters and the first meeting time. Invite those who aren’t able to attend this initial meeting to join if still interested.

There are a few other pointers we have found helpful in maintaining the community. To begin, schedule the meeting place and then send out reminders or post information as the time for the meeting approaches. Ensure needed materials are present. For example, if listening to a recording is on the agenda, make sure that playback options are present and audible, as well as providing coding forms to be used (these can be found on the MI website, www.motivationalinterviewing.org). Then
start the meeting on time, end on time, and help the group stay on track. This does not mean controlling the meeting; the aim here is colleagues or coworkers feel their time has been well spent and the meeting was productive and useful. Meetings that digress lose steam quickly. Again, champions are not expected to be MI experts, just someone who is enthusiastic and willing to take the lead in helping to form a group learning experience. Making the champion’s role as facilitator explicit to the group can help all avoid misunderstandings.

**Structuring an MI Learning Group**

Here some ideas that MINT trainers have shared about structuring an MI learning group.

**Schedule Regular Meetings**

The sole purpose of this group should be to strengthen MI skills. Don’t let administrative details or other agenda fill the time. An hour meeting twice a month would be one possibility. Less than monthly is probably not often enough to maintain group momentum or cohesion. Weekly is often more time than most work units will accommodate, and members may find it burdensome.

**Have an Agenda, but Be Flexible**

It will feel more productive if participants know what will happen during the meeting. This book would be one way to structure an agenda, with each meeting devoted to a specific chapter. Members would be asked to read the chapter in advance of a meeting. This method would allow the learning process to follow a complete sequence of MI skills.

An alternative approach would be to use the eights tasks suggested by Miller and Moyers (2006) in their article on learning MI. Your training sequence could follow these stages and progress as participants feel competent to move forward.

A third approach would be to use other reading material in initial meetings. The group could discuss topics of particular interest and then choose a different topic for the next meeting. There is a rapidly growing list of books and articles on the MI website from which to select. For those particularly interested in research on MI, a “journal club” of 20 minutes could be used at the beginning or end, or even added to the meeting. Journal articles can be found through the MINT website. The MINT bulletin is a useful resource on which to find new thoughts about MI that have not yet reached the traditional media outlets.

**Practice Is Important**

Consider using some of the exercises from this book or those experienced in the group’s initial training. Talk about the exercises. Have some prompts to use for debriefing. Think about these ahead of time. What went well? What was a challenge? Where would you like to do some refining? There are also materials, like the Video Assessment of Simulated Encounters (Rosengren, Baer, Hartzler, Dunn, & Wells, 2005; Rosengren, Hartzler, Baer, Wells, & Dunn, 2008), which can be used as a group learning activity.
Appendix. Establishing an MI Learning Community

Review Tapes of Expert MI Practice

Resources are available for free. Again the MINT website is one resource for these materials, but a quick search of YouTube (www.youtube.com) will produce a cornucopia of options. However, be aware there is variation in skill level in these recordings. That is, everything on YouTube does not represent excellent MI practice. However, this variation in skill level can be useful in tuning your ears to the difference between excellent and less-than-excellent MI practice.

Code Tapes

Rather than simply listening to a tape, make use of some structured coding tools. These tools help tune your ears to specific types of activities and keep you focused on the process of the interaction. Coding systems can range from the very basic to the more elaborate. Here are some examples:

- Counting questions and reflections
- Coding OARS
- Coding depth of reflections (surface vs. deeper)
- Counting client change talk and noting what preceded it
- Tracking client readiness for change during the session and key moments of shifts

Coding forms can be found on the MINT website. For example, MIA-STEP is a publicly available system (Martino et al., 2006). Participants can use the same coding form and compare findings or use different coding forms to attend to different aspects of the session.

Listen to Your Own Recordings

A key learning tool is to listen to, and discuss together, your own and others’ recordings of MI sessions. For people unused to this type of public view of their work as part of professional training, this activity can be a challenging idea. Yet, it is immensely helpful in learning and improving technique. Here are a few ideas to help move past this discomfort. First, don’t begin with this activity, unless the group is used to this type of practice. Allow the group to develop some cohesiveness and trust doing some of the other activities already discussed. Second, as MI champion, be willing to show (or listen to) your recording first. Third, provide clear tasks in the review. Fourth, always begin the discussion of a recording by focusing on the practitioner who showed the work. Ask him or her what went well, what he or she would like to have done differently or more of, and then invite other members to contribute. Then add your feedback. Finally, keep in mind that this endeavor is about learning and not about achieving perfection. Practitioners receiving feedback generally feel vulnerable, so although the comments should be honest, they should also be supportive.

There are a few logistical pointers to consider in terms of managing the taping process. Practitioners will need a recording device. There is some excellent, handheld quality digital recording equipment that can be purchased for under $50. Although a smartphone can be used, the sound quality is often less than optimal, and I am somewhat concerned with the security of client material on a personal phone. In any case, higher-quality sound aids the learning process. Set up a rotation schedule so that practitioners know when their turn is coming and can make recordings. Try lis-
Appendix. Establishing an MI Learning Community

ten to and discussing one tape per session. A 20-minute segment of tape is probably sufficient. Finally, written permission from clients is essential to using this type of recording. This permission should explain how the recording will be used, who will hear it, how and when the recording will be destroyed, and confidentiality agreements with the listeners.

Miller (personal communication, June 23, 2008) suggests a couple of other ideas as important with this type of tape review. When introducing the background of the recording, the practitioner should indicate the target(s) for behavior change that was being pursued. Without this information, it is not possible to identify change talk, which is goal-specific. Discussion of each tape should also include the ways in which the session is and is not consistent with the spirit and method of MI. Again, it is useful for the person who did the interview to lead this discussion with his or her comments. Participants can ask each other, “What might have been done to make this session more MI consistent?”

Consult about Challenging Clients

Ask practitioners to bring up clients they are finding difficult and receive input from colleagues about how they might use MI ideas to work with them. Sometimes it is helpful to role-play a difficult client, with the practitioner portraying the client.

Consider Additional Targeted Training

Increasingly, MI trainers are offering distance-learning activities. Perhaps it would be possible to do either a conference call or video sharing call with an MI trainer that targets a particular area. Prepare ahead of time by carefully articulating what the group would like to see addressed and how during this activity.

Structure the End of Your Meeting

Make sure to leave time to confirm when the next meeting will occur, what the agenda will be, and who is responsible for what; then send reminders. Even for highly valued activities, other tasks come into play. Provide reminders for people, especially those who have a role (e.g., their turn to show a tape). If meetings are monthly, the MI champion might send out a reminder midmonth.

There are a few other odds and ends to consider. If a workplace is too small to support its own MI learning group, consider joining forces with another group in the area. If you are in private practice, contact other practitioners in your area to see if there would be interest in this type of activity. Decide whether the group will be time limited or open-ended, whether the membership is open to new members, and if there are any expectations for attendance. These types of discussions at the front end will reduce problems later. Finally, as any 4-year-old can remind us (adults), we learn more when we’re having fun. So, make sure this group is enjoyable!


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